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Education on Protocols and Procedures Applicable to HIV Counseling, Testing, Reporting, and Partner Notification

Marye Bernard, DNP, FNP-BC, AAHIVS

Speaker Bio

- Dr. Marye Bernard is a 3-time graduate of The University of Tennessee Health Science Center, where she received a BSN (1985), MSN (1991), and a Doctorate in Nursing Practice (2012). Dr. Bernard has provided Primary Care, Women's Health, and acute care for nearly 30 years. Dr. Bernard is well known for her affectionate provision of care to all people regardless of age, race, gender, sexual orientation, or disease state. She is a renowned national speaker with many pharmaceutical companies providing knowledge across the United States. Dr. Bernard is the recipient of many awards and even has an award that's given annually, named in her honor. She is an educator with years of experience as an Adjunct Assistant Professor at the University of Tennessee Health Science Center. She has served as a clinical preceptor to many of the Mid-South's nurse practitioner students and takes great pride in those who she has mentored. Dr. Bernard focus of concern is based on wellness and prevention of disease. Her Philosophy in provision of care is to take care of each individual patient thoroughly and completely as if they are the most important person in the world.

Disclosures

- **Presenter Disclosure:** Financial: Marye Bernard received an honorarium for presenting this course. Non-financial disclosures: Marye Bernard has no relevant non-financial relationships to disclose.
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Limitations/Risks

- While HIV has a deadly past, current assessment and treatment of HIV continues to evolve, allowing easier management of most cases. However, some cases of newly diagnosed HIV resemble the horrendous cases of the past.
- HIV demographics continue to change. Certain people are at increased risk for HIV acquisition, highlighting the importance of HIV testing. Initiating of provider-client relationship through counseling, support and linkage to care can enhance adherence.
- Practitioners should practice cultural humility and understand that effective assessment and treatment of HIV/AIDS requires tailoring approaches to fit the cultural context of the patient.

Learning Outcomes

After this course, participants will be able to:

- Identify the various types of HIV testing.
- Explain HIV/AIDS provider and patient reporting protocols and partner notification requirements.
- Describe best practices for HIV/AIDS counseling.

Global Impact of HIV & AIDS

Approximately 39 million people worldwide have HIV or AIDS

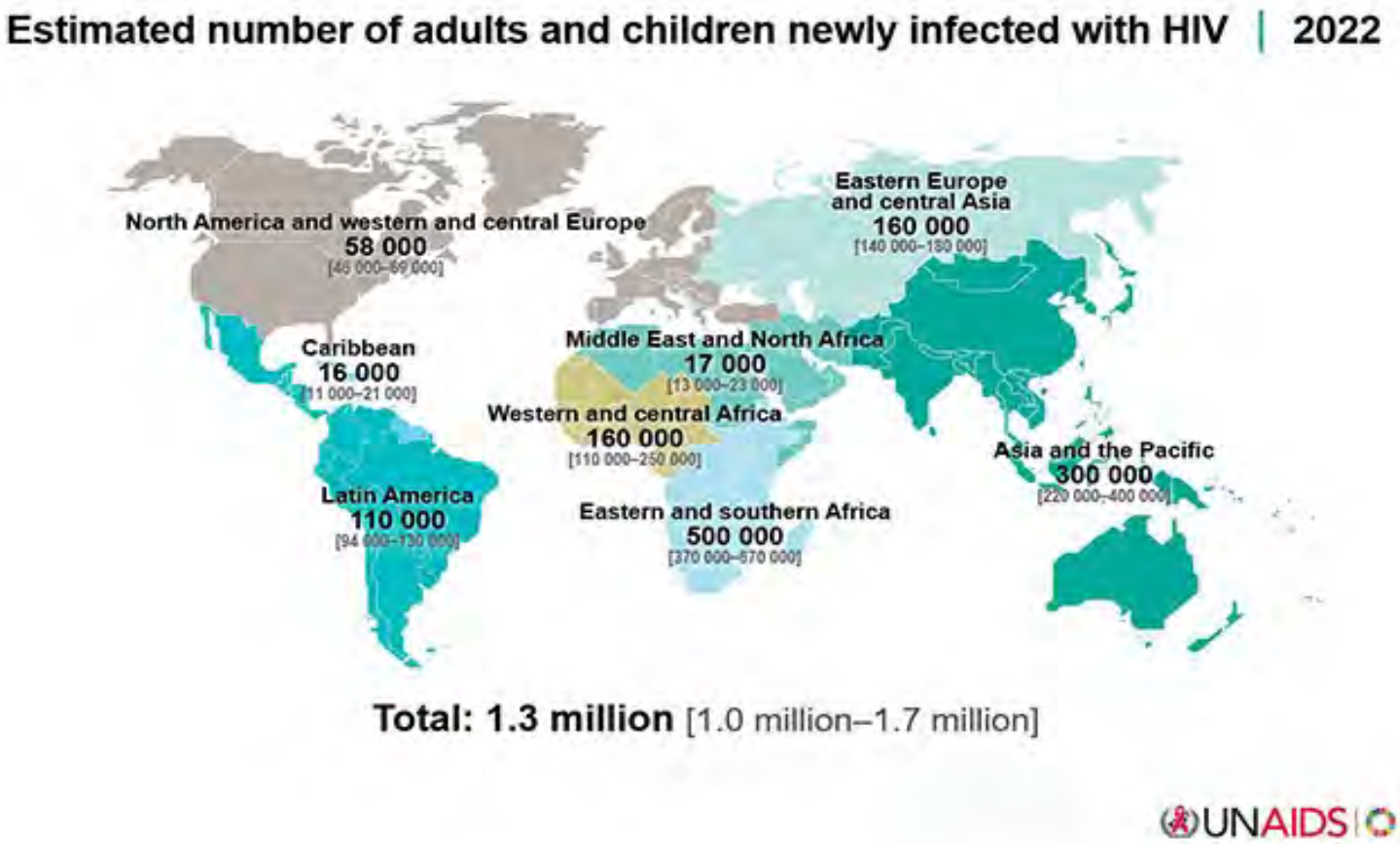
- 20 million women
- 17.4 million men
- 1.6 million children (<15 years old)

Rising cases in Eastern European and Eastern Mediterranean

- 90-90-90

(HIV.gov, 2023)

Demographics



Epidemiology of HIV/AIDS

- HIV remains a major global public health issue, having claimed **40.4 million** lives so far with ongoing transmission in all countries globally.

- There were an estimated **39.0 million** people living with HIV at the end of 2022, two thirds of whom (25.6 million) are in the African Region.

- In 2022, **630,000** people died from HIV-related causes and **1.3 millio**n people acquired HIV.

- When considering all people living with HIV, **86%** knew their status, **76%** were receiving antiretroviral therapy and **71%** had suppressed viral loads.

(WHO, 2023)

Individuals at High Risk of Acquiring HIV:

- Adolescent girls
- Young women
- M SM
- Transgender people
- IVDA Persons who inject drugs
- Prisoners
- Sex workers
- Condomless sex
- Multiple partners

Additional Risk Factors

- Having another sexually transmitted infection (STI) such as syphilis, herpes, chlamydia, gonorrhoea and bacterial vaginosis
- Engaging in harmful use of alcohol and drugs in the context of sexual behavior
- Receiving unsafe injections, blood transfusions and tissue transplantation, and medical procedures that involve unsterile cutting or piercing
- Experiencing accidental needle stick injuries, including among health workers

(WHO, 2023)

HIV/AIDS Counseling

- Counseling in HIV and AIDS has become a core element in a holistic model of health care.
- Counseling recognizes psychological issues as integral to patient management.
- HIV/AIDS counseling has two primary aims:
  1. the prevention of HIV transmission
  2. the support of those affected directly and indirectly by HIV/AIDS.

(Chippendale & French, 2001)

Types of HIV/AIDS Counseling

- Counselling before the test is done
- Counselling after the test for those who are HIV positive and HIV negative
- Risk reduction assessment to help and prevent transmission
- Counselling after a diagnosis of HIV disease has been made
- Family and relationship counselling

(Chippendale & French, 2001)

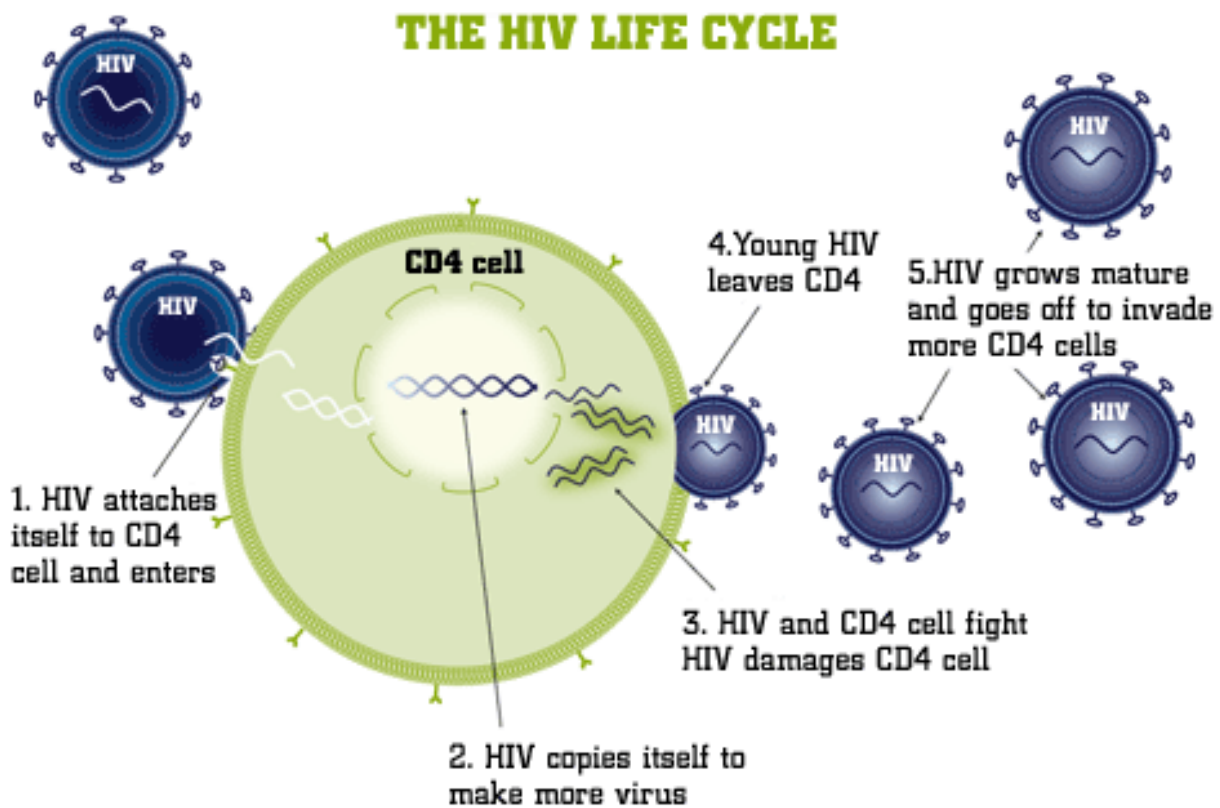
Types of HIV/AIDS Counseling

- Bereavement counselling
- Telephone “hotline” counselling
- Outreach counselling
- Crisis intervention
- Structured psychological support for those affected by HIV
- Support groups

(Chippendale & French, 2001)

Components of HIV/AIDS Counseling

- WHAT IS HIV– Retrovirus that causes AIDS
- MODES OF TRANSMISSION
  1. Sexual
  2. Blood
     - Intravenous Drug Use (IVDA)
     - Shared Devices (Cocaine straw, tattoo needle)
  3. Perinatal
- IMPORTANT LABS
  1. CD4 – measures immune system
  2. VL – Measures the amount of HIV in the blood
  3. Resistance Testing
- TREATMENT OVERVIEW
  1. Medications
     - Pills
     - Injectables
  2. U=U



THE HIV LIFE CYCLE
HIV
CD4 cell
1. HIV attaches itself to CD4 cell and enters
2. HIV copies itself to make more virus
3. HIV and CD4 cell fight HIV damages CD4 cell
4.Young HIV leaves CD4
5.HIV grows mature and goes off to invade more CD4 cells

When Engaging with Clients

Ask:

1. What is your CD4 count?
2. What is your viral load?
3. What medications do you take?
4. Do you take medications as prescribed?
5. Do you have any side effects from your medications?
6. Can you get your medications without problems?
7. What can I do to help?

Psychosocial Issues Addressed by HIV/AIDS Counseling

Shock

- Of diagnosis
- Recognition of mortality
- Of loss of hope for the future

Fear and Anxiety

- Uncertain prognosis
- Effects of medication and treatment/treatment failure
- Of isolation and abandonment and social/sexual rejection
- Of infecting others and being infected by them
- Of partner's reaction

(Chippendale & French, 2001)

Psychosocial Issues Addressed by HIV/AIDS Counseling

Depression

- In adjustment to living with a chronic viral condition
- Over absence of a cure
- Over limits imposed by possible ill health
- Possible social, occupational, and sexual rejection
- If treatment fails

(Chippendale & French, 2001)

Psychosocial Issues Addressed by HIV/AIDS Counseling

Anger and Frustration

- Over becoming infected
- Over new and involuntary health/lifestyle restrictions
- Over incorporating demanding drug regimens, and possible side effects, into daily life

(Chippendale & French, 2001)

Psychosocial Issues Addressed by HIV/AIDS Counseling

Guilt

- Interpreting HIV as a punishment; for example, for being gay or using drugs
- Over anxiety caused to partner/family

(Chippendale & French, 2001)

HIV Testing

- HIV testing determines if a person has acquired HIV (human immunodeficiency virus). HIV is the virus that causes acquired immunodeficiency syndrome (AIDS). AIDS is the most advanced stage of HIV infection.
- HIV testing is important because it is estimated that 40% of new diagnoses of HIV are transmitted by people who are not aware of their HIV status.
- The Centers for Disease Control and Prevention (CDC) recommends that everyone 13 to 64 years of age get tested for HIV at least once as part of a routine health care exam, and that people at higher risk for HIV get tested more often.
- If you are over 64 years of age and at risk for HIV, your health care provider may recommend HIV testing.
- CDC recommends that all pregnant people get tested for HIV so that they can begin taking HIV medicines if they are HIV positive.

(NIH.gov, 2024)

Types of HIV Testing

1. **Antibody tests** (Immune system makes antibodies after exposure)
   - Rapid test (oral, finger stick, whole blood) (<30 minutes)
   - 15+ rapid tests approved by FDA
   - Detects HIV within 18-90 days
2. **Antigen/antibody test** (proteins that trigger the immune system to fight infection) (Antigens are formed sooner than antibodies)

   A. Lab test
   - Detects HIV 18-45 days after exposure

   B. Rapid test
   - Detects HIV 10-90 days after exposure

3. Nucleic Acid Test (NAT)
   - Blood test that looks for actual HIV virus (p24)
   - Detects HIV 10-33 days after exposure
   - Expensive

(Hardy, 2021)

HIV Testing

- EIAs (Enzyme Immunoassay)
  - most reliable
  - most cost-effective
  - tests for HIV 1 & 2

Antibodies are produced by your immune system when you're exposed to viruses like HIV. Antigens are foreign substances that cause your immune system to activate.

Reporting

- 1982 - Start of AIDS reporting
- 1992 - Start of HIV reporting
- If a patient's HIV test is positive, the clinic or testing site reports the results to the state health department.
- The state health department removes all personal information (name, address, etc.) from the patient's test results and sends the information to the U.S. Centers for Disease Control and Prevention (CDC).
- CDC does not share this information with anyone else, including insurance companies.

**HIV/AIDS Reporting System (eHARS) stores information

(HIV.gov, 2017)

Example of Provider Reporting Process

If a patient in TN tests positive for HIV/AIDS the following applies:

Laws:

- Tennessee Code Annotated (T.C.A. §1200-14-01-.02) : Medical Labs must report all HIV-related labs (+ HIV test, CD4, HIV viral load) results to Tennessee Department of Health (TDH) within one week by paper or electronic files. Report also includes:
  - Demographics
  - Acquisition risk
  - Treatment

How to Report:

1. Fax to the local or regional health department
2. Email the local or regional health department
3. Contact Tennessee Department of Health (TDH) via telephone

(Hardy, 2021)

Partner Reporting: Passive or Assisted

- Passive HIV Partner Notification: is when HIV-positive clients are encouraged by a trained provider to disclose their status to their sexual and/or drug injecting partners by themselves, and to also suggest testing status to the partner(s) given their potential exposure to HIV infection.
- Assisted HIV Partner Notification: is when consenting HIV-positive clients are assisted by a trained provider to disclose their status or to anonymously notify their sexual and/or drug injecting partner(s) of their potential exposure to HIV infection. The provider then offers HIV testing to these partner(s). Assisted partner notification is done using contract referral, provider referral or dual referral approaches.
  - Contract referral: HIV-positive clients enter into a contract with a trained provider and agree to disclose their status and the potential HIV exposure to their partner(s) by themselves and to refer their partner(s) to HIV testing within a specific time period. If the partner(s) of the HIV-positive individual does not access testing or contact the health provider within that period, then the provider will contact the partner(s) directly and offer voluntary testing.
  - Provider referral: With the consent of the HIV-positive client, a trained provider confidentially contacts the person's partner(s) directly and offers the partner(s) voluntary HIV testing..
  - Dual referral: A trained provider accompanies and provides support to HIV-positive clients when they disclose their status and the potential exposure to HIV infection to their partner(s). The provider also offers voluntary HIV testing to the partner(s).

(Guidelines on HIV Self-Testing and Partner Notification, 2016)

Partner Reporting

- All states have HIV specific laws governing the reporting of HIV

Image by Blake on Pexel.com

Example 1: New York

- **New York does not have a criminal statute explicitly addressing HIV exposure or transmission.**
  - New York has General STI/Communicable Disease Laws:
    - Persons who are aware they are living with an "infectious venereal disease" may be guilty of a misdemeanor if they have sex with another person.
  - New York has General Felony Laws Used Against PLWH:
    - People living with HIV (PLHIV) have been prosecuted under general criminal laws and may be subject to indefinite civil commitment.
    - Persons who are aware they are living with an "infectious venereal disease" may be guilty of a misdemeanor if they have sex with another person.

(CHLP, 2024)

Example 2: Tennessee

- **Tennessee has HIV-specific criminal statutes and sentence enhancements.**
  - People living with HIV (PLHIV) or hepatits B or C may be charged with a felony for engaging in sexual activities without disclosing their status.
  - PLHIV or hepatits B or C may be criminally prosecuted for sharing needles..
  - Donating blood, organs, tissue, semen, or other body fluids by PLHIV or hepatits B or C is prohibited.
  - PLHIV engaging in sex work may be charged with a felony. **
  - A person's HIV status may also be considered as an aggravating factor in sentencing.
  - People living with an STI may be charged with a misdemeanor for exposing another person.
  - A person who is convicted of criminal HIV exposure* or aggravated prostitution** is required to register as a sex offender for life.

*On May 17, 2023, Gov. Bill Lee signed a law that removes criminal HIV exposure from the list of offenses that require sex offender registration. The law went into effect on July 1, 2023.

**On December 1, 2023, the U.S. Department of Justice found that the aggravated prostitution statute as applied to PLHIV violates the Americans with Disabilities Act. While this is a historic finding and the implications are still in process, this does not automatically overturn the statute and it is still in effect.

(CHLP, 2024)

Example 3: North Dakota

- **North Dakota has HIV-specific criminal statutes.**
  - It is a felony if PLHIV do not disclose their HIV status before sexual activity.
  - It is a felony for PLHIV to share needles.
  - People living with STIs who expose another person are guilty of an infraction.

**North Dakota's law is in fact not a misdemeanor but an infraction.

(CHLP, 2024)

Example 4: California

- **California has no statute explicitly criminalizing HIV transmission or exposure.** However, sentencing enhancements may apply to people living with HIV who commit an underlying sexual assault crime.
  - PLHIV may receive increased sentences or aggravated assault charges for sex crimes.
  - People living with an infectious communicable condition (including HIV) may be charged with a misdemeanor for specific intent to transmit disease.
  - Before California's HIV criminal exposure laws were revised in 2017, defendants were occasionally convicted for HIV-related exposure crimes under general criminal laws.

(CHLP, 2024)

Summary

- The human immunodeficiency virus (HIV) is the virus that causes HIV infection. If untreated, HIV may cause acquired immunodeficiency syndrome (AIDS), the most advanced stage of HIV infection.
- People with HIV who are not on medication and do not have consistent control of their HIV can transmit HIV through vaginal or anal sex, sharing of needles, pregnancy, and/or breastfeeding. If HIV is controlled, the risk of transmission is close to zero.
- Antiretroviral therapy (ART) is the use of HIV medicines that reduce the level of HIV in the blood (called viral load). ART is recommended for everyone who has HIV. ART cannot cure HIV infection, but HIV medicines help people with HIV have about the same life expectancy as people without HIV.
- HIV medicines (ART) can eliminate the risk of HIV transmission. For parents with HIV that want to breastfeed, the risk of transmitting HIV through breast milk is less than 1% with the consistent use of HIV medicine (ART) and an undetectable viral load.

Summary

- People on ART take a combination of HIV medicines (called an HIV treatment regimen) every day (pills) or by schedule (injections). In many cases oral medicines may be combined into a single pill or capsule. There are newer long-acting medicines given by an injection every 2 months that may be used in some people.
- People with HIV have a higher risk for some mental health conditions than people who do not have HIV. Therefore, a holistic model of care is recommended.
- HIV testing can detect if an individual has HIV, but it cannot tell how long a person has had HIV or if they have AIDS.
- The Enhanced HIV/AIDS Reporting System (eHARS) is the CDC database/reporting system used by healthcare professionals for the reporting and tracking of positive HIV/AIDS results
- All 50 states have HIV specific laws/policies governing the reporting of HIV/AIDS

Resources

- 2023 HIV Drug Guide
  - https://www.positivelyaware.com/2023-hiv-drug-guide
- HIV/AIDS Services Locator
  - https://locator.hiv.gov/
- HIV Info
  - https://hivinfo.nih.gov/
- National Clinician Consultation Center
  - https://nccc.ucsf.edu/
- Ryan White HIV/AIDS Program
  - https://ryanwhite.hrsa.gov/

Q & A

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