Government of Saskatchewan

Saskatchewan HIV Testing Policy
HIV Testing in Saskatchewan

Authorization [X] Chief Medical Health Officer, Saskatchewan	Source: Saskatchewan HIV Provincial Leadership Team HIV Testing Policy Cross Index: Date Approved: Date Revised: October 14, 2014 Date Effective: November 1, 2014 Date Reaffirmed: Scope: Saskatchewan

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PURPOSE:

The Saskatchewan Ministry of Health recommends that voluntary confidential HIV testing and counselling be considered at least once every five years in all adults. Testing may be repeated more frequently based on risk factors. Opportunities for testing include but are not limited to:

- All patients aged 13 to 70 receiving primary or emergency health care who do not know their HIV status.
- All persons who are sexually active with multiple/successive long-term partners and have not had an HIV test in the last 12 months.
- All patients who have requested an HIV test.
- All pregnant women. HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women (Society of Obstetricians and Gynecologists of Canada [SOGC] , 2006). Repeat screening in the third trimester may be indicated based on clinical assessment and labor and delivery guidelines. (Morbidity and Mortality Weekly Report [MMWR] Recommendations and Reports, 2006) (SOGC , 2006).
- All patients assessed in a sexually transmitted infection (STI) clinic or seen in any health care setting for an STI or Hepatitis B or C.
- All persons with current or past history of illicit drug use.
- All persons from endemic[1] countries.
- All tuberculosis (TB) patients (active and latent) and contacts as indicated.
- All patients showing signs/symptoms that may be consistent with HIV-related disease.[2]

All health care providers authorised to order HIV and other laboratory tests should feel comfortable in providing pre-test counselling. Patients who test negative should still receive post test counselling emphasising prevention measures. In cases where patients test positive for HIV, the health care provider ordering the test should offer post-test counselling, refer to local Public Health office for follow up, and refer **for psychosocial support, infectious disease and other medical consultation, or to other health care providers as deemed necessary.**

[1] The Public Health Agency of Canada defines countries where HIV is endemic as those where the prevalence of HIV among people ages 15 to 49 years is 1.0% or greater and one of the following:

- 50% or more of HIV cases are attributed to heterosexual transmission;
- a male to female ratio of 2:1 or less among prevalent infections; or
- HIV prevalence greater than or equal to 2% among women receiving prenatal care.

[2] https://www.escmid.org/fileadmin/src/media/PDFs/4ESCMID_Library/2Medical_Guidelines/ESCMID_Guidelines/2012_HIV_Indicator_Conditions_-_Guidance_for_Implementing_HIV_Testing_in_Adults_in_Health_Care_Settings_FINAL_version_2012-10-26.pdf

BACKGROUND AND ETHICAL CONSIDERATIONS

HIV prevention strategies continue to be the mainstay of the response to the HIV epidemic. Without effective HIV prevention, there will be an ever increasing number of people who will require HIV care and treatment. Among the interventions which play a pivotal role both in treatment and in prevention, **HIV testing and counselling stands out as paramount** (The Joint United Nations Programme on HIV and AIDS [UNAIDS]/World Health Organization [WHO], 2004).

Historically in Saskatchewan, HIV testing has been less than optimal: in our setting those who were tested are those who were more likely to have evident risk of acquiring HIV. This approach results in gaps in testing for members of the public whose risk behaviours are not obvious or easily identified by patients themselves or their health care providers.

Even in settings in which national guidelines recommend that testing be routinely offered, such as programs for the prevention of mother-to-child transmission of HIV, the number of people who avail themselves of these services remains incomplete in many regions. This is evidenced by the number of pregnant women who are still are being tested for HIV for their first time at labour and delivery. Although the Saskatchewan Disease Control Lab (SDCL) reports high testing coverage in this population, the women who present at labour and delivery with no HIV testing history perhaps represent the highest risk category as they also, often have not received any prenatal care.

Fear of stigma and discrimination lead to a reluctance to having an HIV test, particularly if the offer of HIV testing to patients continues to rely on the high risk approach. To address this, HIV testing in Saskatchewan should be conducted in an environment of more open access to HIV testing. Routine testing for HIV, using a non-targeted approach (i.e. not including an assessment of risk), will have a greater impact in reducing stigma and discrimination as well as reducing gaps in testing and assuring access to integrated prevention, care and treatment services. The conditions under which people undergo HIV testing must be anchored in a human rights approach which protects their human rights and pays due respect to ethical principles. Public health strategies and human rights promotion are mutually reinforcing (UNAIDS/WHO, 2004).

Confidentiality, Counselling and Consent

According to UNAIDS/WHO (2004), the conditions of the '**3 Cs**', advocated since the HIV test became available in 1985, continue to be underpinning principles for the conduct of HIV testing of individuals. Such testing of individuals must be:

- **confidential**
- accompanied by **counselling** (the extent determined by the testing situation)
- **HIV testing requires the consent of the individual being offered testing**, meaning that it is both informed and voluntary **and must be documented**.

The minimum amount of information that patients require in order to be provided **informed consent** is the following:

- The clinical and prevention benefits of testing.
- The right to refuse.
- That HIV, like other communicable infections (Measles, TB, Chlamydia) is reportable to a medical health officer.
- That follow-up services will be offered.
- In the event of a positive test result, the importance of identifying to a health care provider the names of any people who may have been exposed in the past in order to allow them the opportunity to be tested.
- That the person testing positive for HIV needs to inform sexual and drug-using partners of their positive HIV status before any contact with blood or body fluids occurs.

- Written, signed consent for HIV testing is not recommended (MMWR Recommendations and Reports, 2006); however, verbal, informed consent must be obtained. Document consent for testing, or that the patient refused testing, on patient record.

For patients unable to provide consent

In the rare circumstance in which a patient is unconscious or unable to provide consent, the following steps should be taken consistent with the provisions of *The Health Care Directives and Substitute Health Care Decision Makers Act* at **http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/H0-001.pdf**

i) Determine if there is a health care directive and, if there is, follow that directive.
ii) If there is no directive, seek to obtain consent from a person who is authorized under the legislation to provide consent – beginning with a spouse, then an adult child, then a parent or legal guardian, then a brother or sister, etc.
iii) If no one who is authorized by the legislation is available to provide consent, act under section 16(4) if (b) another treatment provider agrees in writing that the proposed treatment is needed.

The results of the test are not to be shared with anyone other than the health care provider(s) making a decision about the immediate treatment needs of the patient.

TOOLS FOR PRACTICE:

http://www.skhiv.ca/routinehivtestkit.html

RECOMMENDED READING/REFERENCES:

British Columbia Centre for Disease Control (BCCDC) HIV Testing Guidelines May 2014
http://www.bccdc.ca/resourcematerials/newsandalerts/news/2014news/HIV+guidelines.htm

Public Health Agency of Canada's *HIV Screening and Testing Guide*
http://www.catie.ca/sites/default/files/EN_HIV- Screening-Guide-2013.pdf

REFERENCES:

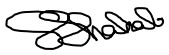
MMWR Recommendations and Reports. (2006, September 22). *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings.* Retrieved December 11, 2012, from http: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

SOGC (2006, December). *SOGC CLINICAL PRACTICE GUIDELINE.* Retrieved December 11, 2012, from Society of Obstetricians and Gynecologists of Canada: http://www.sogc.org/guidelines/documents/185E-CPG-December2006.pdf

UNAIDS/WHO. (2004). *UNAIDS/WHO Policy Statement on HIV Testing.* Geneva: UNAIDS. http://www.who.int/rpc/research_ethics/hivtestingpolicy_en_pdf.pdf

US Preventative Services Task Force 2013. HIV Screening. http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm

REVIEWED AND APPROVED BY:



March 3, 2015

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Date