

HIV Testing Tool for Primary Healthcare



HIV testing is a normal part of preventative health care

Who to test for HIV

- People at risk (see below)
- Anyone who requests a test
- Patients receiving an STI test, including asymptomatic checkups
- Patients undergoing contact tracing, considering HIV Post-Exposure Prophylaxis (PEP) or Pre-Exposure Prophylaxis (PrEP)
- Pregnant people
- Patients with symptoms or diagnosis which could indicate HIV infection, especially opportunistic infections
- Patients with an STI, hepatitis B, C, or tuberculosis
- Patients with recreational drug-related mental health conditions or mental health conditions causing risk-taking behaviour or methamphetamine-related illness

People at Risk:

- Men who have sex with men
- Transgender women and people who identify as gender diverse who have sex with men
- Aboriginal and Torres Strait Islander peoples
- People who inject drugs
- People who have recently changed partners or who have multiple concurrent sex partners
- A reported high-risk exposure
- People who report a history of incarceration
- People who have received healthcare overseas where there may be poor infection control practices
- People who received a blood transfusion overseas
- People from high-prevalence countries
- People who have travelled to countries of high prevalence and engaged in risk behaviour/exposure

Start the conversation

Align with guidelines and policies:

"Australian guidelines recommend getting an HIV & STI test when you have a new partner."

"In my practice, I conduct yearly HIV testing with all my patients."

Explain rationale:

"Given your symptoms, I'd like to run a few tests to figure out what might be going on. These tests will include syphilis and HIV ..."

Normalise testing:

"When was the last time you were tested for HIV?"

Gain informed verbal consent

Evaluate the patient's health literacy to tailor your discussion to their specific needs. Consider an interpreter if required.

Discuss...

Confidentiality & Notification	<ul style="list-style-type: none">• explain how your practice manages health records and privacy.• Discuss reporting requirements including what information will be included and what will be excluded.
Basic info about HIV and the test	<ul style="list-style-type: none">• the virus and transmission• the window period and follow-up testing• availability of highly effective treatments• implications of not being tested
Potential test results	<ul style="list-style-type: none">• arrangements for results - confirm contact details• timeframe for results• what a positive diagnosis means• hear any concerns

"HIV is an infection that affects the immune system. Without treatment, HIV causes serious health problems. Today, effective treatments allow people with HIV to live long, healthy lives and prevents transmission to others."

Order HIV Ag/Ab

The Window Period is generally up to 6 weeks (can be up to 12 weeks depending on the test used) from an exposure. If there has been a more recent risk exposure, re-testing should be offered.

Initial positive HIV antibody or HIV antigen/antibody test results are automatically sent to a reference laboratory for confirmation.


The laboratory will contact the clinician if initial tests are positive. The pathologist will answer any questions and advise if a repeat test is needed.

Inconclusive Test Result


- Inconclusive results may occur in the window period during early infection or may be associated with other medical conditions. Always seek advice from a specialist pathology laboratory in this situation.
- The patient should be re-tested with another HIV Ag/Ab test.
- Explain to the patient that the result is neither positive or negative and a repeat test will provide an accurate result.

Language matters

These conversations can impact a person's re-engagement with healthcare and testing.

 Try this	 Instead of this
"I understand this news may be difficult."	"I'm so sorry"
"transmit the virus"	"infect others" "spread the virus"
"sex without a condom"	"risky sex"
"You can protect yourself."	"You're putting yourself at risk."
"person who uses drugs/alcohol"	"addict" "drug user"

Conveying test results

HIV Negative	HIV Positive
<p>Consider the window period and follow-up testing.</p> <p>Use a negative result as an opportunity for preventative education:</p> <ul style="list-style-type: none"> • condoms • safe injecting equipment • offer HIV PrEP if ongoing risk 	<ul style="list-style-type: none"> • Provide results in person where possible • Listen and respond to patient needs • Avoid information overload and stigmatising language • Reassure that HIV is treatable with daily medications • Advise safe practices and condom use • Discuss available personal and professional support systems (counselling, HIV peer support services such as NAPWHA.org.au) • Initiating contact tracing is the responsibility of the clinician. If assistance is needed, talk to a specialist service about how best to proceed. (contacttracing.ashm.org.au) • Arrange other tests if appropriate and arrange a specialist appointment to consider immediate HIV treatment.
<p> HIV PrEP is the use of HIV antiretroviral medication before possible exposure to HIV. People with ongoing risk of HIV exposure can take daily or episodic PrEP to reduce possible infection.</p> <p>PrEP can be prescribed by any GP or nurse practitioner.</p> <p>See ASHM HIV PrEP guidelines prepguidelines.com.au</p>	
<p>Refer to: An HIV s100 Prescriber – ashm.org.au/HIV/HIV-prescribers or your local Sexual Health Clinic.</p>	

