

Could it be HIV?

Never miss an opportunity to test. HIV testing is a normal part of preventative health care.



Who to test for HIV

- Patients who present with symptoms that can be suggestive of HIV e.g. clinical indicator conditions or opportunistic infections (Figure 1)
- Patient request and as part of routine STI testing
- People with potential HIV exposure (see below "People at Risk")
- People identified in contact tracing
- People commencing Post Exposure Prophylaxis (PEP) or Pre-exposure Prophylaxis (PrEP) or Doxycycline Post-Exposure Prophylaxis (DoxyPEP)
- Pregnant people
- Presence of STI, including syphilis & blood-borne viruses (hepatitis B, C)
- People admitted with recreational drug use, mental health conditions, or substance use that may increase vulnerability to HIV exposure

People at Risk

- Men who have sex with men
- Trans and gender diverse people
- Cis-women who have male sexual partners who also have anal sex with other men
- People who have received a blood transfusion overseas
- Aboriginal and/or Torres Strait Islander people
- People who inject drugs (PWID)
- People who are in or recently have been in custodial settings or detention centres
- People who have recently changed partners or who have multiple concurrent sex partners
- A reported high-risk exposure
- People who have received medical procedures overseas where there may be poor infection control practices
- People from countries with higher HIV prevalence and their partners
- People who travelled to countries of high prevalence and engaged in risk behaviour/exposure

Start the conversation

Normalise testing:

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

"While we are here ensuring your vaccinations are up to date, it's routine to discuss other health prevention like STI and HIV testing if needed."

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 ..."

Align with guidelines and policies:

"Australian guidelines recommend getting an HIV & STI test when you have a new partner, or as part of routine STI testing."

Gain informed verbal consent (no need for lengthy counselling)

- Evaluate the patient's health literacy to tailor your discussion to their specific needs
- Consider an interpreter if required
- Confidentiality and privacy discussions are essential
- Make sure contact details are current and consistent for conveying any results
- The management of any positive results will be in concert with specialists and the contemporary management of HIV usually means excellent outcomes

"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."

Language matters

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

Try this:

"I understand this news may be difficult"

"Transmit the virus"

"Sex without a condom"

Instead of this:

"I'm so sorry"

"Infect others" "spread the virus"

"Risky sex"

HIV testing is recommended with the following clinical indicator conditions

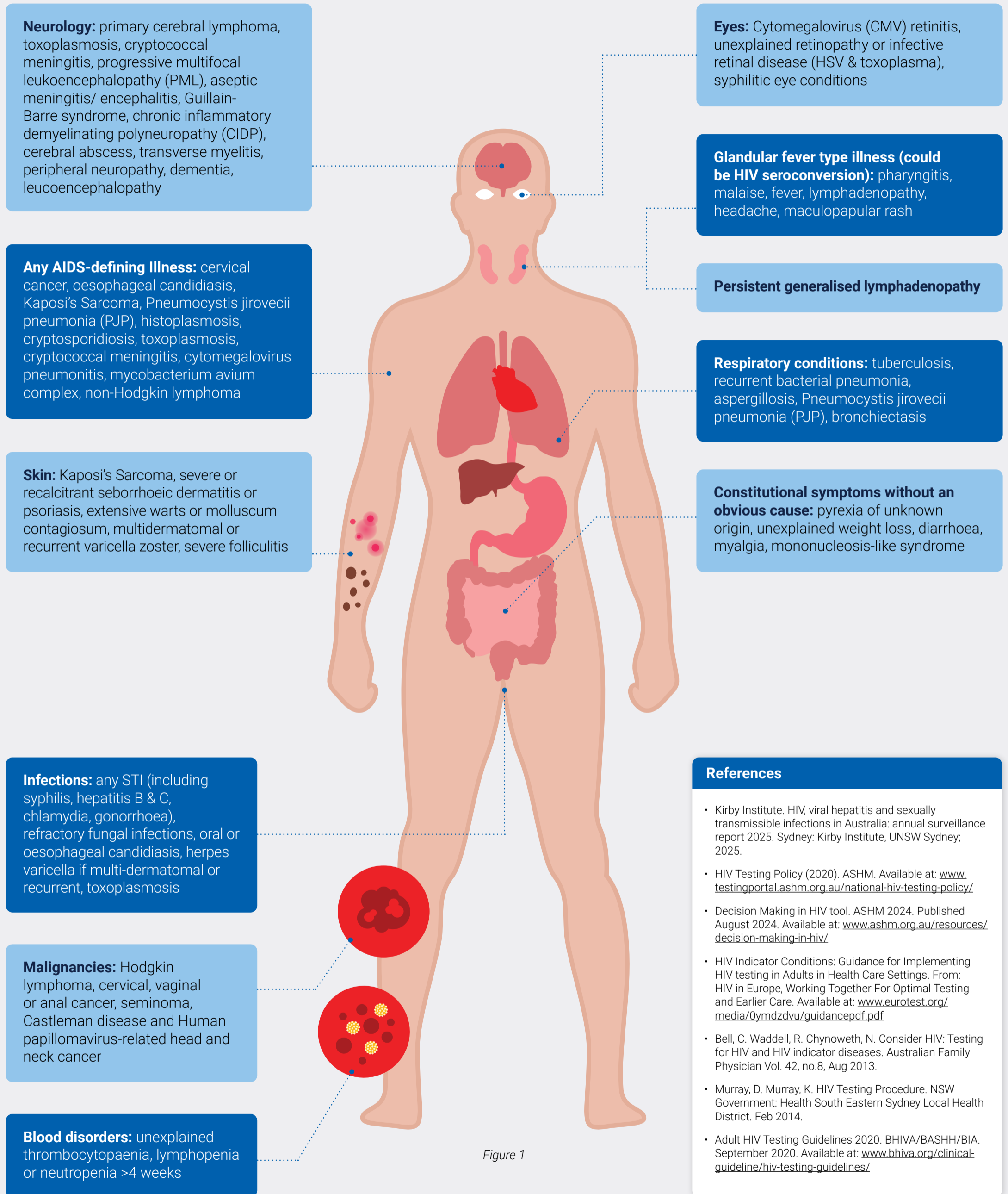


Figure 1

References

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It is routine to test for HIV based on these symptoms



Find out more:
www.testingportal.ashm.org.au/national-hiv-testing-policy/indications-for-hiv-testing/

HIV testing

- Order HIV serology (Ag/Ab test)
- The window period is the time between HIV infection and when the virus can be reliably detected from HIV serology (Ag/Ab test). This is generally up to 6 weeks. If concerned about an exposure within the last 6 weeks, a repeat HIV serology test should be offered in 6 weeks.
- Initial positive HIV antibody or HIV Ag/Ab test results are automatically sent to a reference laboratory for confirmation
- The laboratory will contact the clinician if initial tests are positive. The local sexual health specialist or the ID/microbiologist specialist will answer any questions and advise if a repeat test is needed.
- Test for other sexually transmitted infections, syphilis, hepatitis B and hepatitis C

Why test for HIV?

Late or missed HIV diagnoses can lead to increased morbidity and mortality (including AIDS and opportunistic infections), increased hospitalisations, and increased risk of transmission. Early identification of HIV can lead to earlier commencement of effective, safe, and tolerable treatment and people can live with near-normal life expectancy.

- HIV is a manageable chronic condition, easily treatable with daily oral medications or long-acting injections
- People who achieve a sustained undetectable viral load cannot transmit HIV through sex. This is referred to as Undetectable=Untransmissible (U=U).
- Risks of vertical transmission is minimal (1<%) when there is a sustained undetectable viral load during pregnancy and childbirth
- Improved life expectancy when diagnosis is known

Conveying test results

HIV Negative

Consider the need for follow-up testing with repeat HIV serology if within the window period of 6 weeks from exposure.

Use a negative result as an opportunity for preventative education:

- condoms
- safe injecting equipment
- offer HIV PrEP if ongoing risk

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.

PrEP can be prescribed by any GP or nurse practitioner.

See ASHM HIV PrEP guidelines: www.prepguidelines.com.au

HIV PEP

Is a 28-day course of antiretroviral drugs prescribed, within 72 hours of an HIV exposure, to reduce the transmission of HIV following HIV exposure. Unlike PrEP, PEP is not PBS listed.

All GPs can prescribe generic 2-drug PEP on private prescription

See ASHM HIV PEP guidelines: www.pep.guidelines.org.au

HIV Positive

- 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 oral or long-acting injections
- Advise safe practices and condom use
- Discuss available specialists, community and peer support systems (counselling, HIV peer support services such as: www.NAPWHA.org.au)
- Initiating contact tracing is the responsibility of the clinician. Check if any partners should be offered PEP. If assistance is needed, talk to a specialist service about how best to proceed.
- Arrange other tests if appropriate and arrange a specialist appointment to consider immediate HIV treatment

Refer to:

An HIV s100 Prescriber: www.ashm.org.au/HIV/HIV-prescribers

Or your local Sexual Health Clinic

Indeterminate Test Result

- Indeterminate 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, the local sexual health specialist or the ID/microbiologist specialist in this situation
- Explain to the patient that the result is neither positive or negative and a repeat test will provide further clarification
- Offer a further HIV Ag/Ab test 4-6 weeks later, after discussion with specialist pathology laboratory

