



Delivery of HIV test results, post-test discussion and referral in health care settings: A review of guidance for European countries

Never Stand Still

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Introduction

HIV testing services are seen as essential for HIV prevention, for treatment to be effective as well as for connecting patients to additional HIV-related services. This project reviews and summarises recommendations in HIV testing guidelines developed for or relevant to the World Health Organisation (WHO) European region. In this summary document we focus on recommendations regarding the delivery of HIV test results, post-test discussion, and referrals to specialist services. We look at similarities and differences in recommendations, and review the evidence that has been used to support recommendations.

What did this research project do?

We identified and reviewed four guideline documents that relate to the WHO European Region. These were produced by [WHO/UNAIDS](#), [WHO Europe](#), [the European Centre for Disease Prevention and Control \(ECDC\)](#), and [the European Office of the International Union against Sexually Transmitted Infections \(IUSTI\)](#). New guidelines have since been provided by the [WHO](#) in 2015, but these were published after the review took place.

In reviewing the guideline documents, we:

1. listed all recommendations included in across all guideline documents, and divided them into those pertaining to the delivery of HIV test results, post-test discussion and referral pathways;
2. recorded the type of evidence that had been used to support recommendations, including reference to other guidelines, expert consultation, or published research.

What did we find out about the recommendations?

All guidelines reviewed agreed that HIV test results should be given in person, in private, and in confidence. While some guidelines recommended that a positive result should be given to the patient by the health care worker who performed the test, other guidelines recommended that positive test results can also be provided by other health care providers or trained lay personnel to help overcome chronic staff shortages in some settings.

Guidance from the ECDC and IUSTI suggests that a health care professional can inform a patient of a negative test result via telephone, text message or letter, if this helps to streamline service delivery

and reduce the number of occasions on which patients do not receive test results because they do not return to the health service. IUSTI guidance specifies that face-to-face delivery of HIV test results is generally preferred, but alternative methods may be appropriate in some (unspecified) circumstances. Most guidelines recognize that providing an HIV-negative result in person offers a chance to engage patients in sexual health promotion and risk reduction.

There was agreement across guidelines regarding post-test discussion after a positive HIV test result. All guidelines recommended that patients are provided with information about the follow-up treatment services available in the health facility and at other services in the community, and that an appointment is made for immediate referral to specialist services. Three out of the four organisations also recommend that a patient should be assisted with determining which friends or family may be available and acceptable to offer support, and that the health professional should provide information about transmission prevention and discuss possible disclosure of the test result and contact tracing, including partner notification. Guidelines for the delivery of post-test discussion after a negative HIV test result were limited.

The four guidelines generally agreed that referral pathways should be made clear before an HIV test is conducted and the test results are delivered. There was agreement that the following specialist services should be included in the referral pathway for a positive test result: antiretroviral therapy, psychosocial support services, risk reduction counselling, and voluntary disclosure, partner notification and contact tracing. Three of the four guideline documents agreed that sexual/reproductive health services, drug treatment, access to sterile needles, and opioid substitution therapy should also be included in referral pathways. The reviewed guideline documents provided limited recommendations regarding the specialist services that patients receiving a negative test result should be referred to. The lack of guidance regarding referral pathways for people receiving positive and negative HIV test results raises questions about the extent to which patients gain access to appropriate services and may have an impact on drop-off across the HIV continuum of care.

What type of evidence was used?

The guidelines rely heavily on expert consultation. While it is important to draw on experts' advice, more information is needed in terms of the extent to which this expert opinion is based on familiarity with available evidence, personal experience and concerns, or patient experiences. We also do not know the extent to which experts from all areas of the WHO European Region are involved in guidelines consultation processes. We also found that the research evidence used was often more than 10 years old, and based on research from the UK and US, which may not always be relevant to other countries, in particular those in Central Europe or Eastern European and Central Asia.

What happens next?

Relevant published research regarding delivery of HIV-test results, post-test discussion and referral pathways appears to be limited. It is therefore essential to conduct more research to increase understanding of patients' experiences regarding delivery of their HIV test results, post-test discussion and referral to other services. It is important to find out what patients prefer and what could be done better, as well as to document experiences of poor practice, from the perspectives of clients, as a way of learning about what can be done better in the future. Now that, for example, rapid testing and self-testing are increasingly available, it is particularly important to have a better understanding of service users' perspectives on these new options.

Reference: [Bell S, Delpech V, Raben D, Casabona J, Tsereteli N, de Wit J. \(2015\) 'Delivery of HIV test results, post-test discussion and referral in health care settings: a review of guidance for European countries', HIV Medicine, 16\(10\): 620-627](#)