

Department of Health

HIV/AIDS 501 Client-Centered Counseling & Testing Training



Area 4 AIDS Program Office

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Florida Department of Health in Duval



HIV 501 Course Objectives

- ▶ ***Understand and practice client-centered HIV pre and post test counseling following laws, rules, and model protocol.***
- ▶ ***Assist client in improving self perception and acknowledgement of risk.***
- ▶ ***Support the client who makes the decision to take the test for HIV and prepare the client for test result.***
- ▶ ***Identify current testing technology and its impact and limitations on HIV counseling session.***
- ▶ ***Assist clients in developing personalized prevention plans that eliminate or reduce their risk of becoming infected with, or transmitting HIV.***



Course Objectives continued

- ▶ ***Reinforce and support any and all behavior changes which the client has adopted or is committed to.***
- ▶ ***Link individuals and their partners to appropriate resources.***
- ▶ ***Provide to clients with appropriate information on partner services.***
- ▶ ***Approach all counseling sessions, in a culturally sensitive manner, utilizing effective communication skills.***
- ▶ ***Explain legal issues regarding counseling and testing.***
- ▶ ***Identify ways to avoid counselor burnout.***



Florida's Health Goal for HIV

1. *Implement routine HIV and STD screening in health care settings and priority testing in non-health care settings*
2. *Rapid access to treatment and ensure retention in care (Test and Treat)*
3. *Improve access to antiretroviral PrEP and non-occupational Post exposure prophylaxis (nPEP)*
4. *Increase HIV awareness and community response through outreach, engagement and messages*



Goals of Counseling & Testing

- ▶ *Assist clients in assessing their risk(s)*
- ▶ *Assist clients in understanding their HIV test result*
- ▶ *Help clients develop a personalized prevention plan*
- ▶ *Elicit partner information*
- ▶ *Refer/Link client and partner to appropriate services*



Who Am I ???

Famous/Infamous people & characters exercise



Pre-test Counseling Skills

- ▶ Non-verbal Communication Skills
- ▶ Verbal Communication Skills
- ▶ Basic Counseling Skills



Nonverbal Communication Skills

- ▶ **Eye Contact**- *Just enough, when appropriate*
- ▶ **Facial Responses**- *Be aware of both*
- ▶ **Posture**- *Don't slouch, appear interested*
- ▶ **Body Orientation**- *Face-2-Face, respect personal space*
- ▶ **Physical Environment**- *Privacy, safety, professional appearance*
- ▶ **Touch**- *If appropriate*



Verbal Communication Skills

- ▶ **Brevity**- *Make points concisely*
- ▶ **Organization**- *Be logical & sequential with message to client*
- ▶ **Primacy**- *Make important points early*
- ▶ **Comprehension**- *Do not talk above/below clients head*
- ▶ **Repetition**- *Repeat very important points*
- ▶ **Tone of Voice**- *Maintain pleasant and professional tone*
- ▶ **Volume**- *Normal range, not too loud/soft*
- ▶ **Speed**- *Steady & clearly, pause appropriately*
- ▶ **Inflection**- *Avoid monotone, inject emotion*



BASIC COUNSELING SKILLS

- ▶ Open Questioning- Who, what, where, when, why, and how
- ▶ Attending- Clear mind of distractions
- ▶ Paraphrasing- Rephrase/repeat to confirm understanding
- ▶ Reflective Feelings- Focus on client feelings
- ▶ Reframing- Capture client negative perception, make it positive
- ▶ Confrontation- Explore contradictions and/or inconsistencies
- ▶ Self-Disclosure- Use of personal event to stress point
- ▶ Give information simply- Assess client knowledge
- ▶ Use humor appropriately- works best if appropriate and spontaneous
- ▶ Summarizing- Review commitments, offer verbal support



Essential Counseling Concepts

Remember...

- ▶ *Clients will express feelings first*
- ▶ *You can't take away or fix feelings*
- ▶ *Articulate the non-verbals*
- ▶ *Offer Options, NOT Directives (If..., then...)*
- ▶ *“You are NOT the target”*
- ▶ *Who's in Charge ??*
- ▶ *Establish rapport, then detach*



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Getting Tested Video



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BREAK

10 MINUTES



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Participant Exercise # 2

Are you someone who?



“ARE YOU SOMEONE WHO...?”

INSTRUCTIONS: Each person in the group has an identical sheet. Asking each question of someone in the group until you find “someone who” says YES. Ask, “Are you some Who...”, then complete the sentence with each of the questions listed below. Ask only one question of an individual, then go on to another person whether they answer “yes” or “no.” Get them to initial a “yes” response in the blank next to the question. You may ask questions in any order that you wish.

**ARE YOU SOMEONE WHO...
INITIALS**

1. Is comfortable discussing sex-related issue with the opposite sex?
2. Considers anal intercourse to be abnormal?
3. Has ever watched a TV episode of “Gilligan’s Island?”
4. Can discuss oral sex with a client?
5. Considers oral sex to be normal sexual behavior?
6. Has recommended masturbation as a type of safer sex to a client or patient?
7. Has had a sexual experience you wish had never happened?
8. Has been sexually excited by a client?
9. Would invite gay and straight friends to a party?
10. Thought you had a sexually transmitted disease at one time?
11. Has used a condom?
12. Has lied to someone about a sexual experience?
13. Has had unprotected sex?
14. Like your body the way it is?
15. Has changed your hair color at least once in your life?
16. Has gone skinny-dipping in a public place?
17. Has lied while doing this exercise?





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501 Class

Day 2
Let's Review

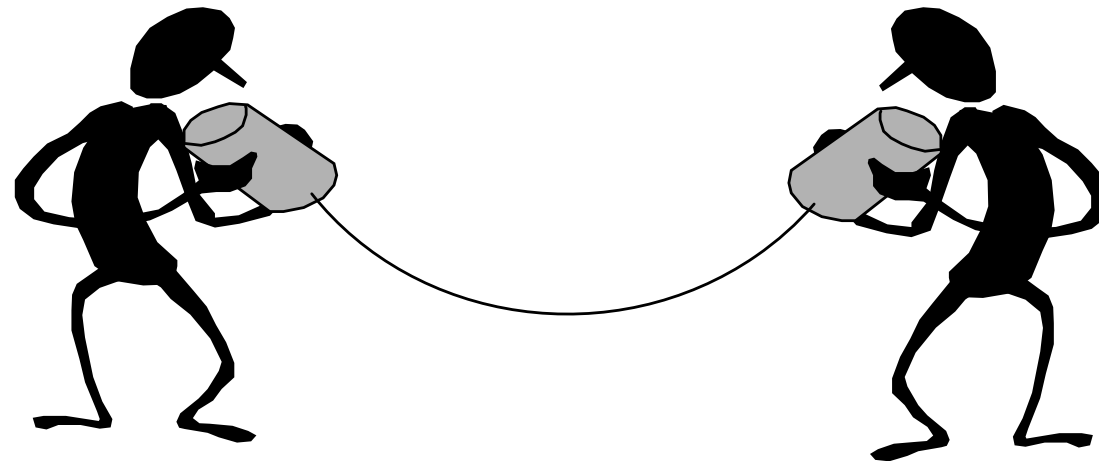


Review Session

- ▶ *Basic HIV knowledge*
- ▶ *Communication Skills*
- ▶ *Counseling Skills*
- ▶ *Types of HIV testing* (*Anonymous vs. Confidential*)
- ▶ *HIV legal issues*
- ▶ *FL HIV/AIDS statistics*



Squares Communication Exercise



*Effective Communication is essential to
a successful counseling & testing
session*





Pre-Test Counseling

Counseling & Testing video Part 1





Pretest Counseling Tips

- ▶ *Introduce self/Establish rapport*
- ▶ *Explain Confidentiality*
- ▶ *Obtain informed consent*
- ▶ *Explain negative vs. positive result*
- ▶ *Complete client testing/HAART history*
- ▶ *Complete Client Risk Assessment*
- ▶ *Develop a personalized prevention plan*
- ▶ *Additional information, resources, linkages*



Pre-Test Counseling Forms

Informed Consent (DH1818)
General Release HIPAA (DH 3204)
Laboratory Request (DH1628)



OPINION POLL

- ▶ *Learn to respect what you do not understand or necessarily agree with*
- ▶ *Continue to do self-analysis*
- ▶ *Know your biases*
- ▶ *Leave biases outside counseling session*
- ▶ *Don't yuck someone else's yum!*



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OPINION POLL

INSTRUCTIONS: DO NOT put names on the paper. Write "A" for agree" or "D for disagree" next to each number as the corresponding statement is read. After all statements have been read and appropriate response indicated, pass your paper to the front. The instructor will shuffle and redistribute them. As each statement is reread, the participants will be asked to stand on the side of the room that corresponds with their paper's "agree" or "disagree" answer.

Participants must defend the answer on their paper even if they do not personally agree with the answer.

1. Homosexuals practice abnormal sexual behaviors. _____
2. People who shoot up drugs are abnormal. _____
3. All gay clients have a lot of sex partners. _____
4. Oral and anal sex are acceptable sexual practices. _____
5. Bisexuals are more gay than straight. _____
6. People with HIV/AIDS should not have sex. _____
7. Most heterosexuals are monogamous. _____
8. HIV/AIDS is a punishment for being promiscuous. _____
9. Someone who tests HIV antibody negative has nothing to worry about. _____
10. Condoms should be distributed in all High Schools. _____
11. All health care providers in the US should be required to undergo an HIV antibody test. _____



Cultural Diversity

- ▶ ***Culture = the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought typical of a population or community at a given time.***



Diversity

- ▶ The fact or quality of being diverse
- ▶ A point or respect in which things differ

Respect & Celebrate the differences!!!



Ask yourself

- ▶ *What cultural group do I identify with...?*
- ▶ *What is my economic status ?*
- ▶ *What is my religious status ?*
- ▶ *What is my sexual orientation ?*
- ▶ *What is my age group ?*
- ▶ *What type of music would I prefer ?*



Desensitize...

- *To make (an individual) non-reactive or insensitive*
- *To make emotionally insensitive or unresponsive by long exposure or repeated shocks*



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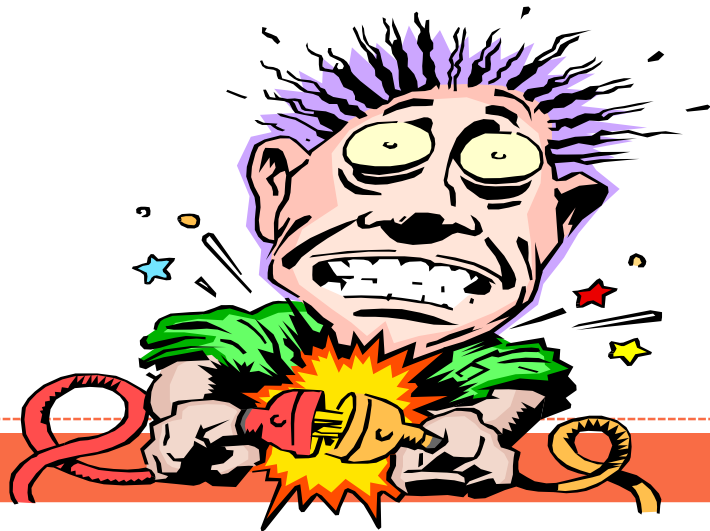
LUNCH

Please Return on Time



Desensitize...

- ▶ ***To make an HIV counselor non-reactive, less sensitive, or insensitive by repeated exposure and/or shocks***



Desensitization Exercise

Group 1:

Vagina

Buttocks

Having Sex

Group 2:

Drugs/Doing drugs

Venereal Disease

Having Sex

Group 3:

Penis

Breast

Having Sex



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???

***What Factors Affect
“Behavior Change”***



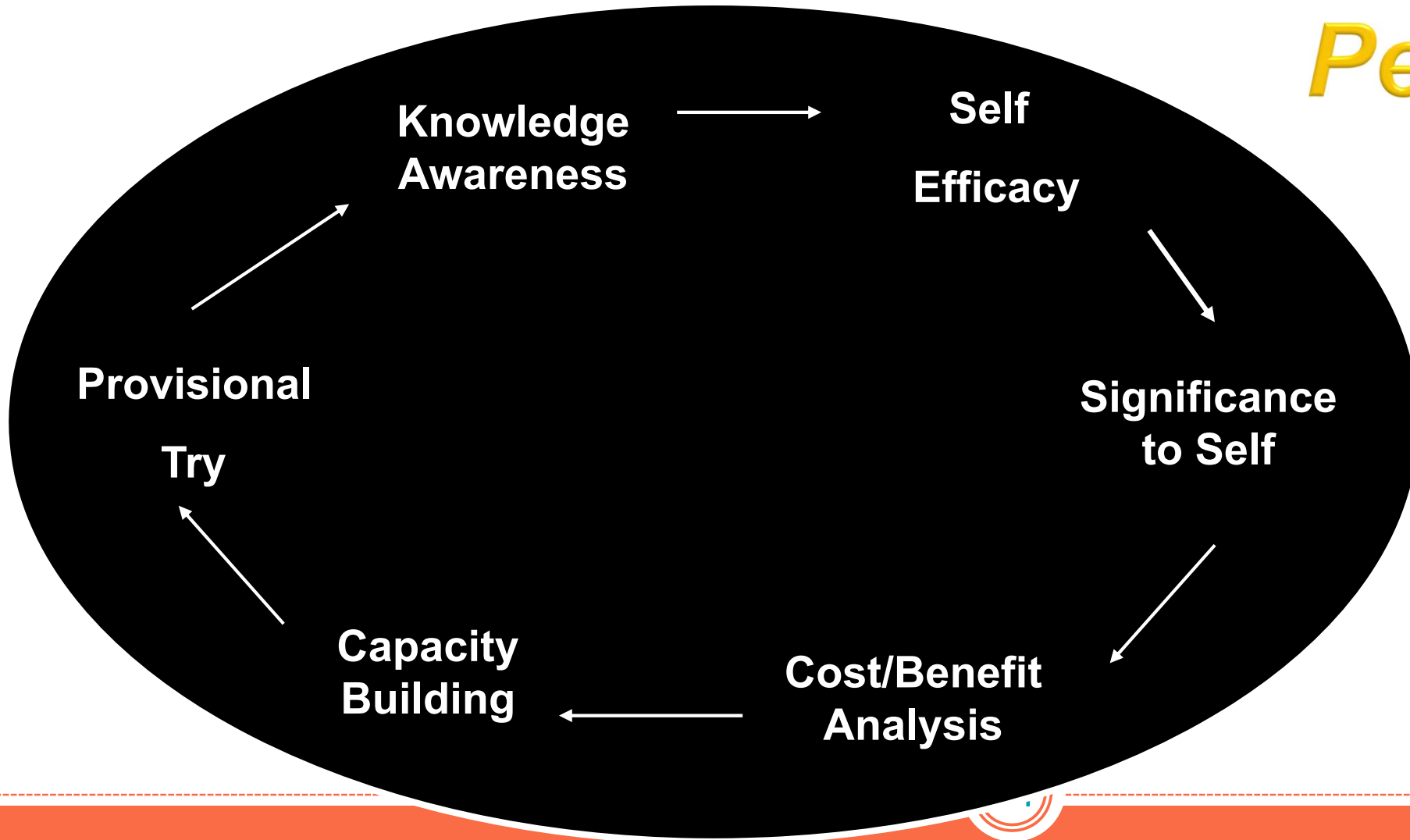
Factors that Affect Behavioral Change

- ▶ **Knowledge**
- ▶ **Perceived Risk**
- ▶ **Perceived Consequences**
- ▶ **Access**
- ▶ **Skills**
- ▶ **Self-Efficacy**
- ▶ **Actual Consequences**
- ▶ **Attitudes**
- ▶ **Social Norms**
- ▶ **Policy**



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Personalizing Behavior Change



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Practice Pre-test Counseling Session

*Role play using all paperwork &
Orasure collection device*



Pretest Counseling Summary

- ▶ *Introduce self/Establish rapport*
- ▶ *Explain Confidentiality*
- ▶ *Obtain informed consent*
- ▶ *Explain negative vs. positive result*
- ▶ *Complete client testing/HAART history*
- ▶ *Complete Client Risk Assessment*
- ▶ *Develop a personalized prevention plan*
- ▶ *Additional information, resources, linkages*



Domestic Violence

- ▶ ***FACT : Less than 50% of all reported cases of domestic violence results in an arrest***

WHY ???



Florida Statutes

- ▶ **Domestic Violence:**

Any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in personal injury or death of one *family or household member by another, who is or was residing in the same single dwelling unit.

- ▶ ***Family or Household member:**

Spouse, former spouse, persons related by blood or marriage, persons who are presently residing together, as if a family, or who have resided together in the past, as if a family, and persons who have a child in common regardless of whether they have been married or have resided together at any time.

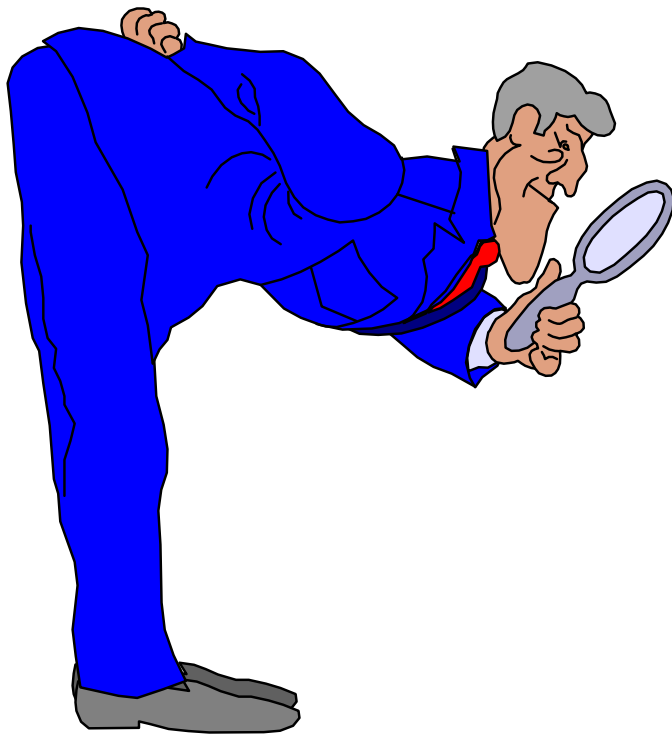


Domestic Violence & HIV (The connection)

- ▶ *The method of abuse may be sexual & if it is,*
- ▶ *May affect client's decision to test or not*
- ▶ *May affect HIV (+) client's decision to participate in Partner Services (PS)*
- ▶ *May affect the HIV (-) client's ability to adopt safer sex practices*



Indirect clues of Domestic Abuse



Partner behaviors:

- ▶ *Stands watch, monitors interaction*
- ▶ *Answers questions directed to their partner*
- ▶ *Overly attentive behavior*
- ▶ *Refuses to leave interview or exam room*
- ▶ *Continually tests limits of the visit*
- ▶ *Hostile behavior to staff*



Signs of Domestic Abuse

- ▶ *Central pattern of injuries or multiple injuries*
- ▶ *Evidence of strangulation*
- ▶ *Injuries suggesting defensive posture*
- ▶ *Alcohol or drug abuse*
- ▶ *Evidence of sexual assault*
- ▶ *Sexually transmitted diseases*
- ▶ *Suicide attempts*
- ▶ *Injury during pregnancy*



How can You Help ?

- ▶ *Routinely ask questions*
- ▶ *Ask direct, open-ended questions*
- ▶ *Document findings*
- ▶ *Assure client safety*
- ▶ *Refer to appropriate resources*

Statewide Hotline # (800) 500-1119



SILENCE IS DEATH

The Crisis of HIV/AIDS in Florida's Black Communities

This report highlights Florida communities where severe racial/ethnic HIV/AIDS disparities persist.



Underlying Factors that Contribute to HIV/AIDS Racial/Ethnic Disparities

- ▶ **Amount of HIV already in the community**
- ▶ **Late diagnosis of HIV or AIDS***
- ▶ **Access to and acceptance of diagnosis and care***
- ▶ **Stigma and denial, including fear of disclosure of HIV-positive status***
- ▶ **Discrimination and homophobia, including fear of disclosure of being an injection drug user (IDU) or a man who has sex with men (MSM)***
- ▶ **Poverty and unemployment**
- ▶ **Delayed prevention messages (long considered a gay, white male disease)***
- ▶ **Non-HIV sexually transmitted diseases in the community***
- ▶ **HIV/AIDS conspiracy beliefs, reflecting mistrust of the health care system***
- ▶ **Sexual and needle-sharing behaviors***
- ▶ **Incarceration**
- ▶ **Many complex factors related to socioeconomic status**



Recommendations

- ▶ The Florida Department of Health believes that fighting the spread of HIV/AIDS and reducing the burden of HIV/AIDS among blacks will require a comprehensive approach to improve prevention, testing, and treatment programs in our communities.
- ▶ The Department needs the communities' help to mobilize efforts to combat this HIV/AIDS crisis, and to coordinate these initiatives with political and religious leaders, civic organizations, businesses, schools, parents, cultural leaders and people living with HIV/AIDS in a coordinated campaign of advocacy and action.



Out in the Open

The Continuing Crisis of HIV/AIDS in Florida's MSM Communities

This report highlights Florida communities where severe HIV/AIDS disparities persist among Men who have Sex with Men.



Underlying Factors Potentially Contributing to HIV/AIDS Trends Among MSM

- ▶ Amount of HIV already in the community
- ▶ Late diagnosis of HIV or AIDS*
- ▶ Lack of access to and acceptance of diagnosis and care; adherence to medical advice and drug treatment
- ▶ Stigma and denial, including fear of disclosure of HIV-positive status*
- ▶ Discrimination and homophobia, including fear of disclosure of being an injection drug user (IDU) or a man who has sex with men (MSM)*
- ▶ Poverty and unemployment
- ▶ **Rejection by family, church; loss of employment**
- ▶ Delayed prevention messages (long considered a gay, white male disease)*
- ▶ Non-HIV sexually transmitted diseases in the community*
- ▶ HIV/AIDS conspiracy beliefs, reflecting mistrust of the health care system*
- ▶ Sexual and needle-sharing behaviors*
- ▶ Incarceration
- ▶ Many complex factors related to socioeconomic status



Recommendations

- ▶ Enhance the efficacy of HIV prevention, treatment and care programs
- ▶ Integrate viral hepatitis into HIV prevention programs
- ▶ Select, implement, and support appropriate effective interventions
- ▶ Promote a comprehensive approach to HIV prevention programs
- ▶ Address issues related to discrimination, homophobia, stigma, and denial
- ▶ Form and facilitate gay men/MSM workgroups in partnership with public health and HIV prevention
- ▶ Develop working partnerships with universities
- ▶ Work with substance abuse and mental health providers
- ▶ Form partnerships with gay-friendly businesses
- ▶ Expand internet HIV prevention messages
- ▶ Promote and sustain HIV/AIDS media campaigns targeting gay men/MSM



Department of Health

Minority Community Mobilization and Advocacy against HIV/AIDS

Contact:

Yolanda Kellam-Carter

Minority AIDS Program Coordinator

Area 4 AIDS Program

515 W 6th St

Jacksonville, FL. 32206

904-253-1886



Department of Health

HIV 501

DAY 3



Post Test Counseling Tips

- ▶ *Introduce self*
- ▶ *Confirm Client Identity*
- ▶ *Give Client Test Result*
- ▶ *Explain Test Result*
- ▶ *Review/Update Client Risk Assessment*
- ▶ *Provide referral/resource information*



Post Test Negative/Inconclusive Counseling Session

- ▶ *Meet, Greet, and Seat Client*
- ▶ *Confirm client identity (confidential - picture id, anonymous - DH 1628 green stub)*
- ▶ *Give negative/inconclusive test results*
- ▶ *Explain window period/possible need for retesting*
- ▶ *Discuss risk reduction/elimination plan of action*
- ▶ *Address any questions client may raise*
- ▶ *Provide appropriate written referral info/condoms*
- ▶ *Give appointment for retest if needed*
- ▶ *Complete post-test documentation (DH 1628c)*



Department of Health



CLIA: 10D0645095

Department of Health
Bureau of Public Health Laboratories - Jacksonville
P.O. Box 210
Jacksonville, FL 32231

Service ID: 1710007723_201808071518_1
LIMS Report #: 8544072
Special Project: Program Component: 23

Patient: [REDACTED]

Submitter: ESCAMBIA CHD
1205 W FAIRFIELD DR
Pensacola, FL 32501

Local Patient Id: [REDACTED]
Date of Birth: [REDACTED]
Social Security #: [REDACTED] Gender: Female
Race: White

Sample #: JRH18046948 (7832303)
Source: Blood, Venous
Additional Info:
Order ID: 1710007723
Ordered Testcode: D500
Practitioner: PATRICIA HAMMONDS
Note:

Date Collected: 08/07/2018
Date Received: 08/10/2018
Date Reported: 08/13/2018
State ID: 1778928784
Onset Date:
Fasting: Pregnant:

SAMPLE
Result #1

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Non-reactive		08/13/2018
HIV 1/2 Antigen/Antibody Combo Interpretation	NEGATIVE		

Note: HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. No laboratory evidence of HIV infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen.



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Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0645095

Service ID: 0110128372_201808021605_1
 LIMS Report #: 8040378
 Special Project: Program Component: 02

Patient: [REDACTED]
 [REDACTED]
 [REDACTED]

Submitter: ACHD-BTD (MAIN)
 224 SE 24TH STREET
 Gainesville, FL 32641

Local Patient Id: [REDACTED]
 Date of Birth: [REDACTED]
 Social Security #: [REDACTED] Gender: Female
 Race: Unknown/Unreported

Sample #: JRM18046494 (7522778) Date Collected: 08/02/2018
 Source: Blood, Venous Date Received: 08/08/2018
 Additional Info: Date Reported: 08/10/2018
 Order ID: 0110128372 State ID: 0110184385
 Ordered Testcode: 0500 Onset Date:
 Practitioner: KRISTIN NOBLES Fasting: Pregnant:
 Note:

SAMPLE
 Result # 2

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay HIV 1/2 Antigen/Antibody Combo Interpretation	Non-reactive Negative		08/10/2018
Note: HIV-1 antigen and HIV-1/HIV-2 antibodies were not detected. No laboratory evidence of HIV infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen.			
0510 HIV 1/2 Supplemental Assay HIV-1 Result HIV 1/2 Supplemental Assay HIV-2 Result HIV 1/2 Differentiation Interpretation	Non-Reactive Non-Reactive HIV 1,2 Negative-NAAT Testing Required		08/10/2018
0530 HIV-1 Qualitative NAAT HIV-1 Qualitative NAAT Interpretation	Cancelled Cancelled		

* RAPID TEST POSITIVE FROM POINT OF CARE

Note: Cancel Reason for Test: NAAT TESTING IS NOT REQUIRED AS BOTH SCREEN TEST ARE NEGATIVE



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CLIA: 16D0643095

Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

Service ID: _____ Patient: _____
 LMS Report #: 8046818 _____
 Special Project: _____ Program Component: _____
 Submitter: 12-405_Community AIDS Network SNS
 1231 North Tuttle Avenue
 Sarasota, FL 34237
 Local Patient Id: _____
 Date of Birth: _____
 Social Security #: _____ Gender: Male
 Race: _____

Sample #: JRH:8047044 (7838775) Date Collected: 08/08/2018
 Source: Blood, Venous Date Received: 08/10/2018
 Additional Info: _____ Date Reported: 08/14/2018
 Order ID: 0502488557 State ID: _____
 Ordered Testcode: 0500 Onset Date: _____
 Practitioner: DR Tanya S Schreiman, MD Fasting: _____ Pregnant: _____
 Note: _____

SAMPLE
 Result # 3

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive		08/14/2018
HIV 1/2 Antigen/Antibody Combo Interpretation	REACTIVE		
0510 HIV 1/2 Supplemental Assay HIV-1 Result	Reactive		08/14/2018
HIV 1/2 Supplemental Assay HIV-2 Result	Non-Reactive		
HIV 1/2 Differentiation Interpretation	HIV-1 Positive, HIV-2 Negative		

Note: This reactive supplemental IA test indicates that the person is positive for HIV-1 antibodies. Laboratory evidence of HIV-1 infection is present.
 If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.



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Department of Health
 Bureau of Public Health Laboratories - Jacksonville
 P.O. Box 210
 Jacksonville, FL 32231

CLIA: 10D0045099

Service ID: 2810008709_201805101853_2
 LMS Report #: 7182911
 Special Project: Program Component: 02

Patient: [REDACTED]

Submitter: SEBRING/HIGHLANDS
 7206 S GEORGE BLVD
 Sebring, FL 33875

Local Patient Id: [REDACTED]
 Date of Birth: [REDACTED]
 Social Security #: [REDACTED] Gender: Male
 Race: Black/African American

Sample #: JRH18026321 (7690875) Date Collected: 05/10/2018
 Source: Blood, Venous Date Received: 05/14/2018
 Additional Info: Date Reported: 05/17/2018
 Order ID: 2810008709 State ID: 2833498224
 Ordered Testcode: 0600 Onset Date:
 Practitioner: JAMES FOLKNER, ARNP Fasting: Pregnant

SAMPLE
 RESULT #4

Test	Result	Reference Range	Date Approved
0600 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive	HIV-1 Acute Infection	05/17/2018
0510 HIV 1/2 Supplemental Assay HIV-1 Result	Non-Reactive		05/17/2018
HIV 1/2 Supplemental Assay HIV-2 Result	Non-Reactive		
HIV 1/2 Differentiation Interpretation	HIV 1,2 Negative-NAAT Testing Required		
0530 HIV-1 Qualitative NAAT	Reactive		05/17/2018
HIV-1 Qualitative NAAT Interpretation	Positive		

Note: A reactive MAAT indicates detection of HIV-1 RNA. Laboratory evidence of HIV-1 infection is consistent with an acute or early HIV-1 infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.



Department of Health



CLIA: 10D0645095

Department of Health
Bureau of Public Health Laboratories - Jacksonville
P.O. Box 210
Jacksonville, FL 32231

Service ID: 0502932683_20180713104941

Patient: [REDACTED]

LIMS Report #: 8002432

Special Project:

Program Component: [REDACTED]

Submitter: 12-112_The Center / GLBTCC
946 North Mills Avenue
Orlando, FL 32803

Local Patient ID: [REDACTED]

Date of Birth: [REDACTED]

Social Security #: [REDACTED]

Gender: Male

Race: Other

Sample #: JRH16040707 (7788985)

Date Collected:

SAMPLE

Source: Blood

Date Received: 07/13/2018

Result # 5

Additional Info:

Date Reported: 07/20/2018

Order ID: 0602932683

State ID:

Practitioner: DR Edwin DeJesus, MD

Fasting:

Pregnant:

Note:

Test	Result	Reference Range	Date Approved
0500 HIV 1/2 Antigen/Antibody Combo Immunoassay	Reactive	HIV-1 Acute Infection	07/20/2018
0510 HIV 1/2 Supplemental Assay HIV-1 Result HIV 1/2 Supplemental Assay HIV-2 Result HIV 1/2 Differentiation Interpretation	Indeterminate Non-Reactive	HIV-1 Indeterminate, HIV Negative-NAAT Testing Required	07/20/2018
0530 HIV-1 Qualitative NAAT HIV-1 Qualitative NAAT Interpretation	Reactive Positive		07/20/2018

Note: A reactive NAAT indicates detection of HIV-1 RNA. Laboratory evidence of HIV-1 infection is consistent with an acute or early HIV-1 infection. If lab results are not consistent with clinical manifestations/risk factors, please submit an EDTA plasma specimen. Report all positive results to the county health department.



Post Test Positive Counseling Session

- ▶ *Meet, Greet, and Seat Client*
- ▶ *Confirm client identity (confidential - picture id, anonymous - DH 1628 green stub)*
- ▶ *Give positive test result*
- ▶ *Explain result*
- ▶ *Discuss risk reduction/elimination plan of action*
- ▶ *Address any questions client may raise*
- ▶ *Advise client NOT to donate blood/fluids/organs/tissue*
- ▶ *Negotiate partner referral/notification approach*
- ▶ *Elicit partner (s) names & locating information*
- ▶ *Link client to Early Intervention Services*
- ▶ *Provide appropriate written referral info/condoms*
- ▶ *Complete DH 1628c*
- ▶ *Complete CDC case report form (within 3 days)*



CDC Case Report

(Adult HIV/AIDS Confidential Case Report)

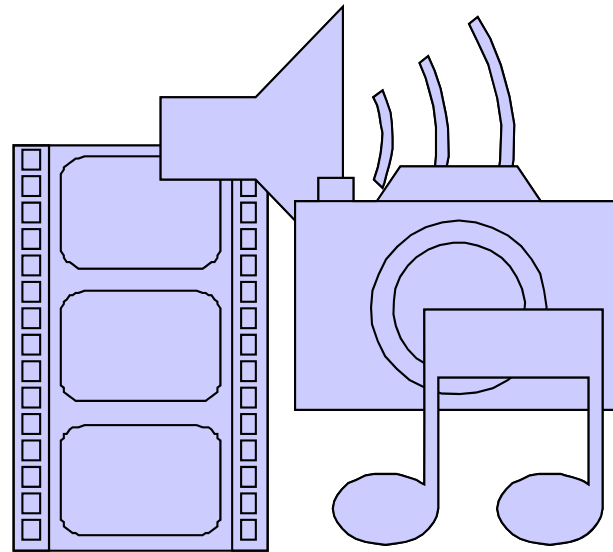
- ▶ **Patients \geq 13 years old at time of diagnosis case reports must be completed/submitted within 14 business days of positive result receipt.**

Chandrea Carter-Masline
Area 4 HIV/AIDS Surveillance Program Manager
Area 4 AIDS Program Office
515 W. 6th St., Jacksonville, FL. 32206
904-253-2954
Chandrea.carter@Flhealth.gov



POST TEST VIDEO

Counseling & Testing video part 2



Partner Services

- PS is available to all clients who test HIV-positive
- Pursuant to s. 384.26, F.S., only the Department of Health and its authorized representatives may conduct PCRS
- Any trained HIV counselor can elicit names of partners
- **Only Disease Intervention Specialist (DIS) of STD clinics can notify partners**



Partner Services (PS) Includes

- ▶ *Eliciting names of sex and/or needle-sharing partners from an HIV infected client*
- ▶ *Contacting those partners to inform of their exposure to HIV (DIS only)*
- ▶ *Referring and/or testing those partners for HIV*
- ▶ *Linking both the original client and partners to social service agencies for either care or other services*



Principles of Partner Services (PS)

- ▶ *Voluntary to all HIV positive clients in Florida*
- ▶ *All certified HIV counselors can elicit names*
- ▶ *Confidential*
- ▶ *Client – Centered*



Pertinent Information

- ▶ *Elicit all names (AKA s) of contacts/partners **first***
- ▶ *Elicit locating information (e.g. address, phone number, employment, social venues, emergency contacts)*
- ▶ *Elicit description of contact (height; weight; hair length, color, and style, distinguishing characteristics)*
- ▶ *Elicit sexual/needle-sharing exposure (first, last, how often, where)*



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LUNCH

Please be Back on Time



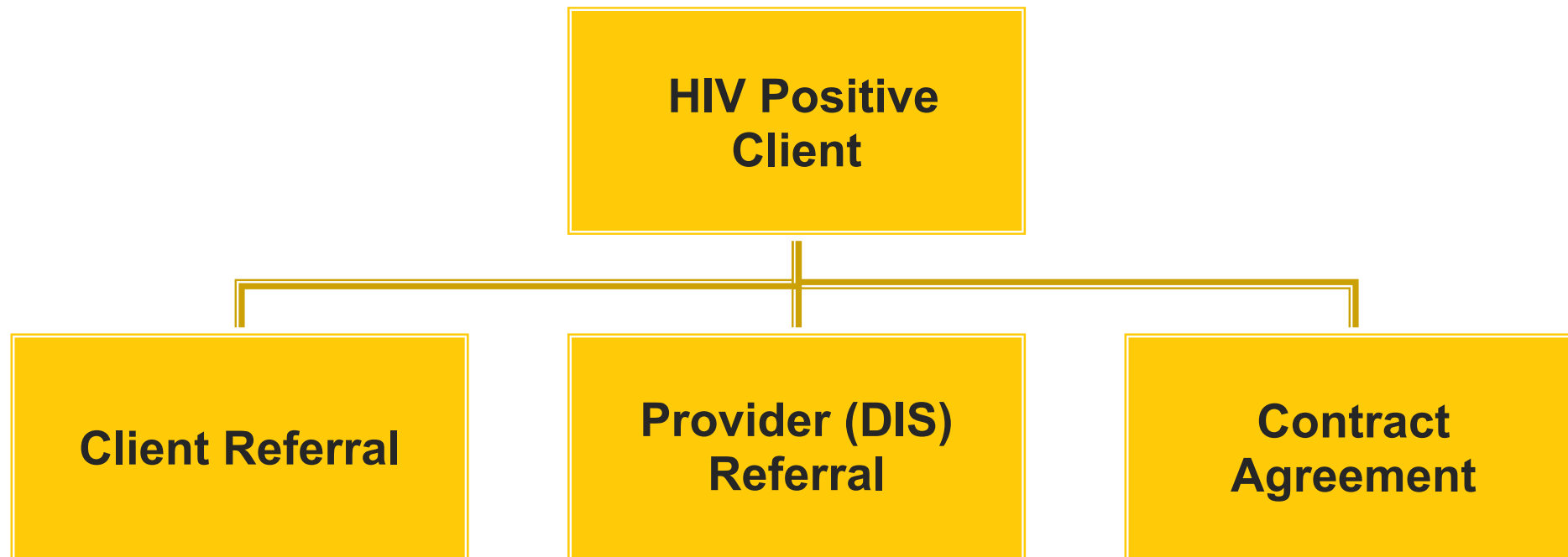
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Partner Notification

What happens ?



Diverse Partner Referral Approaches



Provider Referral = Partner Notification

- ▶ Per FS 384 only FL DOH authorized representatives (Disease Intervention Specialists- DIS of STD clinics) can contact partners
- ▶ It's confidential
- ▶ It's done face-to-face – “someone cared enough about you...”



Department of Health

***Forward information obtained
to:***

STD Program Manager

Attention: Cindy Jean-Pierre

515 W. 6th Street

Jacksonville, FL 32206

(904) 253-2598



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Post test Counseling Role Plays



Post Test Positive Counseling Session

- ▶ *Meet, Greet, and Seat Client*
- ▶ *Confirm client identity (confidential – picture id, anonymous – DH 1628 green stub)*
- ▶ *Give positive test result*
- ▶ *Explain result*
- ▶ *Discuss risk reduction/elimination plan of action*
- ▶ *Address any questions client may raise*
- ▶ *Advise client NOT to donate blood/fluids/organs/tissue*
- ▶ *Negotiate partner referral/notification approach*
- ▶ *Elicit partner (s) names & locating information*
- ▶ *Link client to Early Intervention Services ([medical](#))*
- ▶ *Provide appropriate written referral info/condoms*
- ▶ *Complete DH 1628c*
- ▶ *Complete CDC case report form ([within 3 days](#))*



Taking Care of YOU

- ▶ ***Exercise***
- ▶ ***Family***
- ▶ ***Friends***
- ▶ ***Hobbies***
- ▶ ***Deep Breathing***
- ▶ ***Counting***
- ▶ ***Music***
- ▶ ***Laughter***



Individual Stress Meter



Department of Health

***Congratulations you have
successfully completed HIV
501 course***

*Please refer to QI/QA tab for post
requisite requirements*



Post-requisite requirements

- ▶ Must be completed within sixty days from today!
- ▶ Must *observe* at least one pre-test and one post-test negative counseling session.
- ▶ Must *perform*, under supervision of HIV 501 certified counselor, at least one pre-test and one post-test negative counseling session.
- ▶ Should *perform*, under supervision of HIV 501 certified counselor, at least one post-test positive counseling session. *May substitute with role play.*



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Questions and Answers



Class Evaluation Form

- *Anonymous*
- *Please provide written feedback*
- *Did the class meet your needs ?*

