



HIV post-test practices: An online survey examining perceived delivery of HIV test results, post-test discussion and referral in healthcare settings across the WHO European Region

Never Stand Still

Arts & Social Sciences

Centre for Social Research in Health

Introduction

While similarities and differences in recommendations relating to the post-test HIV testing processes in guidelines relevant to the WHO European Region have been reviewed, little is known about current HIV pre-test practice. Addressing this knowledge gap, we report on a first study of expert perceptions of post-test HIV testing practices in health care settings across the WHO European Region.

What did this research project do?

An online survey was completed by 338 health service providers, representatives from non-governmental organisations and policy makers involved in HIV testing policy and practice in the WHO European Region. Responses were received from individuals working in each of the WHO European Region Countries, excluding San Marino and Iceland. Respondents worked in countries in Eastern Europe and Central Asia (32.5%), Central Europe (37.3%), and Western Europe (30.2%).

What did we find out?

Delivery of test results:

- More respondents thought that positive HIV test results were delivered in person, in private, in confidence, and with sufficient time to discuss the result, compared to HIV-negative test results.
- Over 60% of respondents thought that test results were generally delivered by the healthcare worker who performed the test. Use of communication technology (e.g. telephone, text message, email or secure website) was perceived as infrequent.

With regard to sub-regional differences:

- More respondents from Western Europe and from Central Europe thought that positive and negative test results were delivered in a clear, direct manner than respondents from Eastern Europe and Central Asia.
- Fewer respondents from Western Europe thought that a negative test result was delivered in person than respondents from other regions.

Post-test discussion:

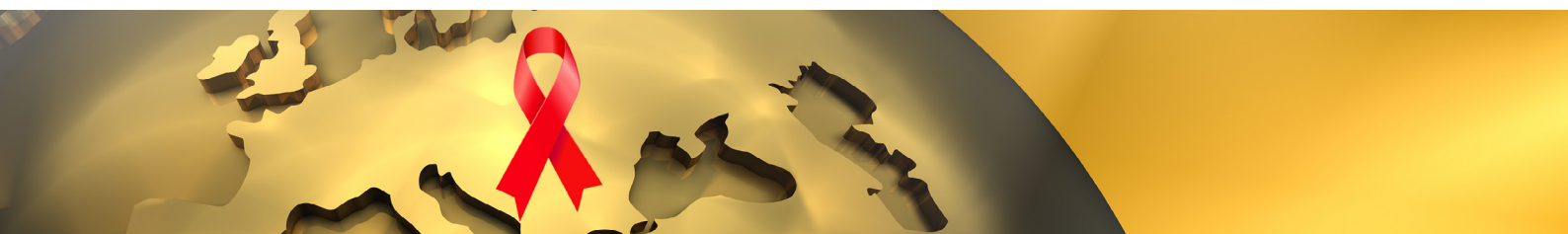
- Post-test discussion was mostly perceived as being provided by the healthcare provider when delivering positive (78.8%) or negative (83.2%) HIV test results. Fewer respondents thought test results were provided by another HIV healthcare provider and/or counsellor at the service where the test was done (48.5% for positive results; 49.1% for negative results) or at the specialist service the person is referred to (40.7% for positive results; 23.3% for negative results).
- Over 95% of respondents thought that post-test discussion was provided to HIV-positive and HIV-negative patients on a face-to-face basis. More respondents from Central Europe and from Eastern and Central Asia thought that post-test discussion was provided after a negative HIV test result than respondents from Western Europe, who were more likely to think that counselling after an HIV-negative test result was delivered via telephone than respondents from other regions.
- Respondents' perceptions regarding the components of post-test discussion for people receiving positive HIV test results include: assistance with referral to specialist HIV services (89.2%); assurance that the person understands the test result (88.4%); information about prevention of HIV transmission (88.0%); making arrangements for a repeat test as required (86.3%); discussion of immediate concerns (85.1%); opportunity to ask questions (84.6%); offer of testing and counselling of partner and/or children (79.7%); information about other services available in the health service or other community settings (78%); assessing the need for psychological support (76.8%); and assistance with referral to HIV support services (75.9%) or in determining availability of social support (66%).
- Respondents' perceptions regarding components of post-test discussion for people receiving negative HIV test results include: explanation of the window period and need for retesting if necessary (90.1%); provision of basic advice on prevention for HIV transmission (85.0%); encouragement of safe practice and behaviour change (79.0%); referral to harm reduction and/or other prevention services if appropriate (64.4%); provision of, or referral for, post-exposure prophylaxis, if appropriate (57.9%) and comprehensive STI screening (56.2%); and assessment of client's needs for referral to more extensive post-test counselling or prevention services (45.9%).
- Sub-regional and sector-based differences relating to the delivery of post-test information and/or counselling are limited.

Referral to specialist services:

- More respondents thought that there was a procedure for assistance with referral to specialist treatment, care and support services after an HIV-positive test result (86.2%) than after an HIV-negative test result (34.9%). These procedures consist of the provision of contact information of specialist services, as well as assistance in making an appointment at another service.

Sub-regional differences included:

- More respondents from Eastern Europe and Central Asia (98.5%) and from Central Europe (86.7%) thought that the provision of contact information of specialist services after a positive HIV test result occurred in their setting than respondents from Western Europe (75.0%).
- More respondents from Western Europe (81.3%) and from Central Europe (77.3%) thought that provision of assistance with making an appointment at a specialist service after a positive HIV test result occurred in their setting than respondents from Eastern Europe and Central Asia (59.1%).
- For patients receiving a negative test result, more respondents from Central Europe (37.8%) thought that provision of assistance with making an appointment at a specialist service occurred in their setting than respondents from Western Europe (21.1%) or from Eastern Europe and Central Asia (25.4%).



Respondents' perceptions about the different specialist referral services that are typically provided to people receiving positive HIV test results include: ART (93.1%); periodic clinical assessment (88.3%); management of opportunistic infection (81.9%); psychosocial support services (77.9%); prevention counselling (74.0%); STI screening (73.0%); TB Screening (64.7%); needle and syringe programs (62.7%); opioid substitution services (61.3%); conception counselling for serodiscordant couples (55.4%); sexual and reproductive health services (53.9%); partner notification and contact tracing services (52.5%); ART for prevention in serodiscordant couples (46.6%); and co-trimoxazole prophylaxis (38.2%).

Respondents' perceptions about the different specialist referral services that are typically provided to people receiving negative HIV test results include: retesting in case of recent exposure (71.7%); prevention counselling (60.9%); STI screening (58.3%); needle and syringe programs (53.0%); post-exposure prophylaxis (47.0%); opioid substitution services (46.1%); sexual and reproductive health services (38.3%); psychosocial support services (36.1%); drug treatment (27.8%); pre-exposure prophylaxis (13.9%).

Some sub-regional differences were found:

- More respondents from Eastern Europe and Central Asia and from Central Europe thought that referral to tuberculosis screening, needle and syringe programs and opioid substitution services was provided after an HIV-positive test result than respondents from Western Europe. Similar differences were seen for referral to needle and syringe programs and opioid substitution services after a negative HIV test result.

What do these findings mean?

Across the WHO European Region, HIV testing experts perceive HIV testing practices for people receiving HIV positive test results to be largely in line with the recommendations outlined in authoritative guidelines. However, perceived linkages between HIV test result delivery, post-test counselling and referral to specialist services for people receiving a positive HIV test result vary substantially according to specific service and sub-region. Sub-regional comparisons identified multiple differences in perceived HIV post-test practices between respondents from different regions. A gap exists between recommendations specified in HIV testing guidelines relevant to the WHO European Region and perceived HIV testing practices for people receiving a negative HIV test result.

The new WHO guidelines for HIV testing services include pragmatic recommendations about post-test discussion for people receiving an HIV-negative test result, in the form of 'brief health information' about their test results, and include explicit recommendations about the range of services that should be made available to clients receiving negative, as well as positive, HIV test results. Sub-regional differences in HIV testing practices indicates that guidelines providing uniform recommendations for HIV testing across the WHO European Region may not offer satisfactory guidance to service providers experiencing different challenges in different parts of the region. Future guidelines of relevance to the WHO European Region could also address these issues by providing recommendations that respond to the diversity of needs and contexts illustrated by the sub-regional differences in the survey findings. Further, the increasing availability of new HIV testing technologies underscores the importance of future guidelines specific to the WHO European Region providing recommendations that are relevant to a variety of HIV testing technologies.

Reference: [Bell S, Casabona J, Tsereteli N, Raben D, de Wit J. \(forthcoming\) 'HIV post-test practices: an online survey examining perceived delivery of HIV test results, post-test discussion and referral in health care settings across the WHO European Region'. *Sexual Health*](#)