Standard Operating Procedures for HIV Index Testing Services

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Contents

Acknowledgements

Abbreviations and acronyms

ART	Antiretroviral therapy
CDC	Centers for Diseases Control and Prevention
GBV	Gender-based violence
HCW	Healthcare workers
HTS	HIV testing services
IPV	Intimate partner violence
ITS	Index testing service
NDoH	National Department of Health
PEPFAR	United States President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
SOP	Standard operating procedure
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

Definition of terms

Index testing services	A voluntary process whereby counsellors and/or healthcare workers (HCWs) ask index clients to list all their: (1) sexual partner/s; (2) injecting drug partner/s in the past year; and (3) biological children, to offer them voluntary HIV testing following the approved algorithm.
Index client	An individual newly diagnosed as HIV-positive and/or an HIV-positive individual who is enrolled in HIV treatment services.
Index sexual partner/s	Individual/s identified by the index client with whom they have had sexual intercourse (even if it was just a one-night stand and even if they always use condoms with this partner).
Index needle-sharing partner	Individual/s identified by an HIV-positive person (index client) who have shared needles or injection equipment (even if it was just one time and even if they cleaned the needle before sharing it) with the index client.
Index biological child	All biological children (<19 years) if the: Mother is HIV-positive OR father is HIV-positive AND reports that the child's mother is HIV-positive, deceased, or her status is unknown, OR the biological sibling is HIV-positive.
HIV index contact testing services booklet	A specific register designed to collect information from index clients about their contacts who may be at high risk.

Legislative framework

This document is guided by the documents listed below:

•   National HIV counselling and testing policy, 2016

•   National Strategic Plan, Department of Health: South Africa, 2021-2024

1: Introduction

1.1 Background

To achieve the World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 strategy targets requires the implementation of different HIV counselling and testing modalities to increase HIV testing services (HTS) uptake and case findings to control the HIV/AIDS and tuberculosis (TB) epidemic. South Africa has approximately 7 million people living with HIV (PLHIV) and approximately 6,2 million on antiretroviral therapy (ART). To improve ART coverage, strategies to increase case findings should be implemented. WHO has recommended HIV self-screening and partner notification services to identify more cases and to make more linkages to treatment. Index testing (also known as partner notification or contact tracing) is a case finding approach that focuses on eliciting the sexual or needle-sharing partners and biological children of HIV-positive individuals and offering them HIV testing through different testing modalities. The South African government has adopted WHO's recommendations and index testing will be implemented within the context and dynamics of the country. The term, index testing services (ITS), will be used rather than direct partner notification services or other names, for the purpose of having a common understanding at all levels of healthcare delivery—from primary health centres, community health centres , district hospitals, to regional and tertiary hospitals—where any patient can be identified or may test HIV-positive. This standard operating procedure (SOP) aims to address gaps through the provision of ethical, safe, and effective ITS, and to describe how the ten steps of index testing should be conducted.

All HTS, including ITS, must meet WHO's "5 Cs": consent, confidentiality, counselling, correct test results, and connection/linkage to HIV prevention, care, and treatment. Index testing should be client-centred and focused on the needs and safety of the index client and his or her partner(s) and children. All HIV testing clients, including index clients, should be provided with all available HIV prevention, care, and treatment services, regardless of whether they are willing and able to provide partner details. Services should never be withheld, and clients should never be pressured to disclose personal or partner details.

1.2 Purpose

This document was developed by the National Department of Health (NDoH) to provide guidance to provinces and districts on the implementation of ITS as a strategy to improve HIV case finding and successful linkages to prevention, care, and treatment services in South Africa.

1.3 Rationale

In 2016, when the HTS policy was developed, index testing was mentioned as part of HTS modalities to be implemented in South Africa. However, the policy provided limited information on how, when, and who can provide ITS. Therefore, these ITS guidelines intend to:

- Strengthen existing guidance on ITS for all index clients and/or PLHIV as per WHO guidelines.
- Support the routine offering of safe and ethical ITS to all sexual/injecting partners and children of index clients/PLHIV.
- Provide guidance on the implementation of ITS referral approaches or modalities.
- Offer HTS to all clients who accept ITS using different HTS modalities and in accordance with the HTS policy to ensure quality.

2: Scope

2.1 Who Can Use This SOP?

This SOP applies to all health facility- and community-based employees, including ward-based primary healthcare outreach teams, implementing HTS. It is also intended for use by all implementing partners supporting the South African government with the implementation of HTS.

2.2 Who Should Offer Index Testing Services?

ITS should be provided by a trained HTS counsellor, professional nurse or nursing assistant, a linkage coordinator, a patient navigator, a case manager, or medical officer. Personnel offering ITS should have received training on how to conduct ITS in a safe and ethical manner.

2.3 Where Should Index Testing Services Be Offered?

- At all facility-based HTS delivery points or streams (antenatal care, TB, primary healthcare, chronic, mother and child, decanting sites, etc.)
- At all facility-based HIV treatment sites (e.g., prevention of mother-to-child transmission [PMTCT], ART, etc.)
- At all community-based HIV testing sites
- As part of all community-based HIV testing programs (e.g., mobile, home, etc.)

3: Practical steps to be taken in Health Facility/Community Settings

Step 1.

Introduce index testing during the pre-testing session or PMTCT/ART visit

During the pre-testing session, the healthcare provider should provide information and counselling on the availability of ITS and its benefits for early diagnosis and treatment, thereby breaking the cycle of HIV transmission to the partner, children, and other family members under the care of the index client. The healthcare provider should mention that these services will be offered if the client tests positive and will be discussed in more depth after the results of the HIV test are available.

ITS should be offered by a trained healthcare provider with an emphasis on WHO's "5 Cs" of consent, confidentiality, counselling, correct test results, and connection to treatment or prevention services. The principles of index testing are:

- **Client centred:** The service should focus on the needs and safety of the index client and his/her partner and children.
- **Confidential:** Confidentiality of both the index client and all named partners and children should always be maintained. The index client's name and/or HIV test result should never be shared with the partner unless consent is obtained. The exception is when shared confidentiality is discussed with the client and s/he agrees to this. The index client's unique code should be used rather than his or her name.
- **Voluntary, freely, and non-coercive:** The principles of human rights should be maintained. The index client may opt out or withdraw from ITS at any stage without providing a reason and without punishment or denial of other services.
- **Non-judgmental:** The healthcare worker should be well equipped not to judge the client, allowing the client to list

all sexual and needle-sharing partners, and children.

- **Culturally and linguistically appropriate:** The healthcare provider should use language and words appropriate to the age and gender of the client.
- **Accessible and available to all:** All health facilities should offer ITS at any time needed by clients using well-trained healthcare workers. The facility or implementing site should have been assessed and should be in compliance with the set of minimum standards required for providing ITS for quality assurance.
- **Comprehensive and integrative:** ITS should be provided with all available HIV prevention, care, and treatment services.

Step 2.

Offer index testing as a voluntary service to all clients testing HIV-positive

Offer index testing as a voluntary service to: all clients testing HIV-positive; clients with a high viral load; clients with an unsuppressed viral load; clients who are TB/HIV coinfected; clients who are lost to follow-up; clients on treatment with missed appointments; and clients on treatment with new partners.

- When a client has tested positive, the healthcare provider should remind the client of the pre-counselling talk about offering ITS in case s/he tested positive. In cases where the client has an unsuppressed viral load, the client should be educated about the risks of infecting others.
- ITS should be provided in compliance with safe and ethical principles, which include respect, the right to participation or withdrawal at any stage, and the right to be protected from any harm.
- The healthcare provider should explain the objectives, benefits, and risks of ITS, and answer all questions.
- Index testing should be client-centred/focused, meet the client's needs, and respect his or her preferred method or modality.
- The index client may voluntarily choose a mutual, dual, provider, or client referral modality, which should be documented.

TIPS

- Use the sample script provided to be concise and clear with the elicitation of information.
- Use age appropriate language to connect with the client.

Step 3.

If the client accepts, obtain consent to inquire about his or her partner/s and biological child(ren)

- The client should agree verbally or in writing to inquire about his or her partner/s and children, which should be documented in the client's file or patient register.
- If the client is too overwhelmed by the HIV test result:
    - The case manager and/or NIMART (nurse-initiated and managed ART) nurse at the point of initiation should continue the discussion.
    - Follow-up should be made telephonically within one week to continue offering ITS.

Step 4.

Obtain a list of sexual and needle-sharing partners and biological children <19 years with unknown HIV status

•   Use the index client's unique identification number to protect his or her identity in all documents.

•   Ask the index client to list the names and contact information of all people with whom s/he has had sexual contact in the past 12 months

•   Encourage the client to list the names and contact information for his or her main partner(s) and casual partner(s), even if s/he had sex only one time.

•   If the client injects drugs, ask that s/he also give the names and contact information of any people with whom s/he has shared needles.

•   Obtain a list of the client's biological children (including orphaned children).

•   Use the **HIV Index Contact Testing Services Booklet** to record all named contacts.

•   Use this booklet to record the partner's contact information, to screen for intimate partner violence (IPV), and to establish a plan for how each partner will be contacted

Step 5.

Conduct an intimate partner violence risk assessment for each named partner/child

Healthcare providers must protect the client and do no harm by conducting the screening of each named partner for IPV and documenting this in the **HIV Index Contact Testing Services Booklet**. The three screening questions are:

1.   Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you?
2.   Has [partner's name] ever threatened to hurt you?
3.   Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable?

Offer first-line support if the client says 'YES' to any of the questions or discloses any form of violence and refer him/her to appropriate services

L	**Listen:** Listen closely with empathy, no judgement.
I	**Inquire:** Assess and respond to the client's needs and concerns.
V	**Validate:** Show the client that you believe and understand him/her
E	**Enhance safety:** Discuss how to protect the client from harm.
S	**Support through referrals:** Help connect the client to appropriate services, including social support.

Consider alternative approaches for partner testing if the client is at risk and in danger.

Step 6.

Determine the preferred method of partner notification or child testing for each named partner/child

The healthcare provider should discuss the options that the client has regarding testing for their sexual partner/s. It is important to emphasize that the client is not forced to disclose his or her status if s/he is not ready. The first three approaches listed below support the client's right to confidentiality.

• **Provider Referral** = A counsellor or other healthcare provider will trace or visit the index client's partner/s and inform him/her about the National HTS Campaign and the importance of HIV testing. No information about the index client will be shared.

• **Mutual/Contract Agreement Referral** = The index client and the counsellor will work together to notify the partner/s about the need to have an HIV test. The index client will be encouraged to talk with the partner/s within seven days. After this time, the counsellor will trace the partner/s and inform them about the National HTS Campaign and the importance of testing after getting consent from the index client.

• **Dual Referral** = The counsellor/provider will sit with the index client and his/her partner/s and will provide support as the index client tells the partner/s about his/her HIV status and the benefits of testing. Or this can be an opportunity for couple's counselling, whereby the index client is tested again alongside his/her partner without disclosing to the partner that s/he already knows his/her HIV-positive status. Extra caution should be taken here with double counting of the original index client.

• **Client Referral** = The index client tells the partner/s or his/her children about his/her HIV status and encourages the partner/s and children to come to the health facility for an HIV test. This is the least recommended approach because it places the burden of disclosing HIV status on the index client.

TIPS

Different coloured stickers can be used on patient files/forms to identify cases that are still in progress and those completed.

Step 7.

Contact all named partners and biological children < 19 years with unknown status using the index client's preferred approach:

• The healthcare provider will contact the listed or named contacts for facility- or community-based testing, as per the index client's preferred approach for each contact.

• The healthcare provider will contact or trace all named contacts as per the tracing policy and will record the outcomes. It is recommended that at least six attempts be made to trace a partner before considering it closed/ uncontactable.

• The facility/ ITS implementing site should liaise with the community testing teams to reach all named contacts identified.

• To avoid stigma, the community testing teams will also offer testing to all those who are with the traced person at the time of contact. The non-sexual contacts should be recorded as community testing and NOT index testing.

Step 8.

Record outcomes of partner notification and family/community testing

- The facilities and community settings should have a secure environment to store patient/client information, guided by the District Health Management Information Systems policy.
- All services providers must always uphold the rule of shared confidentiality.
- Document the outcome of all partner/s and biological children testing attempts in the "Outcome of HTS for All Contacts" section of the **HIV Index Contact Testing Services Booklet**.
- If the contacts have received an HIV test, document the HIV test result in the HTS and ITS registers.
- Capture data manually using the **HIV Index Contact Testing Services Booklet**, or electronically in TIER.Net or in the Redcap tool.

Step 9.

Provide appropriate services for children and partner/s based on HIV status
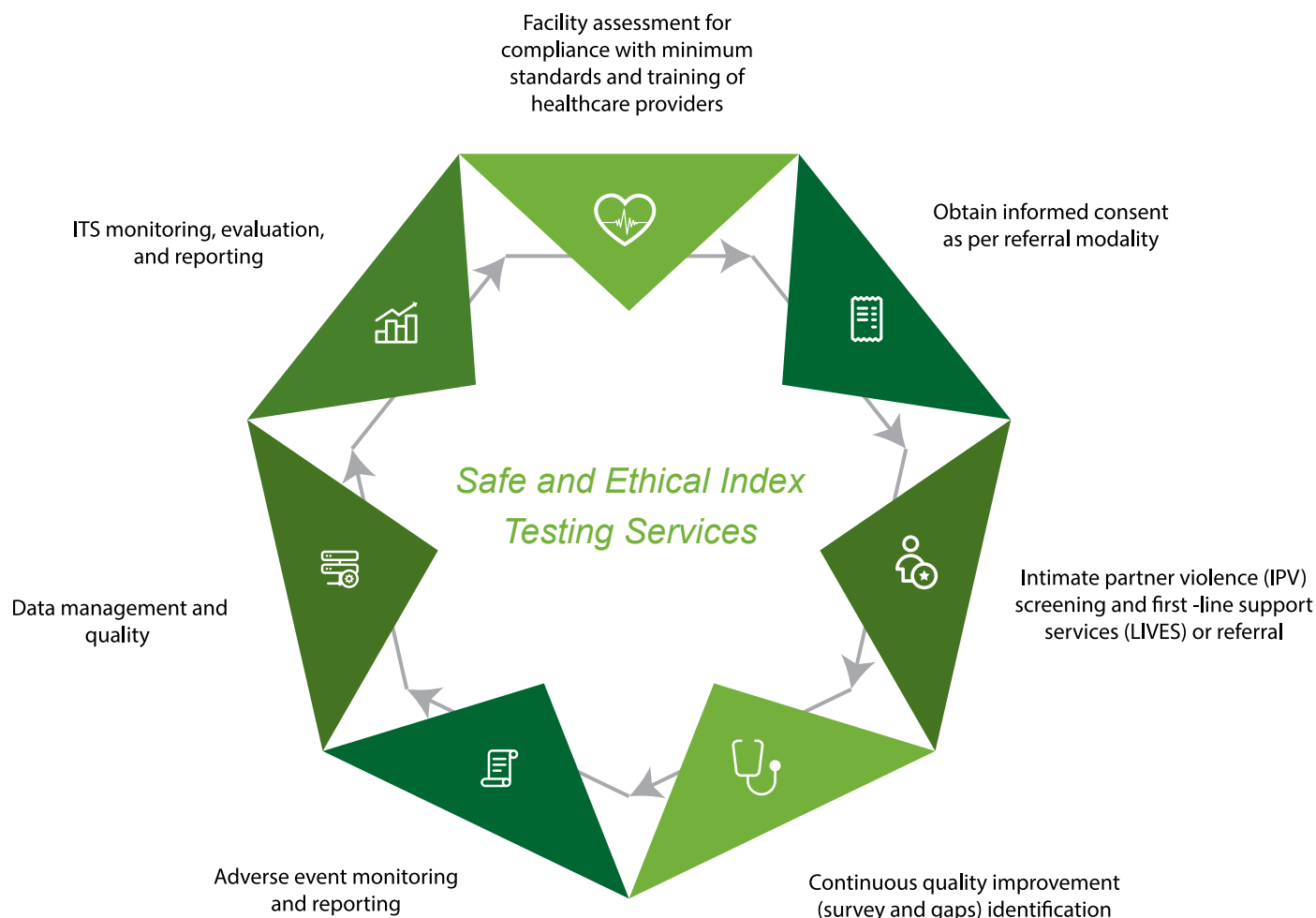
- If the contact/s have tested HIV-positive, refer or provide ART and TB services.
- If the contact/s have tested positive, the healthcare provider should start the ITS process again and obtain consent to identify other index contacts.
- Offer HIV self-screening test kits for the index client's partner/s, if available, and determine measures for follow-up.
- If the contact/s tested HIV-negative, refer or provide HIV prevention services.
- Same day initiation for HIV treatment is important; the healthcare worker should facilitate this with the HIV-positive client.

Step 10.

Follow up with the client to assess any adverse events associated with index testing:

- The facility should implement a robust mechanism for detecting, monitoring, reporting, and following up on any adverse events resulting from index testing. This includes gender-based violence/IPV.
- Report adverse events associated with ITS within two to four days and respond appropriately.
- Identify the index testing point of contact in each province or district, and the index testing champion in each implementing facility to oversee the ITS, and ensure that minimum quality standards and monitoring of adverse events are performed accurately and consistently. ITS offered by community organisations should also be monitored at the facility /site level.
- Conduct satisfaction surveys to identify obstacles/challenges encountered when conducting ITS.
- Track the reasons for clients opting out and declining the provision of ITS.
- Develop quality improvement plans to address obstacles/challenges with ITS.
- Provide supportive supervision and monitoring. Index testing requires a lot of problem solving, coaching, and self-care.

4: Process flow chart for safe and ethical index testing services

Facility assessment for compliance with minimum standards and training of healthcare providers

Obtain informed consent as per referral modality

ITS monitoring, evaluation, and reporting

Safe and Ethical Index Testing Services

Intimate partner violence (IPV) screening and first -line support services (LIVES) or referral

Data management and quality

Adverse event monitoring and reporting

Continuous quality improvement (survey and gaps) identification

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