

Delivering a positive HIV result in the Kimberley

Case Definitions

AIDS – Acquired Immune Deficiency Syndrome.

ASHM- Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine.

BBV – Blood Borne Virus.

CDCD – Communicable Disease Control Directorate

Confidentiality- Ensuring that information discussed between the clinician & client is not shared with a third party without the client's consent, unless there is legal obligation to disclose client information.

HIV- Human Immunodeficiency Virus.

KAMS – Kimberley Aboriginal Medical Services Ltd.

KPHU- Kimberley Population Health Unit.

PLHIV- People living with HIV

RFBG – Royal Perth Bentley Group

TasP – Treatment as Prevention

WAAC – WA AIDS Council

Principles of Management

1. Planning

- The result must be given in person and preferably not on a Friday.
- Identify where the result will be given and who will give the result, particularly if the requesting doctor is a locum and has left the region.
- Check the test result – do all the identifying details match?
- Assess the information provided when the test was done, especially about preparing the patient for a positive test result and particularly if you were not the doctor who ordered the test.
- If the patient is Aboriginal please take in to account the need to provide a culturally safe service. Seek support to do this if your experience working with Aboriginal people is limited; however, be mindful of upholding confidentiality.
- If relevant, offer the use of an interpreter from the [Aboriginal Interpreting Service WA](#) (ph. 9192 3981) or the [Translating and Interpreting Service \(TIS\)](#) (ph. 131 450) depending on the patient's preferred language.
- Schedule adequate time for explanation and questions. More than one consultation is required.
- Ensure there are sufficient and appropriate resources for clients of all literacy levels. Contact the Kimberley Population Health Unit (KPHU) BBV nurse on 9194 1630 for assistance.
- Consider what emotional support will be available to the patient after diagnosis (e.g., family, friends, & health service staff).
- Consider your availability to discuss issues over the next few days (see follow up section).
- Consider referral options to local &/or accessible services (e.g. counseling services, Social Emotional Wellbeing (SEWB) workers or WAAC).

- GP registrars are to inform their supervising GP, who is required to assist in the consultation.
- ### 2. Giving the result
- Ensure preferred language is used to reduce stigma (see Appendix 1).
 - Review with the patient the pre-test information that was provided.
 - If the positive result is the first HIV test, explain that a second confirmatory test is required and arrange for this test to be done. Be sure to offer support while waiting for the second confirmatory test.
 - Check the patient's health literacy; what does your patient understand a positive test result to mean? What does having HIV mean to them? If negative, be sure to challenge negative self-stigma by referring to HIV facts as listed throughout this protocol.
 - Conveying a positive HIV test result can evoke a range of emotions in the patient. Much of the information you provide may be forgotten in this initial period and will need to be reinforced in other ways and/or at other times.
- ### 3. Issues during appointment
- Assess & follow up on psychological wellbeing.
 - There are very few situations where people living with HIV (PLHIV) are legally required to disclose their HIV status. Recommend that disclosures are made very carefully.
 - While we may be tempted to encourage the patient to disclosure to family or friends for support, PLHIV should only disclose if they feel safe to do so. Ensure the patient understands that there is no obligation to disclose their HIV status to family & friends. Although you may feel this is not ideal, many PLHIV's sole support is provided by external services & it is their right to choose who to disclose to.
 - Link the patient in with local counselling services for ongoing support if required, particularly if there is no, or minimal support from family & friends. Investigate the services WAAC can provide.
 - A key component to successful HIV management is developing a good rapport between the client and the clinician.
 - Do they need time off work? They may need a medical certificate whilst they are coming to terms with the diagnosis. Do not include HIV on the medical certificate.
 - Generally a HIV positive person is not obliged to tell an employer or prospective employer that they are HIV positive. There are some exceptions to this. Check their occupation & inform them of their obligations accordingly. Further info can be found here: [Disclosing your HIV status](#).
 - Ensure that the patient has a clear understanding of how HIV can be transmitted & discuss harm reduction strategies.
- ### 4. Discussing further management & prognosis
- This diagnosis is not a death sentence: discuss prognosis including identical life expectancy with medication adherence to HIV-negative population.
 - Outline that treatments are available that can

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control the virus & keep people healthy if taken consistently long term.

- If the patient is diagnosed with AIDS, highlight that with treatment, their prognosis will improve back to HIV.
- Explain that with support & medication adherence, it is possible for a person living with HIV to have HIV negative children.
- Explain that they will need regular & ongoing review with clinical assessments & blood tests.

5. Harm reduction

- Ensure the patient understands how HIV is transmitted & how to prevent transmission in their own situation. This should include information on:
 - Safe sex practices including vaginal, anal & oral sex
 - Demonstrate how to use a condom or dam & lubricant in the safe sex discussion, including correct disposal of a used condom or dam.
 - Safe injecting practices
 - Management of blood spills &
 - Education on treatment as prevention (TasP) by reinforcing the importance of medication adherence. Ensure not to diminish the importance of using condoms when talking about TasP.

6. Contact tracing

- Ensure the patient understands the importance of contact tracing. Obtain consent.
- Discuss the confidential nature of contact tracing in the Kimberley (for example, identity of the index case is never disclosed).
- Include any information about who else might be involved in contact tracing (e.g. KPHU BBV Nurse as below).
- Contact tracing is an ongoing process, particularly if there is poor HIV control
- You may require help from the KPHU BBV nurse for contact tracing (9194 1630).

7 Legal rights & obligations

The following information is from: [Disclosing your HIV status](#)

- The initial consultation may not be the most appropriate time to discuss the following information. Discuss the patient's legal obligations when appropriate to do so.
- Legally in WA PLHIV do not have to disclose their HIV status to sexual or drug injecting partners if PLHIV take reasonable care & use precautions to avoid transmission. This includes using condoms & not sharing their used injecting equipment with others. However, it is wise to ensure that their sexual or drug injecting partners are aware of their status because, if they transmit HIV, they may face either a civil claim or criminal charges.
- If PLHIV negligently allow another person to become HIV positive, they may be at risk of their sexual partner taking a civil claim against them under Negligence or Personal Injury.
- If PLHIV intentionally transmits, or intend to transmit, HIV to another person, they can be

charged with an offence under the WA Criminal Code.

- Ensure PLHIV are aware that the law regarding disclosure & HIV transmission is different in each state & territory.
- Discuss their rights to confidentiality as there are very few situations where a person has a "duty of care" to disclose their HIV status, even to medical practitioners. However, it is wise to disclose before undergoing medical/dental care since HIV medications may interact with other medications or the progression or treatment of other conditions may be affected by HIV infection.
- Let them know that discrimination relating to their HIV status is unlawful except in the above mentioned case of knowingly transmitting HIV to another person and certain employment situations that involve blood contact.
- For further information about how to access legal information & services, please contact WA AIDS Council on 9482 0000.

Follow Up

Consider your availability to discuss issues over the next few days, including after hours and face-to face. Ensure there is a review appointment within 72 hours to follow up with the patient. Ensure the patient is included in setting the timeframe for follow up. Discuss initial assessment and referral pathways with the Regional Physician (via Broome Hospital 9194 2222) or RPBG Clinical Immunology (9224 2899). Consider the need for an interpreter for the follow up appointment

Refer Discuss

The Regional Physician/RPBG Clinical Immunology can guide you on what the next steps are to arrange specialist assessment & management. They will advise you on what blood tests are needed for further work up, & help you assess for HIV related illnesses that may need treatment.

Resources

Clinician resources

- In addition to the human resources listed above, ASHM have a number of resources available through their website www.ashm.org.au.
- CDCD (9388 4849) can also provide further advice on HIV.

Client resources

- [WA AIDS Council \(WAAC\)](#) ph: 9482 0000
- [HIV/AIDS Legal Centre Inc. 02 92062060](#)
- [National Association of People with HIV/AIDS](#)
Ph: 1800 184 527
- [Australian Federation of AIDS Organisations \(AFAO\)](#)
- ['Us Mob & HIV'](#) booklet for ATISI people.
- [Living with HIV – responsibilities to yourself and others](#)

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Appendix 1

Using Preferred Language to Reduce Stigma

Watson, S., Namiba, A., Lynn, V The language of HIV: a guide for nurses *HIV Nursing* 2019; 19(2): BP1-BP4

Stigmatising	Preferred
HIV infected person	Person living with HIV, PLHIV. Do not use "infected when referring to a person
HIV or AIDS patient, AIDS or HIV carrier	Use People First Language , which put the person before the diagnosis or label eg instead of "HIV positive women", use "women living with HIV."
Positives of HIVers	
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications or end stage HIV
AIDS virus	HIV (AIDS is a diagnosis not a virus and cannot be transmitted).
Full-blown AIDS	There is no medical definition for this phrase, simply use the term AIDS or Stage 3 HIV
HIV virus	Simply use HIV
Zero new infections	Zero new HIV acquisitions/transmissions
HIV infections	HIV transmissions, diagnosed with HIV, people living with HIV
HIV infected	Person living with HIV or number of HIV acquisitions
Number of infections	Number diagnosed with HIV or number of HIV acquisitions
Become infected	Contracted, acquired, diagnosed with
HIV-exposed infant	Infant exposed to HIV
Serodiscordant couple	Serodifferent or mixed status couple
Mother to child transmission	Vertical transmission or perinatal transmission
Victim, innocent victim, sufferer, contaminated, infected	Person living with HIV (do not use "infected" when referring to a person
AIDS orphans	Children orphaned by loss of parents who died of AIDS related complications
AIDS test	HIV test
To catch AIDS, transmit AIDS, to catch HIV, to spread HIV	An AIDS diagnosis; developed AIDS; to contract HIV; the transmission of HIV
Compliant	Adherent; taking medication as prescribed
Prostitute or prostitution	Sex worker, transactional sex; sale of sexual services
Promiscuous	Has or having multiple partners
Unprotected sex	Condomless sex with PrEP; condomless sex without PrEP; sex not protected by condoms, sex not protected by antiretroviral prevention methods
Death sentence, fatal condition or life-threatening condition	HIV is a chronic health condition, a manageable health condition (as long as people are receiving treatment and follow up
"Tainted" blood, "dirty" needles	Blood containing HIV; shared needles
Clean ("I'm clean are you?")	This suggests those living with HIV are dirty.
A drug that prevents HIV infection	A drug that prevent the transmission of HIV, PrEP
End HIV, End AIDS	End HIV transmission