



How to Provide HIV Test Results

- For a patient with a *negative* test result..... 1
- For a patient with an *indeterminate* test result..... 2
- For a patient with a *preliminary positive* test result..... 3
- For a patient with a *confirmed positive* test result..... 5

For Patients with a Negative Test Result

1. **State the results:** The first thing to do is to state the test results directly.
2. **Provide affirmation for getting tested:** You can give the patient an affirmation that it was a responsible decision or healthy choice to get tested and to know their HIV status.
3. **Determine validity of negative test results:** Discuss the possibility of HIV exposure during the past two months (if patient engaged in risky behavior during that time) and possible need to test again. Risky behavior would include any possible exposure of someone else’s blood, semen (including pre-ejaculate fluid), anal, or vaginal secretions, to the patient’s bloodstream or mucous membranes, e.g., through unprotected sexual activity or shared injection drug use equipment (including for steroids).
4. **Educate patient about preventive health behavior:** Discuss how to prevent HIV infection, including: use of male or female condoms, limiting number of partners, avoiding alcohol and drugs before and during sex, and never sharing needles, “works” or medication vials (e.g., hormones or steroids) for drug injection. Consider including information about Pre-Exposure Prophylaxis (PrEP) for patients who may be suitable, e.g., if engaging in ongoing risk activity with respect to possible HIV acquisition.
5. **Explain what negative HIV test results mean.** Examples are provided below. More information can be found in [Patient Materials in the Testing Provider Toolkit](#).
6. **Determine patient’s preventive health behavior patterns** including any ongoing or intermittent risk. Initiate risk reduction counseling if deemed necessary: If patient is willing to discuss risk behavior patterns or events, the provider can take a few minutes to discuss these. Motivational Interviewing and applying knowledge of Stages of Change will be useful here. Discuss the option of using PrEP if appropriate, as mentioned above.

Sample Negative Results Disclosure Script

Make sure the patient is in a private area.

You can tell the patient: *“The result of your HIV test came back negative. This means that most likely you do not have HIV.”* Wait to see how s/he reacts. Explain further that, *“These results should be accurate unless within the past two months you may have been at risk. By “risk” I mean, if you had any sexual activity (without condoms or other protection), or shared any injecting equipment with anyone else who might have HIV. In that case, to be sure, you would need to be tested again after two months after your last possible risk behavior/event. This is because the evidence of the virus might not show up until one or two months have passed.”*

Opening up discussion of the patient’s preventive health behavior patterns:

Time permitting, you can try to gather some recent history of behavioral risk. You might say something like, *“There are some questions I routinely ask patients in order to provide the best care possible. Some of these are about personal lifestyle, including sexual relationships and other behavior. I’d like to briefly discuss these if that is OK with you.”* If s/he agrees you can begin to gather some sexual and drug use history from the patient. If the patient filled out a behavioral history prior to the discussion, you may refer to this. If not, you might begin by asking the patient, *“Remembering that what you share is confidential information, tell me about your recent sexual history over the past year or so.”* From there you can probe to find out about steady and/or casual relationships, numbers of partners, use of protection, etc. You can also probe drug use history. If the patient reveals ongoing risk behavior, you may begin to assess whether s/he is an appropriate candidate for Pre-Exposure Prophylaxis (PrEP). You may also consider a referral to some ongoing risk reduction or harm reduction counseling or other behavioral intervention.

A useful website with such information is: www.effectiveinterventions.cdc.gov

For Patients with an Indeterminate Test Result

1. An indeterminate test result means that the test did not clearly provide a negative or positive result.
2. Discuss the meaning of the test result ([see sample disclosure script below](#)), recommend and offer additional testing.
3. Reinforce risk reduction strategies such as using condoms, limiting number of partners, avoiding alcohol and drugs before and during sex, and never sharing syringes (“works”) or medication vials (e.g., for hormones or steroids). Educate the patient about PrEP if appropriate.
4. The indeterminate test result may be because of: Recent HIV infection, prior blood transfusions (even with uninfected blood); prior or current infection with syphilis, malaria, or other viruses; an autoimmune disease such as lupus or diabetes; being a recipient of an experimental vaccine; or problems with the test procedure

(such as contamination of the patient sample used, the test kit, or user error.

5. Conduct a re-test if patient is willing.

Sample Indeterminate Results Disclosure Script

Make sure the patient is in a private area.

You can tell the patient: *"The result of the HIV test came back inconclusive."*

To clarify, say: *"This means we cannot tell from this particular test result whether you do or don't have HIV infection."* Explain further that, *"We will need to do additional testing to determine your HIV status."* You can add, *"Sometimes this can happen when a person has been recently infected with HIV, but other times something else is reacting to make it look like that. Further testing will help us determine what's going on."* Wait to see how the client reacts. *(If possible to test the patient immediately you can state), "We recommend you get tested again now, and we can do the test right here."*

For Patients with a Preliminary Positive Test Result

If an oral fluid point-of-care-test (POCT) or "rapid" test was used, consider testing again with a finger stick blood POCT. Give the patient his or her HIV test results. (See [Sample Disclosure Script below](#))

1. A preliminary positive test result means that it is extremely likely the patient is infected with HIV. A preliminary positive or "reactive" HIV rapid test is generally about 99% accurate.
2. Discuss that while a rapid test result is "highly accurate," additional testing is still needed for confirmation.
3. Depending on whether you are following an older or newer testing algorithm, you might be using an HIV-1/2 antigen/antibody combination immunoassay, followed by an HIV-1/HIV-2 antibody differentiation immunoassay (e.g., Multispot) or another confirmatory HIV test (Western Blot, immunofluorescent assay (IFA) or other approved HIV antibody confirmatory test). If acute HIV is suspected, order a viral load (or Aptima HIV-1 RNA Qualitative Assay).
4. Provide [If your HIV Test is Positive](#) information sheet. (See [Patient Materials in the Testing Provider Toolkit](#))
5. Make an appointment with an HIV provider right away. (See [New York City HIV Care Coordination Programs provided in the Testing Provider Toolkit](#))
6. Proceed with plan for confirmed positive test results.

Sample Preliminary Positive Results Disclosure Script

Make sure the patient is in a private area.

In a calm voice, tell the patient: *“The result of the HIV test came back reactive, or what’s known as ‘preliminary positive.’”*

To clarify, you can say: *“This means you very likely have HIV. Although this test is very accurate, this result needs to be confirmed with an additional test.”* Wait to see how s/he reacts. Unless the person had anticipated or suspected this result, s/he may be shocked and not say much.

Some people may say, “It can’t be true,” or ask if you are sure. Some may break down and cry. Others may appear stoic or blank. These reactions are not unusual. Give the patient a few minutes to absorb the news, to cry, etc., if they need to. Allow for some silence. Patients especially need a sensitive provider at this moment.

When the patient seems ready, you can ask them how they are doing. You can also make the following point:

HIV/AIDS is Treatable

You can point out that, *“Although HIV is a very serious infection, things are very different from years ago. Today many people with HIV are living much longer, healthier lives due to new medications that can keep the immune system strong for many years in many cases.”*

Reassure the patient that s/he isn’t alone – medical care, emotional support and other services are available.

Link the Patient to HIV Primary Care

If the patient agrees to treatment, **you are required by law to make an appointment for care.** Options include:

1. New York City HIV Care Coordination Programs

- HIV primary care centers that offer an expanded form of HIV medical case management to improve medication adherence and optimize patient health outcomes. ([See New York City HIV Care Coordination Programs provided in the Testing Provider Toolkit](#))

2. New York City Designated AIDS Centers

- New York State-certified, hospital-based programs that provide state-of-the-art, multi-disciplinary inpatient and outpatient care and case management for people with HIV and AIDS. Most Designated AIDS Centers include the NYC Care Coordination Program. ([See Designated AIDS Centers provided in the Testing Provider Toolkit](#))



For Patients with a Confirmed Positive Test Result

Link the Patient to HIV Primary Care

If the patient agrees to treatment, **you are required by law to make an appointment for care.** Options include:

1. **New York City HIV Care Coordination Programs**

HIV primary care centers that offer an expanded form of HIV medical case management to improve medication adherence and optimize patient health outcomes. ([See *New York City HIV Care Coordination Programs provided in the Testing Provider Toolkit*](#))

2. **New York City Designated AIDS Centers**

New York State-certified, hospital-based programs that provide state-of-the-art, multi-disciplinary inpatient and outpatient care and case management for people with HIV and AIDS. Most Designated AIDS Centers include the NYC Care Coordination Program. ([See *Designated AIDS Centers provided in the Testing Provider Toolkit*](#))

Provide Counseling

HIV is a Manageable Disease

Assure the patient that, with good medical care and patient adherence, people with HIV can stay healthier and live longer. Nowadays many people who get into treatment and stay with it may well live close to the range of an average life span. Also, if they stay in treatment their risk of passing on the virus to someone else may drop to what is currently estimated to be about 96 percent lower.

Start Treatment Early and Stay with It

Explain to patient that starting treatment right away is a very good way to protect against HIV related infections, and to ensure a healthier, longer life.

Learning to Cope

Discuss ways to handle the emotional consequences of learning about an HIV positive test result.

Risk Reduction

Discuss how to prevent the spread of HIV to others. ([See *Risk Reduction Strategies*](#))

Partner Notification

Urge patients to notify their contacts (or have them notified) of potential exposure to HIV and to encourage them to seek HIV testing. ([See *Partner Notification Options*](#))

Pregnant Patients



Refer pregnant patients to an HIV primary care provider and an obstetrical provider. A NYC Care Coordination Program can help make these referrals. (See *New York City HIV Care Coordination Programs provided in the Testing Provider Toolkit*)

For more information, visit hivguidelines.org

Risk Reduction Strategies

Take a sexual and substance use history at every routine visit and provide risk reduction strategies at every visit, including:

1. Use latex or polyurethane (if allergic to latex) or female (FC2) condom every time you have sex.
2. Never share needles, syringes, cookers or “works.”
3. If you are a transgender person and use hormones, always obtain hormones from a medical provider. Never share needles or bottles of hormones or steroids.
4. Strongly recommend not using drugs or alcohol before or during sex. Being drunk, intoxicated or high makes it more difficult to remember to stay safe.
5. Always tell your partners you have HIV before you have sex, even if they don't ask.

Partner Notification Options

1. **Provider Referral:** The provider confidentially notifies partners of possible exposure or refers the names/contact information of partners to the New York City Health Department's free Contact Notification Assistance Program at [\(212\) 693-1419](tel:2126931419).
2. **Self-Referral:** The patient notifies partners after working out a notification plan with the provider.
3. **Contract Referral:** The provider negotiates a timeframe for the patient to notify partners of possible exposure to HIV. If the patient is unable to notify within that timeframe, the provider may notify partners directly or ask the Health Department to do so.
4. **Internet Referral:** inspot.org notifies partners anonymously.
5. **Partner notification is voluntary, but is highly encouraged.**
 - For help notifying partners, call the Contact Notification Assistance Program at [\(212\) 693-1419](tel:2126931419).
 - Report partners of newly diagnosed patients using Partner Report Form (DOH-4189). Include names and contact information of known partners, including spouses.

Sample Confirmed Positive Results Disclosure Script

Make sure the patient is in a private area.

In a calm voice, tell the patient: *“The result of the HIV test came back confirmed positive. So the test results indicate that you do have HIV infection.”* Wait to see how s/he reacts. Unless the person had anticipated or suspected this result, s/he may be shocked and not say much.

Be ready for any sort of reaction, without assuming how the patient will react. S/he may be anywhere on a spectrum of reaction, from demonstrating extreme overt upset to numbness. Allow the patient some moments to cry if needed. It is important to be compassionate in this circumstance. Be ready to tolerate some silent moments while the patient processes this information. It is better to wait a little than just jumping to speak right away to fill the silence. If you speak too soon, the patient may not remember or hear a word you say.