HIV screening

Subject

Instructions for Human Immunodeficiency Virus (HIV) screening in the context of the Canadian Immigration Medical Examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of Canadian immigration clients requiring HIV testing;
- investigation and management of clients with positive HIV serological test results in order to provide all the information that will allow the medical officer to assess potential social/medical service requirements for clients as well as to protect Canadian public health; and
- completion and grading of an IME for a client of the with positive HIV serology.

Instructions

Rationale

HIV is one of the world's leading infectious killers, claiming more than 25 million lives over the last 30 years. In 2011, there were approximately 34.2 million people living with HIV. Over 60% of people living with HIV are in sub-Saharan Africa.

HIV screening in the context of the IME is important since HIV positive clients could represent a **significant risk to public health as well as a demand on Canadian medical/social care.** HIV can be suppressed by combination antiretroviral therapy (ART) consisting of three or more antiretroviral (ARV) drugs. ART does not cure HIV infection but controls viral replication within a person's body and allows an individual's immune system to strengthen and regain the power to fight off infections. With ART, people living with HIV can live healthy and productive lives. A new trial has confirmed that if an HIV-positive person adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus can be reduced by 96%. In the absence of any treatment, transmission rates of HIV from mother to child are between 15-45%. Mother to child transmission can be fully prevented if both the mother and the child are provided with antiretroviral drugs throughout the stages when infection could occur. The WHO is currently reviewing the advantages of offering all HIV-positive pregnant women ARVs, regardless of their CD4 count, and keeping them on it for life.

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Screening and Testing

HIV screening is required for **all clients 15 years of age and older** undergoing an IME. PPs must also request HIV screening for **clients below the age of 15 with any of the following risk factors**:

- signs and symptoms compatible with HIV diagnosis;
- history of unprotected anal or vaginal sex or of pregnancy;
- history of another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhea, or bacterial vaginosis;
- history of sharing contaminated needles, syringes and other infecting equipment and drug solutions for injecting drug use;
- history of receiving unsafe injections, blood product transfusions or medical procedures that involve unsterile cutting or piercing;
- accidental needle stick injuries, including among health workers.
- suspected active Tuberculosis (TB) or Hepatitis B or C;
- tattooing, piercing or having received acupuncture;
- history of being born of an HIV positive mother; or
- any child showing failure to thrive.

Counselling and Consent

Age and gender appropriate and culturally sensitive counselling should be provided both pre- and post-testing, with due consideration given to relevant legal, ethical, social and human rights issues. If an interpreter is used, PP must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

Detailed information on pre- and post-test counselling parameters can be found in the IOM Guide for HIV Counsellors: IOM HIV Counselling in the Context of Migration Health Assessment http://publications.iom.int/bookstore/free/Guide_for_HIV_Counsellors.pdf

PPs should provide pre-test counselling that includes information on the following:

- means of HIV transmission and prevention;
- description of testing procedure;
- confidentiality of HIV testing, reporting and record handling;
- meaning of HIV screening test results including possibility of false positive or false negative results;
- need to inform anyone at risk of infection if the test is positive; and
- client's consent to undergo testing

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Testing

Only laboratories trained and equipped for HIV screening, including those using validated serological or virological HIV rapid tests should be used. HIV testing recommendations can be found at http://www.euro.who.int/__data/assets/pdf_file/0003/168393/Paediatric-Protocol-11-EN-2012-06-27.pdf

Further details on rapid HIV serological tests are available at: http://www.who.int/diagnostics_laboratory/publications/Report16_final.pdf

Results and Reporting

An **indeterminate** or **reactive** (i.e. **positive**) test result should be repeated automatically by the laboratory using a different assay on the same specimen prior to reporting the initial result.

For results that are **discordant**, i.e. first test is reactive, and the second test non-reactive, the specimen should be tested by means of a third assay (different from the first and second assays using the same specimen). A positive result at this point would indicate HIV seropositivity.

If the final result of the initial test is indeterminate, a repeat HIV test is mandatory. If the final result of the repeat test is indeterminate (i.e., two indeterminate final results), the reports should be submitted with the IME.

If the final result of the initial test sample is positive **all clients (Excessive Demand Exempted or non-EDE**) must be referred to an HIV specialist for counselling, further testing (such as virological testing, HIV viral load and CD4 counts) and treatment where indicated.

IME results should be forwarded directly to CIC with all laboratory test results attached.

Post-Test Counselling for Negative Results

A single **negative** result does not preclude the possibility of HIV infection, but is acceptable as an initial test for IME purposes. Post-test counselling after a negative HIV test result is recommended, but not mandatory for CIC purposes. This would include providing information on the importance of risk reduction. PPs should indicate whether they believe that there may be a high risk of a **false-negative** result.

Post-Test Counselling for Positive Results

Post-test counselling for a positive result should occur after the lab has reported a confirmed positive HIV result. Referral to an HIV specialist, HIV viral load testing and CD4 count should be requested for all clients with positive HIV test results (**EDE and non-EDE**). Also, all IME reports for clients with HIV-positive serology

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results must include an **Acknowledgement of HIV Post Test Counselling form** (in Annex 1). Any available documentation from previous consultations or treatment should be attached to the IME report.

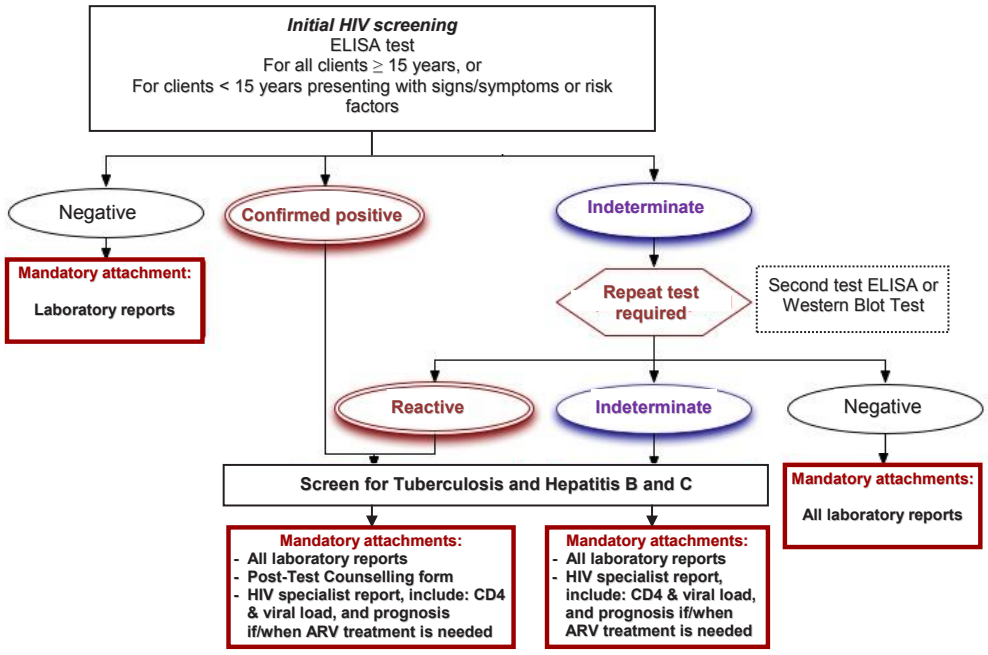
Screen for TB and Hepatitis B/C in HIV (+)

According to The Canadian Tuberculosis Standards, Appendix G (http://www.phac-aspc.gc.ca/tbpc-latb/pubs/pdf/tbstand07_e.pdf), all patients with newly diagnosed HIV infection should be assessed for the presence of active TB as well as hepatitis B and C. TB risk is increased regardless of CD4 count in HIV-infected people and typical clinical or radiologic features may be absent. Hepatitis B and C screening should be done for all HIV-infected persons as they are important conditions of co-morbidity.

Grading

All IMEs for clients with abnormal HIV serology must be graded B.

Algorithm



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References

http://www.who.int/mediacentre/factsheets/fs360/en/index.html

Canadian Guidelines on Sexually Transmitted Infections, Section 5-8: Human Immunodeficiency Virus Infections. Public Health Agency of Canada (PHAC), 2010. http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-8-eng.php

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Point-of-Care HIV Testing Using Rapid HIV Test Kits: Guidance for Health-Care Professionals. PHAC, 2007. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/07pdf/33s2-eng.pdf

Primary care guidelines for the management of HIV/AIDS, BC 2011. http://cfenet.ubc.ca/sites/default/files/uploads/HIV_PRIMARY_CARE_GUIDELINES_2011.pdf

Canadian Provincial/Territorial STI Guidelines. http://www.phac-aspc.gc.ca/std-mts/sti-its/pt-sti-its-eng.php

Canadian Guiding Principles for the HIV Testing of Women During Pregnancy. PHAC, 2008. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/02vol28/dr2813ea.html

WHO guidelines on HIV/AIDS: Index. http://www.who.int/publications/guidelines/hiv_aids/en/index.html

IOM Guide for HIV Counsellors. 2006. http://publications.iom.int/bookstore/index.php?main_page=product_info&products_id=476

WHO policy on collaborativeTB/HIV activities http://whqlibdoc.who.int/publications/2012/9789241503006_eng.pdf

HB Approval and Authority

Director General, NHQ, Health Branch, CIC

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2012/11/01

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2013/11/01

Citizenship and Immigration Canada | Citoyenneté et Immigration Canada

PROTECTED WHEN COMPLETED - **B**

ACKNOWLEDGEMENT OF HIV POST-TEST COUNSELLING

This is to acknowledge that I received HIV post-test counselling from _____ on several topics related to my HIV-positive condition, including an explanation of the test results, risk-reduction strategies such as partner notification, and a discussion on follow-up and care.

Client's name: _____

Guardian's name (if applicable): _____

Client's (or guardian's) signature: _____ Date (YYYY-MM-DD): _____

Counsellor's name: _____

Counsellor's signature: _____ Date (YYYY-MM-DD): _____

IME number: _____

Panel Physician: _____

Panel Physician number: _____