

Ohio Department of Health HIV Prevention Program

HIV COUNSELING, TESTING & REFERRAL PROTOCOL

2010

Adapted from: CDC – Revised Guidelines for HIV Counseling, Testing, and Referral.

MMWR: November 9, 2001 / 50 (RR19); 1-58

Protocol intended for Counseling, Testing and Referral sites funded by the Ohio Department of Health.

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INTRODUCTION

This protocol will serve as the standard and required guidelines for operating an HIV testing site that is funded through the Ohio Department of Health.

Goals of HIV CTR

- Ensure that HIV-positive persons and persons at increased risk for acquiring HIV:
 - have access to HIV testing to promote early knowledge of their HIV status;
 - receive high-quality HIV prevention counseling to reduce their risk for transmitting or acquiring HIV; and
 - have access to appropriate medical, preventive, and psychosocial support services.
- Promote early knowledge of HIV status through HIV testing and ensure that all persons either recommended for or receiving HIV testing are provided information regarding transmission, prevention, and the meaning of HIV test results.

Principles of HIV CTR

Effective HIV CTR is based on the following principles:

- **Protect the confidentiality of clients who are recommended for or receive HIV CTR services.** Information regarding a client's use of HIV CTR services should remain private (i.e., confidential).
- **Obtain informed consent before HIV testing.** HIV testing should be voluntary and free of coercion. Information regarding consent may be presented orally or in writing and should use language the client can understand. Accepting or refusing testing must not have detrimental consequences to the quality of care offered. Documentation of informed consent should be in writing, preferably with the client's signature. Information regarding consent may be presented separately from or combined with other consent procedures for health services (e.g., as part of a package of tests or care for certain conditions). However, if consent for HIV testing is combined with consent for other tests or procedures, the inclusion of HIV testing should be specifically discussed with the client.
- **Provide clients the option of anonymous HIV testing.** Persons who would otherwise not be tested might seek anonymous HIV testing (i.e., consented voluntary testing conducted without a client's identifying information being linked to testing or medical records, including the request for testing or test results) in order to learn their HIV status. When the client has no clear preference regarding testing type, confidential testing (i.e., information documented in client's record) should be recommended to promote receipt of test results and linkage to follow-up counseling and referral for needed services. Clients opting for anonymous testing should be informed that the provider cannot link the client's test result to the client by name. Therefore, if the client does not return for test results, the provider will not be able to contact the client with those results.
- **Provide information regarding the HIV test to all who are recommended the test and to all who receive the test, regardless of whether prevention counseling is provided.** The information should include a description of ways in which HIV is transmitted, the importance of obtaining test results, and the meaning of HIV test results.

- **Adhere to local, state, and federal regulations and policies that govern provision of HIV services.** Laws at the local, state, and federal levels might address aspects of HIV services or regulate how services are provided to particular persons (e.g., minors). In addition, policies, local ordinances, funding source requirements, and planning processes could also affect a provider's decisions regarding which services to provide and how to provide them.
- **Provide services that are responsive to client and community needs and priorities.** Providers should work to remove barriers to accessing services and tailor services to individual and community needs. To ensure that clients find services accessible and acceptable, services can be offered in nontraditional settings (i.e., community-based or outreach settings); hours of operation can be expanded or altered; unnecessary delays can be eliminated (e.g., integrating counseling and testing for STDs/HIV with counseling and testing for hepatitis); test results can be obtained more easily (e.g., with rapid testing); and less-invasive specimen collection can be used (e.g., oral fluid or finger-stick blood).
- **Provide services that are appropriate to the client's culture, language, gender, sexual orientation, age, and developmental level.** These factors could affect how the client seeks, accepts, and understands HIV services. Providers should consider these factors when designing and providing HIV services to increase the likelihood of return for test results and acceptance of counseling and referral services.
- **Ensure high-quality services.** To ensure ongoing, high-quality services that serve client and community needs, providers should follow the written protocols for CTR and written quality assurance and evaluation procedures included.

HIV COUNSELING

HIV counseling seeks to reduce HIV acquisition and transmission through the following:

- **Information.** Clients should receive information regarding HIV transmission and prevention and the meaning of HIV test results.
- **HIV prevention counseling.** Clients should receive help to identify the specific behaviors putting them at risk for acquiring or transmitting HIV and commit to steps to reduce this risk.

Information

All clients who are recommended for or who request HIV testing should receive the following information, even if the test is declined:

- Information regarding the HIV test and its benefits and consequences.
- Risks for transmission and how HIV can be prevented.
- The importance of obtaining test results and explicit procedures for doing so.
- The meaning of the test results in explicit, understandable language.
- Where to obtain further information or, if applicable, HIV prevention counseling.
- Where to obtain other services (see HIV Referral).

In certain settings where HIV testing is offered, other useful information includes: a) descriptions or demonstrations of how to use condoms correctly; b) information regarding risk-free and safer sex options; c) information regarding other sexually transmitted and bloodborne diseases; d) descriptions regarding the effectiveness of using clean needles, syringes, cotton, water, and other drug paraphernalia; and e) information regarding drug treatment.

For efficiency, information can be provided in a pamphlet, brochure, or video rather than a face-to-face encounter with a counselor. This approach allows the provider to focus face-to-face interactions on prevention counseling approaches proven effective with persons at increased risk for HIV infection. Information should be provided in a manner appropriate to the client's culture, language, gender, sexual orientation, age, and developmental level.

HIV Prevention Counseling

HIV prevention counseling should focus on the client's own unique circumstances and risk and should help the client set and reach an explicit behavior-change goal to reduce the chance of acquiring or transmitting HIV. HIV prevention counseling is usually, but not always, conducted in the context of HIV testing. In HIV prevention counseling, the counselor or provider focuses on assessing the client's personal risk or circumstances and helping the client set and reach a specific, realistic, risk-reduction goal.

Client-Centered HIV Prevention Counseling

Since 1993, the CDC has recommended one interactive counseling model, called client-centered HIV prevention counseling, which involves two face-to-face sessions with a provider or counselor. This model has traditionally used a two-step HIV testing approach in which clients are physically present at a

setting for the HIV test (initial session) and then return for HIV test results (follow-up session). Each session might require 15 – 20 minutes (including testing and referral) for clients at increased risk for HIV, but could take only a few minutes for those at lower risk. In the first session, a personalized risk assessment encourages clients to identify, understand, and acknowledge the behaviors and circumstances that put them at increased risk for acquiring HIV. The session explores previous attempts to reduce risk and identifies successes and challenges in these efforts. This in-depth exploration of risk allows the counselor to help the client consider ways to reduce personal risk and commit to a single, explicit step to do so. In the second session, when HIV test results are provided, the counselor discusses the test results, asks the client to describe the risk-reduction step attempted (and acknowledges positive steps made), helps the client identify and commit to additional behavioral steps, and provides appropriate referrals (e.g., to PCRS).

Elements of HIV Prevention Counseling

The following elements should be part of all HIV prevention counseling sessions:

- **Keep the session focused on HIV risk reduction.** Each counseling session should be tailored to address the personal HIV risk of the client rather than providing a predetermined set of information. Although counselors must be willing to address problems that pose barriers to HIV risk reduction (e.g., alcohol use in certain situations), counselors should not allow the session to be distracted by the client's additional problems unrelated to HIV. Certain counseling techniques (e.g., open-ended questions [Appendix C, pg. 35], role-play scenarios, attentive listening, and a nonjudgmental and supportive approach) can encourage the client to remain focused on personal HIV risk reduction.
- **Include an in-depth, personalized risk assessment.** The risk assessment allows the counselor and client to identify, acknowledge, and understand the details and context of the client's HIV risk. Keeping the assessment personal will help the client identify concrete, acceptable and protective measures to reduce personal HIV risk (Appendix D, pg. 38). The risk assessment should explore previous risk-reduction efforts and identify successes and challenges in those efforts. Factors associated with continued risk behavior that might be important to explore include: using drugs or alcohol before sexual activity; underestimating personal risk; perceiving that precautionary changes are not an accepted peer norm; perceiving limited self-efficacy for successful change efforts; receiving reinforcement for frequent unsafe practices (e.g., a negative HIV test result after risk behaviors); and perceiving that vulnerability is associated with "luck" or "fate."
- **Acknowledge and provide support for positive steps already made.** Exploring previous risk-reduction efforts is essential for understanding the strengths and challenges faced by the client in reducing risk. Support for positive steps already taken increases the clients' beliefs that they can successfully take further HIV risk-reduction steps. For some clients, simply agreeing to an HIV test is an important step in reducing risk.
- **Clarify critical rather than general misconceptions.** In most situations, counselors should focus on reducing the client's current risk and avoid discussions regarding HIV transmission modes and the meaning of HIV test results. However, when clients believe they have minimal HIV risk but describe more substantial risk, the counselor should discuss the HIV transmission risk associated with specific behaviors or activities the clients describe and then discuss lower-risk alternatives. For example, if clients indicate that they believe oral sex with a risky sex partner poses little or no HIV risk, the counselor can clarify that, although oral sex with an infected partner might result in lower HIV transmission risk than anal sex, oral sex is not a risk-free behavior, particularly when commonly practiced. If clients indicate that they do not need to

be concerned about HIV transmission among needle-sharing partners if they use clean needles, the counselor can clarify that HIV can be transmitted through the cooker, cotton, or water used by several persons sharing drugs. With newly identified or uninformed HIV-positive clients, the counselor should discuss HIV transmission risks associated with specific sexual or drug-use activities, including those in which the client might not be currently engaged.

- **Negotiate a concrete, achievable behavior-change step that will reduce HIV risk.** Although the optimal goal might be to eliminate HIV risk behaviors, small behavior changes can reduce the probability of acquiring or transmitting HIV. Behavioral risk-reduction steps should be acceptable to the client and appropriate to the client's situation. For clients with several high-risk behaviors, the counselor should help clients focus on reducing the most critical risk they are willing to commit to changing. The step does not need to be a personal behavior change. For many clients, knowledge of a partner's recent HIV status (and talking with the partner about getting an HIV test) might be more critical than personal behavior changes. The step should be relevant to reducing the client's own HIV risk and should be a small, explicit, and achievable goal. Identifying the barriers and supports to achieving a step, through interactive discussion, role-play modeling, recognizing positive social supports, or other methods, will enhance the likelihood of success. Writing down the goal might be useful. For clients with ongoing risk behaviors, referral to additional prevention and support services is encouraged.
- **Seek flexibility in the prevention approach and counseling process.** Counselors should avoid a "one-size-fits-all" prevention message (e.g., "always use condoms"). Behaviors that are safe for one person might be risky for another. For example, unprotected vaginal intercourse might be unsafe with anonymous partners whose HIV status is unknown, but safe for uninfected persons in a mutually monogamous relationship. The length of counseling sessions will vary depending on client risk and comfort (e.g., adolescents might require more time than adults).
- **Provide skill-building opportunities.** Depending on client needs, the counselor can demonstrate or ask the client to demonstrate problem-solving strategies such as:
 - a) communicating safer sex commitments to new or continuing sex partners;
 - b) using male latex condoms properly;
 - c) trying alternative preventive methods (e.g., female condoms);
 - d) cleaning drug-injection equipment if clean syringes are unavailable; or
 - e) communicating safer drug-injection commitments to persons with whom the client shares drug paraphernalia.
- **Use explicit language when providing test results.** Test results should be provided at the beginning of the follow-up session. Counselors should never ask the client to guess the test results. Technical information regarding the test can be provided through a brochure or other means so the session can focus on personal HIV risk reduction for clients with negative tests and other considerations for clients with positive or indeterminate test results. In-depth, technical discussions of the "window period (i.e., the time from when a person is infected until they develop detectable HIV antibody) should be avoided because they could confuse the client and diffuse the importance of the HIV prevention message. Counselors should clarify that negative test results do not mean the client has no HIV risk and work with the client to reconsider ongoing HIV risk behaviors and the benefits of taking steps to reduce those risks. A client with ongoing risk behaviors should not be given a false sense of the safety of those behaviors (i.e., avoid statements like "whatever you were doing seems to be safe" or "continue to do whatever you are doing now").

Who Should Deliver HIV Prevention Counseling

The following skills and counselor characteristics are important for effective HIV prevention counseling:

- Completion of the ODH-sponsored Client-Centered HIV Prevention Counseling course. Counselor numbers will be assigned by the ODH HIV CTR Coordinator.
- Training in the basics of HIV/AIDS, STDs, and Hepatitis.
- Belief that counseling can make a difference.
- Genuine interest in the counseling process.
- Active listening skills.
- Ability to use open-ended rather than closed-ended questions.
- Ability and comfort with an interactive negotiating style rather than a persuasive approach.
- Ability to engender a supportive atmosphere and build trust with the client.
- Interest in learning new counseling and skills-building techniques.
- Being informed regarding the basics of HIV/AIDS, including specific HIV transmission risks.
- Comfort in discussing specific HIV risk behaviors (i.e., explicit sex or drug behaviors).
- Ability to remain focused on risk-reduction goals.
- Support for routine, periodic, quality assurance measures.

HIV Prevention Counseling Quality Assurance

All CTR providers should conduct routine, periodic assessments for quality assurance to ensure that the counseling being provided includes the recommended essential counseling elements.

Supervisors must be aware of HIV prevention counseling goals and necessary counselor skills. Quality assurance for counseling should contain the following elements:

- **Training and continuing education.** Training in the basics of HIV/AIDS, STDs, and Hepatitis and the ODH-sponsored Client Centered HIV Prevention Counseling course is required for counselors. Counselors should know the communities they serve and the available referral opportunities. Counselors should also be encouraged to seek out opportunities for continuing education on such topics as cultural competency, domestic violence, substance abuse, and behavioral theories.
- **Supervisor observation and immediate feedback to counselors.** Direct observation of counseling sessions can help ensure that objectives are being met. Supervisors need to be sure that they receive the client's consent to observe the session. After observation, supervisors should provide feedback to counselors.
- **Periodic evaluation of physical space, client flow, and time concerns.** Counseling sessions should be conducted in a private space where discussion cannot be overheard. Clients should not wait for long periods between testing and counseling, and information could be provided during waiting times (e.g., through videos). Periodic time-flow analyses or client surveys can be used to evaluate adequacy of space, client flow, and length of waiting period.

- **Periodic counselor or client satisfaction evaluations.** Evaluations of client satisfaction can ensure that counseling meets client needs. These evaluations also can provide important feedback to counselors who otherwise might not see the benefits of what they do. Evaluations can be brief. Surveys should address whether specific counseling goals were met, the type of interaction (e.g., “who talked more, the counselor or the client?”), and, when applicable, specifics of development of the risk-reduction plan (e.g., “what was the behavior change step that you agreed to work on?”). Conducting such evaluations only occasionally (e.g., for 1 – 2 weeks once or twice a year) decreases the programmatic burden and is probably sufficient to identify problems.
- **Case conferences.** Regularly scheduled meetings of counselors allow supervisors to understand counselors' skills and areas that need improvement and can help counselors learn techniques from their colleagues. Case conferences are an opportunity for counselors to discuss specific or problematic questions asked by clients, allowing providers to better understand the concerns facing clients who are HIV-infected or at increased risk for HIV. Case conferences can help offset counselor fatigue and “burn out” by providing a positive outlet for dealing with difficult situations. Discussion might focus on a hard-to-address client or specific elements (e.g., developing acceptable and practical risk-reduction plans with clients who deny the magnitude of their HIV risk). Frequency of case conferences should be balanced with client volume, with efforts made to meet at least monthly.

HIV TESTING

Ohio Laws Related to HIV Testing (02/05/10)

	Policy Category	Type	Section Code(s)
PRE-TESTING	Who may perform an HIV Test	Health care provider within provider's scope of practice	ORC 3701.242 OAC 3701-3-11
	Consent	Consent is required – written or verbal	ORC 3701.242 OAC 3701-3-11
		Minors can give consent (age 13)	ORC 3701.242 OAC 3701-3-11
	Counseling requirements	Pre-test counseling not-required	ORC 3701.242 OAC 3701-3-11
	Anonymous testing	State Department of Health must support counseling and testing programs that offer anonymous testing	ORC 3701.241
		Prior to performing the test the client must be informed of their right to anonymous testing	ORC 3701.242 OAC 3701-3-11
POST-TESTING	Disclosure/confidentiality	HIV test results as confidential	ORC 3701.24
		Exceptions to confidentiality	ORC 3701.243
		Sexual partner notification	ORC 3701.241
		Court orders may allow access to confidential test results	ORC 3701.243
	Reporting	HIV diagnoses must be reported – not specified name vs. code-based reporting; name-based since 1990	ORC 3701.24
OTHER	Testing of minors/adolescents	Minors may consent to STD services	OAC 5101:3-4-07
		Minors may consent to HIV testing	ORC 3701.242 OAC 3701-3-11

Recommended Resources

128th Ohio General Assembly
<http://www.legislature.state.oh.us/>

Ohio Revised and Administrative Code
<http://codes.ohio.gov/>

State HIV Testing Laws Compendium – 2009
<http://www.nccc.ucsf.edu/docs/Ohio.pdf>

STANDARDS FOR HIV COUNSELING AND TESTING

HIV counseling and testing conducted at ODH-sponsored sites should include the following components:

1. **The testing site must have a written HIV counseling and testing protocol in place.** The protocol should address, but not be limited to the following issues: issues of confidentiality and record keeping; an emergency plan that addresses violent or emotionally unmanageable clients; procedures for counseling, testing and giving test results; a TB referral/testing protocol; and procedures for referrals and follow-up of referrals.
2. **All personnel who will be conducting HIV tests must be trained in how to administer the test.**
3. **No grant-funded site or site using ODH laboratory services may charge for HIV testing.**
4. **Public funding is not intended to pay for HIV tests that will be used for legal or employment purposes.** Additionally, all HIV testing must be voluntary, and therefore excludes immigration testing, court-ordered testing, etc., because of the mandatory or coercive nature of the consent.
5. **Both confidential and anonymous tests should be offered.** Confidential tests should be offered as the norm, with anonymous tests being used for those clients who do not want to test confidentially.
6. **Clients must be able to give informed consent and should be asked what they will do if their HIV test result is positive.** Tests should not be administered to those clients who are unable to give informed consent or who are emotionally unable to deal with HIV positive results. Such clients should be referred for further counseling.
7. **All at-risk clients will receive a client-centered counseling session in its entirety.** The initial risk-reduction and test-decision making session includes:
 - Helping a client to improve his/her self-perception of risk;
 - Supporting behavior changes the client has already attempted;
 - Negotiating a realistic and incremental plan with the client to reduce his/her risk;
 - Supporting the client in making a decision about testing (including the meaning and limitations of the test) and preparing for the result;
 - Referring the client for any additional services that may be needed.
8. **When giving HIV test results:**
 - Assess the client's readiness to receive the results;
 - Give results and ensure the client understands what they mean;
 - Help the client to integrate the results emotionally, behaviorally and socially;
 - Reinforce the current risk reduction plan; and
 - Refer the client for partner notification and other services, if needed.
9. **Test results must be given in person, and the counselor and client must be alone in a closed room.** When the DIS is discussing partner notification services, they must be alone with the client. After receiving results and discussing partner notification, the client may bring in a supportive friend, partner or family member. The following situations are exempted: when the client requires an interpreter, when the HIV counselor is being audited, or when an HIV counselor is being trained or supervised.
10. **When a site receives the faxed HIV positive lab result, the HIV counselor will call the Disease Intervention Specialist (DIS) Supervisor to notify them of the positive result, and advise them as to when the client will return for their results.** The DIS will offer partner notification services to the client during this session. (Please refer to the Appendix B for the supervisor in your

region). If an HIV-positive client fails to return for the confirmatory results, the DIS Supervisor will be notified the day the client fails to return.

11. **If an agency counselor does not feel prepared to give HIV positive results to a client, a Disease Intervention Specialist (DIS) can be made available.** The DIS can give the HIV results or offer support and technical assistance to the agency counselor.
12. **Clients should receive referrals for all issues that may impede their ability to make behavior change and/or adversely affect their lives (substance use, domestic violence, homelessness, etc.).** Referrals must be noted in their charts.
13. **HIV positive clients must be referred to HIV caseworkers** (sometimes known as Ryan White caseworkers) or to Early Intervention Services for initial needs assessment.
14. **The HIV counselor should reinforce or renegotiate a behavior change plan during the post-test counseling session.** A follow-up counseling session can be scheduled if needed.
15. **All HIV testing counseling sessions must include a risk reduction plan.** This plan should be kept in the client's file. A copy of a sample risk reduction plan can be found in Appendix D, pg. 38.
16. **Clinical Laboratory Improvement Amendments:** The Clinical Laboratory Improvement Amendments of 1988 (CLIA) establish quality standards for laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results. CLIA requires that any facility examining human specimens for diagnosis, prevention or treatment of a disease, or for assessment of health, must register with the federal Centers for Medicare & Medicaid Services (CMS) and obtain CLIA certification. For more information go to www.cdc.gov.

Things to Remember:

- Clients should be asked if their partner has ever threatened them with violence, or become violent toward them. If the client indicates that their partner has or could be violent, the client should be asked what they think their partner will do if the client discloses their HIV status to their partner, or attempts a behavior change that involves informing their partner. If the client believes their partner will become violent, refer the client to a domestic violence hotline. Because of the prevalence of domestic violence in both heterosexual and same-sex relationships, all clients should be asked about partner violence.
- An HIV positive test result may precipitate a mental health crisis for the client. Giving results before a weekend or holiday can leave clients disconnected from their regular routine, lacking social support, and without immediate access to social, medical and mental health services and support agencies. Due to this potential for crisis, if your agency is testing on Fridays, your agency and written protocols must indicate a plan for referral to local support services that are accessible during weekend hours.
- In order to maintain rapport, the client should see the same counselor who conducted the initial counseling session for results or follow-up sessions.
- When conducting street outreach, the site should consider the use of Orasure testing for the benefit of both the client and counselor.

INFORMED CONSENT

All persons being tested must be able to give informed consent and the testing must be voluntary. The ability to give informed consent suggests that the client should be able to have a basic understanding of concepts related to HIV and testing including, but not limited to, the following:

- What is sex
- What is HIV
- What is AIDS
- What is an HIV test
- How HIV can be prevented
- What can it mean to have HIV/AIDS
- How HIV is transmitted
- How their behavior relates to the possibility of becoming infected
- Language sufficient enough to talk about sex, behavior, risks, etc.
- Other issues relevant to HIV

Minors & Mentally Ill / Mentally Disabled Persons

1. ODH-sponsored testing sites may provide services to minors without parental consent if the minor is able to give informed consent. Parents may not give consent for the child, and testing must be voluntary.
2. Clients who are mentally ill or mentally disabled must be able to give informed consent. Caseworkers may not give consent for them, and testing must be voluntary.
3. Clients unable to give informed consent should be referred to a private medical doctor or hospital for testing.

A copy of the informed consent form can be found in Appendix E1, pg. 39.

CONFIDENTIAL HIV TESTING

Confidential HIV testing is defined as testing in which a person's name is recorded with their test result. A confidential test requires obtaining the person's name, address and phone number. When a person tests confidentially, they may receive a written copy of their test result.

All sites should explain the advantages of confidential HIV testing. An explanation of the benefits may include the following points:

1. Clients cannot be referred to social/medical services without a documented test result. A person who is HIV positive and takes the test confidentially can immediately be referred for medical and social services without the delay of having to retest confidentially for documentation purposes.
2. Confidential testing allows the DIS to follow-up with the client for purposes of partner notification. Unaware partners are then able to make informed choices regarding HIV prevention counseling, testing and medical care. The identity of the HIV-positive client is never revealed to their partners.
3. The counselor can correct misconceptions regarding confidential testing. This includes the following:
 - Some clients have expressed concern about their names being reported to the Centers for Disease Control and Prevention (CDC). Only epidemiological information from HIV-positive confidential tests is forwarded to the CDC. No client identifiers are given to the CDC. The state receives client-identifiers only on HIV-positive confidential tests, unless follow-up is being conducted on a high-risk negative client.
 - Clients are often concerned about their insurance company obtaining information about their test results. Insurance companies have no way of knowing a client tested at an ODH-sponsored testing site unless the patient informs their insurance company and signs a release of information. Insurance companies will learn of an HIV-positive result if that client seeks subsequent medical care and requests their insurance company to cover the cost of medical procedures or services related to HIV.
4. Confidential testing allows ODH to analyze current, accurate information that enables the department to focus prevention efforts and funding to the current HIV epidemic in Ohio.

Things to Remember:

- **All clients testing confidentially must present picture identification when returning for results.** The exceptions to this are: Minors and undocumented workers may not have picture identification. Some minors may have insurance cards or high-school year book pictures they can show. Do not turn them away if they are unable to produce a form of identification.
- **Written documentation (copy of the lab report with the client's name written on it) can be provided to all confidential HIV-positive clients for medical or social service purposes.** The results may only be released to the individual whose name appears on the lab result slip and who provides picture identification. Results may also be released to medical or social service personnel if the client has signed a medical release of information form.
- **Written documentation may be provided to clients receiving negative results with the following disclaimer stamped on the test results:**
 - *A negative EIA/ELISA does not exclude the possibility of infection with HIV.*

- **All confirmatory HIV tests that are being sent to the ODH Lab must be done confidentially.**

ANONYMOUS HIV TESTING

Anonymous HIV testing is defined as testing in which no name is used.

- **Client may not be asked for his/her name or other personal identifiers** (including date of birth or social security number). The client will be associated with their test results through the use of the HIV test form number only.
- **Clients choosing to test anonymously must be given a copy of the informed consent form.** This form is not signed if the client is testing anonymously. The client can simply mark an “X” on the signature line and mark the date.
- **Anonymous test results may not be given to the client in written form for any reason** (the original lab form, Xerox copy, hand written copies, etc.).

OUTREACH HIV COUNSELING & TESTING

Outreach HIV counseling and testing is defined as counseling and testing that takes place outside an agency or testing site. This includes, but is not limited to, street outreach, crack houses, churches, bars, festivals, gay pride events, bathhouses, parks, college dorms, migrant labor camps and public sex environments.

While it would seem that it would be more difficult to conduct counseling in the field, the people targeted through outreach testing may be at higher risk for HIV than are people who come into clinics, and hence require a thorough HIV prevention counseling session.

- **All at-risk clients will receive a client-centered HIV prevention counseling session in its entirety.** If a client does not want to talk to you about their personal risks and how to reduce them, they are probably not ready to take an HIV test and incorporate the results into a behavior change.
- **HIV prevention counseling must include plans to give the client her or his results.** If a rapid test is being used, the client needs to be assessed for readiness to receive the results on the same day. If a client does not appear ready to receive their test results, it is better to provide HIV counseling and suggest they forego the test until they are ready to know their serostatus. In an outreach setting, it may be beneficial to use an OraSure® test and have the client schedule to return for their results at a later date.
- **HIV prevention counseling in an outreach venue must be done in a confidential setting.** Creativity and flexibility is required to achieve a confidential setting in the field, where there is often little privacy and a lot of people. Using another room of the house or building, moving to a secluded part of the park or street, using your car or another vehicle are all examples of providing a more secure and confidential environment.

PARTNER NOTIFICATION SERVICES

Partner notification services are defined as voluntary and confidential services that assist persons living with HIV to tell their partner(s) about possible exposure, and to facilitate linkages to services. Partner notification services are provided by specifically trained health professionals called **Disease Intervention Specialists (DIS)**.

- **When a site receives the faxed HIV positive lab result, the HIV counselor will call the DIS Supervisor to notify them of the positive result, and advise them as to when the client will return for their results.** The DIS will offer partner notification services to the client during this session. (Please refer to Appendix B for the supervisor in your region).
- **Partner notification services will be offered to all clients testing HIV-positive** who return for their confirmatory test results.
- **The Ryan White Care Act Amendment of 1996, Section 8, requires that states make a good faith effort to notify the spouse of a known HIV-positive patient that such spouse may have been exposed to the human immunodeficiency virus and should seek testing.** The statute defines spouse as: “Any individual who is the marriage partner of that patient, or who has been the marriage partner of that patient at any time within the 10-year period prior to the diagnosis of HIV infection.”
- **If a client tests confidentially and is HIV-positive, but fails to return for their result, a DIS will discretely contact the client to give them their result.**
- **The DIS will explain partner notification to the client and together they will decide if it is a good time to discuss partners.**
- **If the client and DIS decide that the result-giving session is not a good time to discuss partners, the DIS will arrange to meet with the client at another time to conduct partner notification services.**
- **The DIS takes responsibility for confidentially contacting partners and notifying them of their possible exposure.** At the time of notification, the DIS offers risk reduction counseling and HIV testing, or makes referrals for counseling/testing. Stringent confidentiality procedures are followed and information concerning the identity of the original client is never disclosed.

Ohio’s HIV Felonious Assault Law (historically referred to as House Bill 100)

- If an individual has been tested for HIV and informed that the test was positive, it is a felony crime in the State of Ohio for that individual to engage in sexual risk behaviors or needle sharing risk behaviors without first informing any sexual or needle sharing partner of his/her HIV-positive status.

*See Ohio Rev. Code Ann. § 2903.11; 2907.25; 2907.24; 2907.241; 2921.38; 2927.13

LAB SUBMISSION

The following procedures should be followed when submitting specimens to the Ohio Department of Health Lab:

- **Complete the HIV Sampling Submission Form. Instructions for submitting a specimen are on the form.** A copy of the form is in Appendix F, pg. 41.
- 1. **Samples will be mailed through UPS.** You may call 1-800-PICK-UPS to schedule a pickup. If you have not yet received your preprinted labels, you may use Account # **V37209**. Please note this account is valid only for shipping specimens for HIV diagnostic testing to the Ohio Department of Health Laboratories. Shipping charges accrued for unauthorized use will be billed to the shipper.
- 2. Please call UPS at 1-800-PICK-UPS to order pre-printed labels.
- **The ODH Lab maintains a list of confidential fax numbers for each site where results can be faxed.** Sites cannot change this number without contacting the ODH Lab.
- **Call the customer service number at the ODH Lab to order mailing tubes.**
- **Contact Information for the ODH Lab:**
 - Ohio Department of Health
 - Bureau of Public Health Laboratories
 - 8995 East Main Street
 - Reynoldsburg, OH 43086
 - Customer Service: 888-ODH-LABS, option 2

RAPID HIV TESTING

With an estimated one out of four HIV-positive Americans unaware of their infection, increased opportunities for testing are critical. Rapid HIV antibody tests provide new opportunities for improving access to testing in both clinical and non-clinical settings and increasing the number of people who learn their results. The HIV rapid test has several advantages over the standard HIV antibody test. Rapid HIV testing can:

- Increase the number of person at high risk for HIV who obtain HIV counseling, testing and referral services.
- Increase the number of persons testing for HIV who learn their test results.
- Increase the early identification of new HIV infections and subsequent referral to care, prevention, and case management services.
- Decrease the need for follow-up activities for clients who do not return for their HIV test results and associated prevention counseling.

Testing Technology

In Ohio, there are multiple types of HIV rapid test technologies that are used. The most common types are OraQuick®, Uni-Gold®, and Clearview®. The testing site is required to follow the instructions and protocols included in the package insert for the type of technology that is being used. The package inserts can be found on the respective websites listed below:

- OraQuick® - OraSure - www.orasure.com
- Uni-Gold® - Trinity Biotech - www.unigoldhiv.com
- Clearview® - Inverness Medical - www.invernessmedicalpd.com

Single Session Counseling Flowchart

The flowchart can be found in Appendix G, pg. 42.

Rapid HIV Testing Logs

The following logs (located in Appendix H, pgs. 43-50) should be used to maintain proper quality assurance procedures:

- Refrigerator Temperature Log
- Ambient Temperature Log
- External Control Log
- Test Result Log
- Confirmatory Specimen Transfer Log

HIV TEST RESULTS

NEGATIVE TEST RESULTS

A negative HIV test result usually indicates that a person is not infected. Because a negative test result likely indicates absence of HIV infection, a negative test need not be repeated in clients with any new exposure in settings with low HIV prevalence. For clients with a recent history (less than 3 months prior to the test) of known or possible exposure to HIV who are tested before they could develop detectable antibodies, the possibility of HIV infection cannot be excluded without follow-up testing.

The average time between infection and HIV antibody detection is 25 days and the vast majority of infected clients develop detectable antibodies within 3-6 months after infection. Delayed HIV seroconversion more than 6 months after exposure is rare. False negative tests are highly unlikely.

Causes for false negative ELISA tests:

- Immune system has not developed antibodies because infection is too new
- Malignancy
- Long-term immunosuppressive therapy
- Bone marrow transplantation
- B-cell dysfunction

Causes for false negative Western Blots:

- End-stage HIV disease/AIDS

Suggested Language

- **Negative Test Result (no risk behavior within the last 3 months):**
“The test indicates you do not have HIV. This means that you were not infected as of 3 months ago.”
- **Negative Test Result (risk behavior within the last 3 months):**
“Your test results are negative. This means that you were not infected as of 3 months ago. The last risk behavior you said you engaged in, on (date), may not show up on this test. You need another test a full 3 months from (date) to be sure that you are not infected.”

REACTIVE (PRELIMINARY POSITIVE) TEST RESULTS

Further testing is always required to confirm a reactive (preliminary positive) screening test result.

Providing reactive (preliminary positive) results to clients without the benefit of a same-day confirmatory test can be a challenge. However, for all clients with a reactive rapid HIV test result, it is essential to:

- Explain the meaning of the reactive test result in simple terms, avoiding technical jargon.
- Emphasize the importance of confirmatory testing and schedule a return visit for the confirmatory test results.
- Underscore the importance of taking precautions to avoid the possibility of transmitting HIV to others while awaiting results of confirmatory testing.

A simple message to convey this information could be: *“Your preliminary test result is positive, but we won’t know for sure if you have HIV until we get the results from your confirmatory test. In the meantime, you should take precautions to avoid transmitting the virus.”*

POSITIVE TEST RESULTS

An HIV test should be considered positive only after screening (ELISA) and confirmatory (Western Blot) tests are reactive. A confirmed positive test result indicates that a person has acquired HIV.

FALSE POSITIVE TEST RESULTS

False-positive results with both reactive screening and reactive confirmatory tests are rare. However, the possibility of a mislabeled sample or laboratory error must be considered, especially for a client with no identifiable risk for acquiring HIV.

Causes of false positive ELISA tests:

- Multiple pregnancies
- Multiple transfusions
- Severe alcoholic liver disease
- Hematological malignancies
- Lymphoma
- Acute DNA viral infections
- Renal transplants
- Renal failure
- Hemophilia
- History of injection drug use
- Hepatitis C infection
- Antibodies to other retroviruses
- Stevens-Johnson syndrome
- HIV vaccine trial participants

Causes of false positive Western Blot tests:

- Cross reactions with:
 - Other human retroviruses
 - Antibody to mitochondrial, nuclear, T-cell and leukocyte antigens
 - Antibody to HLA antigens
 - Globulins produced during polyclonal gammopathy

There have been some instances in Ohio where a false positive test has occurred when using the oral fluid collection method. When conducting an oral fluid test that comes out positive, the site may run a second test using the finger-stick blood collection method. If the site does not have the capability to do a finger-stick blood test, they should proceed to a confirmatory test with a blood draw or an OraSure®. The site is also required to fill out the HIV Rapid Test False Positive Report and immediately send it to the ODH Counseling & Testing Coordinator (see Appendix L, pg. 50).

INDETERMINATE TEST RESULTS

Most persons with an initial indeterminate Western blot result who have acquired the virus will develop detectable HIV antibodies within one month. Persons with an initial indeterminate Western Blot result should be re-tested for HIV status at least six weeks after the first indeterminate Western Blot result. Persons with continued indeterminate Western blot results after one month are unlikely to have acquired HIV and should be counseled as though they are HIV negative unless recent HIV exposure is suspected.

Causes for indeterminate Western Blot test results:

- Blood transfusions
- Prior or current infection with syphilis

- Prior or current infection with malaria parasites
- Autoimmune disease (e.g., diabetes, Grave's disease, etc.)
- Infection with other human retroviruses
- Association with large animals (e.g., animal trainers and veterinarians sometimes pick up animal retroviruses that interfere with HIV antibody tests)
- Second or subsequent pregnancies in women

HIV Test Interpretation at the ODH Laboratory

The two serological tests used to detect antibodies to HIV are the **ELISA**, which is the enzyme-linked immunosorbent assay, and the **WESTERN BLOT**. When used together, the results from this two-part testing are greater than 99.9% accurate.

There are two species of HIV, HIV-1 and HIV-2. While both HIV-1 and HIV-2 have been identified in the United States, the number of known documented cases of persons with HIV-2 in the U.S. is very small.

The ELISA and Western Blot tests used at the ODH Lab are used to test for HIV-1 antibodies.

ELISA

ELISA results are reported as reactive or non-reactive.

- If an ELISA test is non-reactive, the test is interpreted as negative for HIV antibodies.
- If an ELISA test is reactive, a second ELISA is run on the same sample. If two out of three results are reactive, it is interpreted as a positive antibody test result.
- If two out of three ELISA tests are reactive, the serum or oral fluid is then tested by the WESTERN BLOT procedure for confirmation.

WESTERN BLOT

Western Blot results may be reported as reactive, non-reactive, or indeterminate.

- A reactive Western Blot must contain two of the three major bands of diagnostic significance:
 - gp 160 or gp 120
 - gp 41
 - p 24
- If the Western Blot is reactive, the results are interpreted as positive for HIV antibodies.
- A non-reactive Western Blot is one that contains no bands. Even in the presence of two reactive ELISAs, if the Western Blot is non-reactive, the test is considered negative.
- An indeterminate Western Blot is one that shows any band pattern that does not meet the reactive criteria.

TUBERCULOSIS TESTING

The following procedures should be followed with regard to Tuberculosis (TB) testing:

- **All clients who have injected drugs or who are HIV positive must be given or referred for a Purified Protein Derivative Test (Mantoux test).** In persons with co-morbidity of TB and HIV, HIV disease represents the highest medical risk for developing TB disease post-exposure.
- **All at-risk clients (HIV positive clients and IDUs) should be given a Mantoux test if they have not been TB tested in the previous two weeks.** Some clients may have received a TB test for employment or medical purposes in the preceding month(s) before receiving their HIV test results. A person whose immune system is functioning normally will convert his or her TB skin test in 2-10 weeks post-exposure.
- **Referrals for TB testing and/or TB test results should be documented in the client's chart.**
- **Local Field 3 on Part 2 of the HIV Test Form should be filled out if a client was referred for a TB test.**

HIV TESTING QUALITY ASSURANCE

Records & Reporting

The following procedures should be followed with regard to record keeping and reporting:

- **All patient/client records must be secured to preserve confidentiality.**
- **All personnel with access to records (including clerical staff, counselors, and administrators) must sign statements of confidentiality.**
- **A protocol for maintaining security of records needs to be implemented for each site.** This includes procedures for securing records during outreach testing. The consequences for failing to maintain security requirements will also be documented in the protocol.
- **The chart of a client taking the test confidentially should contain the following:**
 - Copy of the completed HIV Test Form
 - Copy of the laboratory results
 - The risk-reduction plan
 - Documentation of referrals
 - Signed informed consent document
 - Follow-up documentation of any subsequent counseling sessions
- **The chart of a client taking the test anonymously should contain the following:**
 - Copy of the completed HIV Test Form
 - Copy of the laboratory results
 - The risk-reduction plan (without name)
 - Documentation of referrals
 - Follow-up documentation of any subsequent counseling sessions
- **As part of the testing protocol, each site must have a TB testing or referral system.**
- **As part of the testing protocol, each site must have a referral feedback system.**
- **Any information on the delivery of services may not be released except as specified by state and local statute, or by written permission of the client.** Information released to a DIS is covered under state statute.
- **An HIV Test Form must be filled out on all counseling sessions, whether or not the client takes an HIV test.**
- **The Monthly Test Kit Report must be filled out each month and be submitted to the ODH HIV CTR Coordinator by the 7th of each month.**
- **Each testing site is required to update their list of satellite testing sites and counselors at the end of each year.**
- **Each testing site is required to complete the Quality Assurance Counseling and Testing Site Assessment and submit to the ODH HIV CTR Coordinator by _____.**

Laboratories (not sponsored by ODH)

Laboratories performing HIV testing for sites not using the Ohio Department of Health Lab will report positive results in the following manner:

- One copy of the result to the agency submitting the specimen
- One copy of the result to the agency submitting to the local health department
- One copy of the result to the ODH HIV/STD Prevention Program in Columbus
- One copy of the result to the ODH HIV/AIDS Surveillance Program in Columbus

CTS Data Protocol

1. Completed HIV Test Forms should be mailed to the Ohio Department of Health (ODH) when approximately 50 forms are completed or once a month, whichever occurs first.
2. HIV Test Forms should only be sent in a 10"x13" mailing envelope. Forms must not be torn, folded, bent, stapled, taped or twisted. This damage prevents the optical scanner from reading the form. Any form received in damaged condition will be returned to be recopied onto a new form.
3. All sites must complete the Local Field questions. A copy of these questions can be found in the HIV Test Form Manual in Appendix R.
4. Sites should complete the Educational Materials Order Form when they have a one month supply of HIV Test Forms remaining. Requests should be directed to the HIV Prevention Program via email to Cyndi.Long@odh.ohio.gov or by fax to (614) 728-0876. Sites should request a three month supply unless directed to do otherwise.
5. Send only the top copy of the HIV Test Form. Keep the carbon copy for your records.
6. To maintain the integrity and viability of the HIV Test Form so it can be read by the scanning machine, no markings should be anywhere on the form (including the margins) except in the indicated spaces. Any forms received with stray markings that cannot be read will be returned to the test site to be copied onto new HIV Test Forms.
7. All HIV testing sites must assign a staff person to check all HIV Test Forms for accuracy and completeness. All forms that are incomplete or have errors will be returned for correction.
8. All forms that are returned to the site for damage, errors or incomplete information must be returned within ten days of receipt.
9. Each site is responsible for maintaining a copy of all completed HIV test files for one calendar year.
10. Instructions for completing the HIV Test Form can be found in the HIV Test Form Manual (see Appendix R).
11. Please mail forms to:

Op-scan Data Entry
HIV/CTR Data Management
35 E. Chestnut, 6th Floor
Columbus, Ohio 43215

Site Audits

The purpose of the site audit is to ensure that each site is adhering to the protocol and to offer technical assistance as needed.

- HIV testing sites will receive at least one audit per year from ODH personnel.
- Failure to comply with the protocol can result in the discontinuation of funding or laboratory services.

Counselor Audits

The purpose of counselor audits is to help the counselor identify his or her strengths, provide feedback and provide suggestions and support for areas of practice that the counselor might be able to improve.

- **HIV counselors will receive an audit three months after HIV prevention counseling training and a second audit within one year of training.** If a counselor demonstrates a need for further training or supervision, more audits may be performed. A Counselor Observation Feedback Form (Appendix O, pg. 54) should be completed for each counselor on a yearly basis and sent to the ODH HIV CTR Coordinator.
- **If a counselor demonstrates a lack of competence in a critical area, the HIV Site Manager, along with the AIDS Coordinator if needed, will work with the counselor on an improvement plan.**

HIV REFERRAL

Definition of Referral

In the context of HIV prevention counseling and testing, referral is the process by which immediate client needs for care and supportive services are assessed and prioritized and clients are provided with assistance (e.g., setting up appointments, providing transportation) in accessing services. Referral should also include follow-up efforts necessary to facilitate initial contact with care and support service providers.

Typical Referral Needs

Clients should be referred to services that are responsive to their priority needs and appropriate for their culture, language, gender, sexual orientation, age, and developmental level. Examples of these services include:

- **Comprehensive Risk Counseling and Services (CRCS). Formerly known as Prevention Case Management, or PCM.** Clients with multiple and complex needs that affect their ability to adopt and sustain behaviors that will reduce their risk for transmitting or acquiring HIV should receive or be referred to CRCS, including ongoing prevention counseling. CRCS can help coordinate diverse referral and follow-up concerns.
- **Medical evaluation, care, and treatment.** HIV-positive clients should receive or be referred to medical services that address their HIV disease (including evaluation of immune system function and screening, treatment, and prevention of opportunistic infections).
- **Partner counseling and referral services.** Persons with HIV-positive test results should receive or be referred to services to help them notify their sex partners, injection-drug-equipment-sharing partners and/or spouses about their exposure to HIV and how to access CTR services.
- **Reproductive health services.** Female clients who are pregnant or of childbearing age should receive or be referred to reproductive health services. HIV-positive pregnant women should be referred to providers who can provide prevention counseling and education, initiate medical therapy to prevent perinatal transmission and provide appropriate care based on established treatment guidelines.
- **Drug or alcohol prevention and treatment.** Clients who abuse drugs or alcohol should receive or be referred to substance or alcohol abuse prevention and treatment services.
- **Mental health services.** Clients who have mental health issues or diagnoses, developmental disability, or difficulty coping with an HIV diagnosis or HIV-related conditions should receive or be referred to appropriate mental health services.
- **Legal services.** Clients who test positive should be referred to legal services as soon as possible after learning their test result for counseling on how to prevent discrimination in employment, housing, and public accommodation by disclosing their status only to those who have a legal need to know.
- **STD screening and care.** Clients who are HIV-positive or at increased risk for HIV are also at risk for other STDs and should receive or be referred to further STD screening and treatment.

- **TB screening and care.** Clients who are HIV-positive should receive or be referred for TB screening and treatment.
- **Screening and treatment for viral hepatitis.** Many clients who are HIV-positive or at increased risk for HIV are also at increased risk for acquiring viral hepatitis (A, B, and C). Men who have sex with men (MSM) and IDUs should be vaccinated for hepatitis A. All clients without a history of hepatitis B infection or vaccination should be tested for hepatitis B, and if not infected, should receive or be referred for hepatitis B vaccination. In addition, clients who inject drugs should be routinely recommended for testing for hepatitis C. All clients with any hepatitis virus should be referred for appropriate treatment.
- **Other services.** Clients might have multiple needs that can be addressed through other HIV prevention and support services (e.g., assistance with housing, food, employment, transportation, child care, domestic violence, and legal services). Addressing these needs can help clients access and accept medical services and adopt and maintain behaviors to reduce the risks for HIV transmission and acquisition. Clients should receive referrals as appropriate for identified needs.
- **Ryan White Care Program.** HIV-positive clients who have identifiable needs for medical, mental health or social support services, and who indicate that they may be experiencing socioeconomic distress of any kind (e.g., poverty, disability, unemployed, underemployed, uninsured, underinsured, homeless, etc.) should be referred to the local agency funded by the State of Ohio's HIV Care Services Program to determine the client's eligibility to receive HIV case management services through the Ryan White Care Program.

Implement and Manage Referral Services

Clients should receive help accessing and completing referrals, and completion of referrals should be verified. In the context of HIV prevention counseling and testing, the following elements should be considered essential to the development and delivery of referral services.

Assess Client Referral Needs

Providers should consult with the client to identify essential factors that: a) are likely to influence the client's ability to adopt or sustain behaviors to reduce risk for HIV transmission or acquisition; or b) promote health and prevent disease progression. Assessment should include examination of the client's willingness and ability to accept and complete a referral. Service referrals that match the client's self-identified priority needs are more likely to be successfully completed than those that do not. Priority should be placed on ensuring that HIV-positive clients are assessed for referral needs related to medical care, PCRS, and prevention and support services aimed at reducing the risk for further transmission of HIV. When a provider cannot make appropriate referrals or when client needs are complex, clients should be referred to a case management system, such as CRCS or one of the agencies in Ohio's network funded through the Ryan White Program.

Plan the Referral

Referral services should be responsive to clients' needs and priorities and appropriate for their culture, language, gender, sexual orientation, age, and developmental level. In consultation with clients, providers should assess and address any factors that make completing the referral difficult (e.g., lack of transportation or child care, work schedule, cost).

Help Clients Access Referral Services

Clients should receive information necessary to successfully access the referral service (e.g., contact name, eligibility requirements, location, hours of operation, telephone numbers). Clients must give consent before identifying information to help complete the referral can be shared.

Document Referral and Follow-Up

All referrals and completed referral appointments must be documented in the risk reduction plan. Providers should assess and document whether the client accessed the referral services. If the client did not, the provider should determine why; if the client did, the provider should determine the client's degree of satisfaction. If the services were unsatisfactory, the provider should offer additional or different referrals. Documentation of referrals made, the status of those referrals, and client satisfaction with referrals should help providers better meet the needs of clients. Information obtained through follow-up of referrals can identify barriers to completing the referral, responsiveness of referral services in addressing client needs, and gaps in the referral system.

HIV Referral Quality Assurance

Providers of referral services should know and understand the service needs of their clients, be aware of available community resources, and be able to provide services in a manner appropriate for the clients' culture, language, gender, sexual orientation, age and developmental level, given local service system limitations.

Education and Support of Staff Members

Staff members providing referral services must understand client needs, have skills and resources to address these needs, have authority to help the client procure services, and be able to advocate for clients.

- **Training and Education.** Providers should ensure that staff members receive adequate training and continuing education to implement and manage referrals. Training and education should address resources available and methods for managing referrals, as well as promote understanding of factors likely to influence the client's ability and willingness to use a referral service (e.g., readiness to accept the service, competing priorities, financial resources).
- **Authority.** Staff members providing referrals must have the authority necessary to accomplish a referral. Supervisors must ensure that staff members understand referral policy and protocol and have the necessary support to provide referrals. This requires the authority of one provider to refer to another (e.g., through memoranda of agreement) or to obtain client consent for release of medical or other personal information.
- **Advocacy.** Staff members who negotiate referrals must possess knowledge and skills to advocate for clients. Such advocacy can help clients obtain services by mediating barriers to access to services and promoting an environment in which providers are better informed regarding the needs and priorities of their clients.

Provider Coordination and Collaboration

Providers should develop and maintain strong working relationships with other providers and agencies that might be able to provide needed services. Providers who offer HIV prevention counseling and testing but not a full range of medical and psychosocial support services should develop direct, clearly delineated arrangements with other providers who can offer needed services. Coordination and

collaboration promotes a shared understanding of the specific medical and psychosocial needs of clients requiring services, current resources available to address these needs, and gaps in resources.

Memoranda of agreement or other forms of formal agreement are useful in outlining provider/agency relationships and delineating roles and responsibilities of collaborating providers in managing referrals. When confidential client information is shared between coordinating providers, such formal agreements are essential. These agreements should be reviewed periodically and modified as appropriate.

Referral Resources

Knowledge of available support services is essential for successful referrals. When referral resources are not available locally, providers should identify appropriate resources and link clients with them. A resource guide should be developed and maintained to help staff members make appropriate referrals (see Appendix P, pg. 55). Information regarding community resources can be obtained from local health planning councils, Ryan White consortia and community planning groups. Local, state and national HIV/AIDS information hotlines or websites (e.g., NPIN), community-based health and human service providers, and state and local public health departments can also provide information.

APPENDIX

APPENDIX A

HIV/STD/AVH Acronyms

Acronym	Definition
AED	The Academy of Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AVH	Adult Viral Hepatitis
CATF	Columbus AIDS Task Force
CBO	Community Based Organization
CDC	Centers for Disease Control & Prevention
CLI	Community Level Intervention
CPG	Community Planning Group
CRCS	Comprehensive Risk Counseling and Services
CTR	Counseling Testing and Referral
CTR-PCR	Counseling, Testing, Referral & Partner Counseling and Referral
GLI	Group-Level Intervention
HC/PI	Health Communication/Public Information
HE/RR	Health Education/Risk Reduction
HRHS	High Risk Heterosexual
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Use
ILI	Individual Level Intervention
LGBT	Lesbian, Gay, Bisexual, Transgender
LHD	Local Health Department
MSM	Men Who Have Sex With Men
OCPG	Ohio HIV Prevention Community Planning Group
ODH	Ohio Department of Health
PCM	Prevention Case Management
PIR	Parity, Inclusion & Representation
RAG	Regional Advisory Group
RFP	Request for Proposal
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis

APPENDIX B

Important Phone Numbers

Ohio Department of Health – Columbus Office

Name	Title	Phone Number	Email
Bill Tiedemann	HIV/STD/AVH Prevention Chief	614-728-9256	Bill.Tiedemann@odh.ohio.gov
Nicole Brennan	HIV Prevention Program Manager	614-644-1878	Nicole.Brennan@odh.ohio.gov
Jen Keagy	STD Program Manager	614-466-3713	Jen.Keagy@odh.ohio.gov
Wendy Adams	Testing Coordinator	614-466-0443	Wendy.Adams@odh.ohio.gov
Julia Applegate	OCPG Coordinator	614-728-7413	Julia.Applegate@odh.ohio.gov
Tracey Barron-Watkins	EMRP Coordinator	614-466-0179	Tracey.BarronWatkins@odh.ohio.gov
Cassandra Chronos	Intervention Coordinator	614-466-0896	Cassandra.Chronos@odh.ohio.gov
Juanita French	PEMS Coordinator	614-644-1850	Juanita.French@odh.ohio.gov
Andrew Harris	Researcher	614-466-3173	Andrew.Harris@odh.ohio.gov
Kathleen Koechlin	Hep C Coordinator	614-644-2714	Kathleen.Koechlin@odh.ohio.gov
Cyndi Long	HIV Secretary	614-644-1838	Cyndi.Long@odh.ohio.gov
Crystal Willis	STD Prog. Consultant	614-466-5073	Crystal.Willis@odh.ohio.gov
Kevin Sohner	Lab Director	614-644-4668	Kevin.Sohner@odh.ohio.gov
Jason Bean	Lab Customer Service	800-634-5227	Jason.Bean@odh.ohio.gov
Elizabeth Cross	Surveillance/Data	614-466-1370	Elizabeth.Cross@odh.ohio.gov
HIV Program FAX		614-728-0876	

Ohio Department of Health – Northwest District Office

Name	Title	Phone Number	Email
Mark Pawelczak	Program Consultant	419-245-2406	Mark.Pawelczak@odh.ohio.gov
Program FAX		419-245-2400	

Ohio Department of Health – Northeast District Office

Name	Title	Phone Number	Email
Jim Greenshields	Infertility Prevention	330-643-1307	Jim.Greenshields@odh.ohio.gov
Scott Koprowski	Program Consultant	330-643-1327	Scott.Koprowski@odh.ohio.gov
Tijuana Taylor	Program Consultant	330-643-1309	Tijuana.Taylor@odh.ohio.gov
Program FAX		330-643-1346	

Ohio Department of Health – Southwest District Office

Name	Title	Phone Number	Email
Leo Bates	Program Consultant	937-285-6631	Leo.Bates@odh.ohio.gov
Program FAX		937-285-6306	

APPENDIX B – Important Phone Numbers – continued

DIS Supervisors

Call to report HIV positive test results.

Northeast

Akron – (Medina, Portage, Summit)		
Margo Erme	330-375-2145	ermema@ci.akron.oh.us
Canton – (Carroll, Coshocton, Harrison, Holmes, Stark, Tuscarawas, Wayne)		
L. Joy Dougan	330-489-3322	jdougan@cantonhealth.org
Cleveland – (Cuyahoga, Erie, Geauga, Huron, Lake, Lorain)		
Bruce Hagins	216-664-7080	Bruce.Hagins@odh.ohio.gov
Mansfield – (Ashland, Knox, Morrow, Richland)		
Loretta Cornell	419-774-4721	lcornell@richlandhealth.org
Youngstown – (Ashtabula, Columbiana, Jefferson, Mahoning, Trumbull)		
Kate Wallace	330-743-3333 x241	KCW12345@aol.com

Southeast

Newark – (see Portsmouth counties)		
Mary Beth Hagstad	740-349-6682	mhagstad@odh.ohio.gov
Portsmouth – (Athens, Belmont, Gallia, Guernsey, Hocking, Jackson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Vinton, Washington)		
Raylene Maloy	740-353-8863 x252	rmaloy@odh.ohio.gov

Central

Columbus – (Delaware, Fairfield, Franklin, Licking, Madison, Marion, Pickaway, Union)		
Makeda Porter	614-645-1543	Mcporter@columbus.gov

Southwest

Cincinnati – (Adams, Brown, Butler, Clermont, Hamilton, Highland, Warren)		
Eric Washington	513-357-7374	ewashington@odh.ohio.gov
Dayton – (Champaign, Clark, Clinton, Darke, Fayette, Greene, Logan, Miami, Montgomery, Preble, Shelby)		
Linda Romeo	937-224-8664	

Northwest

Lima – (Allen, Auglaize, Hancock, Hardin, Mercer, Paulding, Putnam, Van Wert)		
Rebecca Dersham	419-228-4457	bdersham@allenhealthdept.org
Toledo – (Crawford, Defiance, Fulton, Henry, Lucas, Ottawa, Sandusky, Seneca, Williams, Wood, Wyandot)		
Jerry Kerr	419-213-4131	kerrj@co.lucas.oh.us

APPENDIX C

Examples of Closed Questions vs. Open-Ended Questions

Closed questions which might interfere with client-centered HIV prevention counseling:	Open-ended questions which promote client-centered HIV prevention counseling:
Have you ever injected drugs?	What are you doing that you think may be putting you at risk for HIV infection?
OR	
Have you (for a male client) ever had sex with a man?	What are the riskiest things that you are doing?
OR	
Have you (for a female client) ever had sex with a bisexual man?	If your test comes back positive, how do you think you may have become infected?
	When was the last time you put yourself at risk for HIV? What was happening then?
	How often do you use drugs or alcohol?
Have you ever had sex when you were under the influence of alcohol or drugs?	How do you think drugs or alcohol influence your HIV risk?
	How often do you use condoms when you have sex?
Do you (always) use condoms when you have sex?	When/with whom do you have sex without a condom? When with a condom?
OR	
Can you always use condoms when you have sex?	What are you currently doing to protect yourself from HIV? How is that working?
	What kinds of things do you do to protect your partner from getting HIV? (for HIV-positive clients)
	Tell me about specific situations when you have reduced your HIV risk. What was going on that made that possible?
Can you always use clean works (i.e., needles, syringes, cottons, or cookers*) when you inject?	How risky are your sex/needle-sharing partners? For example, have they recently been tested for HIV?

* Cottons are filters used to draw up the drug solution. Cookers include bottle caps, spoons or other containers used to dissolve drugs.

Examples of Global Vs. Specific Risk-Reduction Steps

Global risk-reduction steps which are unlikely to be effective in changing behavior	Specific risk-reduction steps which are more likely to be effective in changing behavior
Always use condoms.	Buy a condom tomorrow and try it on. Carry a condom next time I go out (e.g., to the bar/nightclub). Starting today, put condoms on the night stand beside the bed. Starting tonight, require my partner to use a condom next time, or I will not have vaginal/anal sex.
Have fewer or less risky partners.	Stop seeing (specific partner) who is seeing other people. Break up with (specific partner) before getting together with someone new.
Have safer sex.	Talk honestly with (specific partner) about my HIV status and ask about his/her HIV status. Next time I'm out with friends and may have sex, avoid getting "high" on drugs or alcohol. Only kissing, etc., with (specific partner) until we both have an HIV test. Tomorrow, ask (specific partner) if he or she has had a recent HIV test and has been tested for other sexually transmitted diseases.
Stop injecting drugs.	Obtain clean works (i.e., needles, syringes, cottons, or cookers*) tomorrow so I have them before I use next time. Contact drug treatment center and make appointment.

* Cottons are filters used to draw up the drug solution. Cookers include bottle caps, spoons, or other containers used to dissolve drugs.

CLINIC DATA		Date:	ID #		
Name	_____	County	_____		
Address	_____	Phone #	_____		
City	_____	D.O.B.	_____		
ZIP Code	_____	A / C			
Risk Awareness		Last Date of Exposure:			
Knowledge Awareness: Have you ever been tested before? What have you heard about HIV? ...about how people can get HIV? ...about how people can avoid HIV?		Sex Types <small>Circle Appr. Answers</small>			
		# Partners last 12 months	Vaginal	Oral	
Significance to Self: What if this were to happen to you? ...how could it have happened? How would you feel if...?		# Partners last 3 months	Rectal	Same	
		Condom Use	<small>Circle Appr. Answers</small>	Never	Sometimes
Cost / Benefits Analysis: What's working for you with what you are doing now? What are you doing now that you would like to change? What is the hardest (most difficult) part of changing? What might be good about changing?		Risk Factors / History			
Capacity Building: What will be the most difficult part of this for you? How have you handled a similar situation in the past? What will you need to do differently? When will you do this? What words will you use?		Risk Reduction Plan			
Plan Process					
1. List steps client is willing to take to reduce risk. 2. Clarify cost and benefits of the plan and adjust as needed.					
Education / Prevention		Risk Reduction Strategies			
Materials Given:	#Pre	#Post	Try to limit number of partners		
Pamphlets			Ask current or future partner(s) to be tested (A partner who respects you will get tested)		
Spanish Literature			Use condoms (or at least try to increase the frequency of condom use.)		
Condoms			Get to know any future partner well before entering into a sexual relationship		
Female Condoms			Ask partners about sexual history (ex. Have you ever had a sexually transmitted disease?)		
Glydes			Avoid having sex when your judgment could be impaired. (ex. with use of alcohol or drugs)		
Wallet			Follow-Up Card Given	Y / N	
Lubes			Referral Made	Y / N	
Condom Demo			Retest Recommended	Y / N	Retest Date:



Ohio Department of Health
246 N. High Street
Columbus, Oh 43215

CONSENT FORM FOR HIV ANTIBODY TEST

What is HIV? The Human Immunodeficiency Virus (HIV) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).

How Do People Get HIV? People may be infected by:

1. Having sex with someone whom is HIV infected and not using a condom. Vaginal, anal and oral sex can spread HIV.
2. Sharing the same needle while using drugs with someone who is HIV infected.
3. Having a blood transfusion before 1985.
4. Being born to a mother who is infected with HIV.

How is an HIV Test Done? A sample of your blood or other body fluid is tested for antibodies. If the test is positive, more tests are done on the same sample to make sure the first test was right. If the other tests come back positive, you are considered to be infected.

What Does a Positive Test Mean? A positive test does NOT mean you have AIDS. It means that you have the virus that can lead to AIDS, which can take up to 10 years to develop. It also means you could pass the virus to someone else through sex or sharing needles. If your test is positive, you should:

- See a doctor to find out what medicines you can take to help keep you healthy.
- Talk with an expert about how to keep from passing the virus to others. The person who gives you the test can help you.
- Work with staff from the Ohio Department of Health to tell anyone you have sex or shared needles with that they need to get an HIV test. Your name will NOT be used.

What If The Test Is Negative? It means no antibodies to the virus were found. However, you may need to take another test if you have had unsafe sex or shared needles in the last three months. It can sometimes take as long as six months for antibodies to show up on a test.

You Have A Choice: You can choose NOT to take this test at any point during your clinic visit by simply leaving the clinic site. If you are in a hospital or other health care facility, you need to let someone know within one hour after blood is drawn that you have changed your mind.

- If you choose to take this test, you can take a confidential test. This means you may have a written copy of your results. This means your name is on the results. Your test results cannot be given to anyone unless you sign a paper giving consent. The law requires that positive HIV tests be reported to the Ohio Department of Health.
- If you do not want your name used, you can take an anonymous test. Your name is not used. Someone tells you the results, but no written results are given to you.

Please Ask Questions! If you have any questions about this test, please ask a doctor, a counselor or call the Ohio AIDS/HIV/STD Hotline at 1-800-332-AIDS (2437). The hotline is a free call.

I have read the above, or have had it read to me, and I agree to be tested for HIV.

Name _____

Date _____

Prepared under the authority of Ohio Revised Code 3701.242 (A) (3)



El Departamento de Salud de Ohio
246 N. High Street
Columbus, Oh 43215

PERMISO PARA TOMAR EL ANÁLISIS DEL VIH

¿Qué Es El VIH? El Virus de la Inmunodeficiencia Humana (VIH) es el virus que causa el SIDA (Síndrome de Inmunodeficiencia Adquirida).

¿Cómo Se Infecta La Gente Con El VIH?:

1. Teniendo relaciones sexuales sin un condón. El VIH se transmite a través del sexo vaginal, anal y oral.
2. Compartiendo la misma jeringa si usa drogas intravenosas.
3. Haber tenido una transfusión de sangre antes del 1985.
4. Haber nacido de una madre infectada con el VIH.

¿Cómo Se Hace El Análisis Del VIH? Se toma una muestra de sangre u otro líquido del cuerpo y se analiza para haber si u cuerpo ha producido anticuerpos contra el VIH. Si el análisis resulta positivo, se le hacen más exámenes a la misma muestra para confirmar el primer resultado. Si los siguientes exámenes resultan positivos también, usted es considerado infectado.

¿Qué Significa Un Análisis Positivo? Un análisis positivo NO significa que usted tiene el SIDA. Significa que usted tiene el virus que causa el SIDA, el cual puede tomar hasta 10 años para desarrollarse. También significa que usted puede pasar el virus a otra persona si tiene relaciones sexuales o comparte jeringas. Si su análisis resulta positivo, usted debe:

- Ver a un médico para determinar cuales medicinas puede mantenerlo saludable.
- Hablar con un experto sobre como puede prevenir la transmisión del virus a otras personas. La persona que le administra el análisis le puede ayudar.
- Coopere con el personal del Departamento de Salud de Ohio para avisar a cualquier persona con el cual usted a tenido relaciones sexuales o compartido jeringas para que se analizen también. NO usaremos su nombre.

¿Qué Significa Un Análisis Negativo? Esto significa que el análisis no detecto anticuerpos para el virus del VIH. Sin embargo, se recomienda otro análisis si usted tuvo relaciones sexuales sin protección o copartio jeringas en los últimos tres meses. Puede tomar hasta seis meses para que el análisis detecte los anticuerpos.

Usted Puede Esoger: Usted puede escoger NO analizarse en cualquier momento durante su visita en la clínica simplemente saliendo de la clínica. Si usted esta en un hospital o en otro sitio de salud, necesita decirle a alguien al menos una hora despues de que se le tomo la muestra de sangre que usted a cambiado su mente.

- Si escoge hacerse el análisis, usted puede tomar un análisis confidencial. Esto significa que le daran una copia de su resultado por escrito. En el resultado aparecerá su nombre. Su resultado no se le dará a nadie sin su permiso por escrito. La ley requiere que los análisis del VIH se reporten al Departamento de Salud de Ohio.
- Si no desea que usemos su nombre, usted puede tomar un análisis anónimo. Su nombre no aparecerá en el resultado. Alguien el dirá su resultado, pero no se le dará el resultado por escrito.

¡Por Favor Pregunte! Si tiene cualquier pregunta sobre este análisis, por favor hable con su médico, consejero o llame a la línea de información sobre el VIH/SIDA/Enfermedades Venéreas de Ohio al 1-800-332-AIDS (2437). La llamada es gratis.

He leído esta página o alguien me la leyó y estoy de acuerdo en hacerme el análisis del VIH.

Nombre _____

Fecha _____

Preparado bajo la autoridad de la ley de Ohio Revised Code 3701.242 (A) (3)

HIV SAMPLING SUBMISSION FORM
Ohio Department of Health – Bureau of Public Health Laboratories
8995 East Main Street Reynoldsburg, Ohio 43068

Unique Agency ID: _____ Site ID: _____ Phone: _____

Agency Name: _____

Address: _____

City: _____ County: _____ Zip: _____

INSTRUCTIONS:

- Prepare this sheet for each group of five or fewer samples.
- Insert the site information where the sample was collected on the top of this form.
- Place one HIV Test Form label for each sample drawn in the boxes noted. Fill in the date collected, the Specimen Type, and indicate if the sample was RAPID Test Reactive.
- Blood / serum samples and oral fluid samples from the same site need to be put on separate submission forms.
- For questions call Customer Service @ 888-ODH-Labs, option 2.

Specimen Type: (check one)

Blood / Serum

Oral Fluid

Check here if the sample is **RAPID** Test Reactive.

Place HIV Test Form label here and on sample

Bar Code label here
For ODH Lab use only

Sample Collection Date
____/____/____

Specimen Type: (check one)

Blood / Serum

Oral Fluid

Check here if the sample is **RAPID** Test Reactive.

Place HIV Test Form label here and on sample

Bar Code label here
For ODH Lab use only

Sample Collection Date
____/____/____

Specimen Type: (check one)

Blood / Serum

Oral Fluid

Check here if the sample is **RAPID** Test Reactive.

Place HIV Test Form label here and on sample

Bar Code label here
For ODH Lab use only

Sample Collection Date
____/____/____

Specimen Type: (check one)

Blood / Serum

Oral Fluid

Check here if the sample is **RAPID** Test Reactive.

Place HIV Test Form label here and on sample

Bar Code label here
For ODH Lab use only

Sample Collection Date
____/____/____

Specimen Type: (check one)

Blood / Serum

Oral Fluid

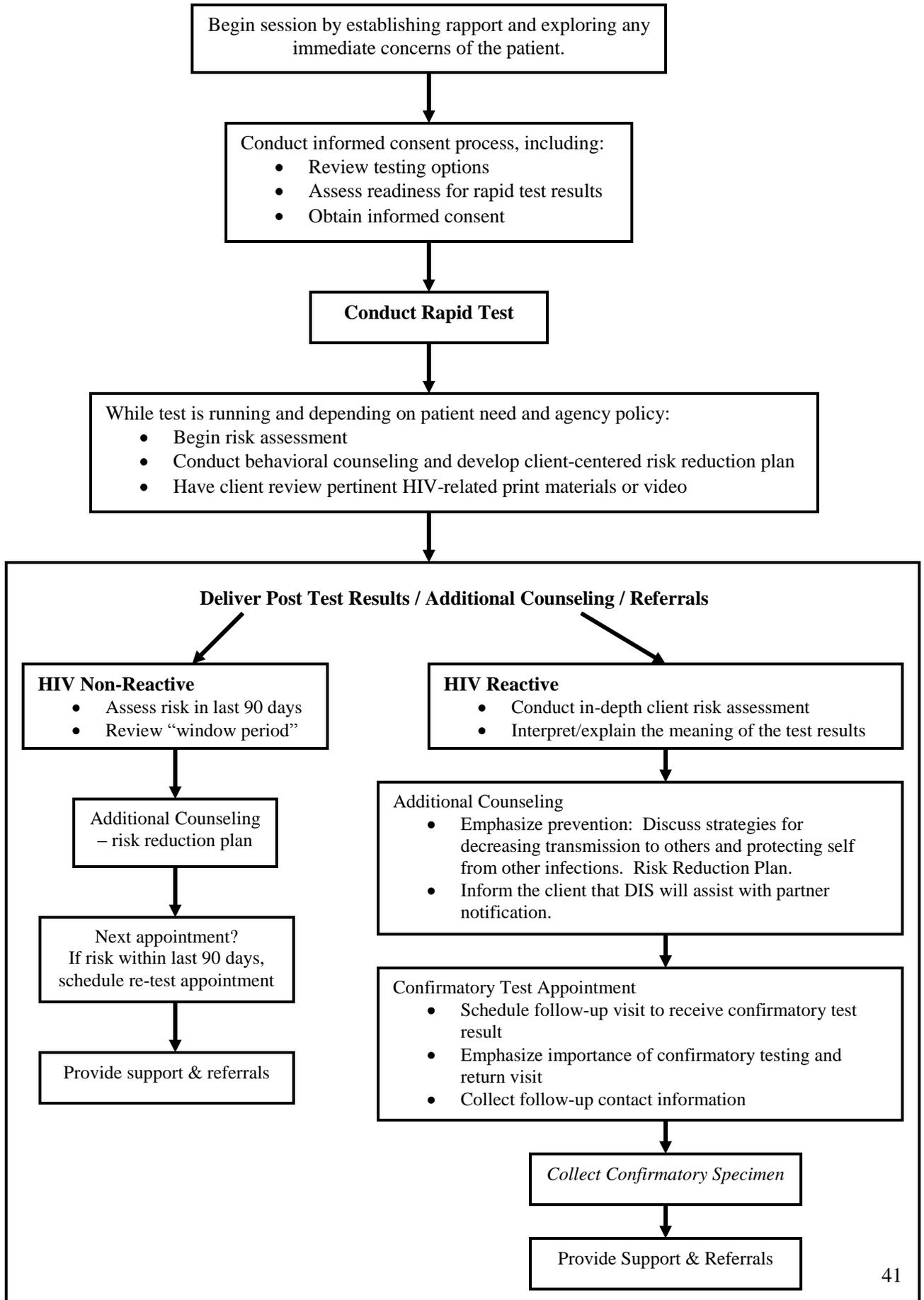
Check here if the sample is **RAPID** Test Reactive.

Place HIV Test Form label here and on sample

Bar Code label here
For ODH Lab use only

Sample Collection Date
____/____/____

SINGLE SESSION COUNSELING FLOWCHART



REFRIGERATOR TEMPERATURE LOG

The purpose of the Refrigerator Temperature Log is to document the temperature of the refrigerator used to store control and other specimens.

- Check and document refrigerator temperature each day.
- The temperature of the refrigerator should be maintained at 2°C to 8°C (35°F to 46°F).
- “Date” – write the date using numerical digits in the corresponding square.
- “Time” – write the time using military time notation (e.g., 0800, 1351).
- “Temperature” – write the temperature in the corresponding square as indicated on the thermometer inside the refrigerator.
- “Staff Initials” – write the initials of the staff member logging the temperature.
- If the refrigerator temperature is 1° to 2° outside of the acceptable range, adjust the refrigerator control accordingly and check the temperature again in one hour.
- If the refrigerator temperature is more than 2° outside of the acceptable range, discard the control specimens.

Reminder: All specimens, controls and tests should be stored in accordance with FDA approvals and package insert instructions.

Refrigerator Temperature Log

Acceptable Range: 2°C to 8°C or 35°F to 46°F

Location: _____

Month: _____

Date	Time	Temperature	Corrective Action/Comments	Staff Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Take immediate action if temperatures go outside of acceptable range. For questions or to report an out of range temperature call the Ohio Department of Health HIV Prevention Program at: 614-644-1838

Supervisor/Director Review _____

EXTERNAL CONTROL LOG

The purpose of the External Control Log is to document performance of external positive and negative control tests.

Test positive and negative control tests under the following circumstances:

- New testing personnel perform the test.
- Opening a new test kit lot.
- A new shipment of test kits is received.
- The temperature of the test storage area falls outside of 2°C to 27°C (35°F to 80°F).
- The temperature of the testing area falls outside of 15°C to 27°C (59°F to 80°F).
- At periodic intervals as determined by the test site manager.
- At new testing sites.

Document the control results and any corrective action taken when the results are not as expected. The director or supervisor should review on a monthly basis.

TEST RESULT LOG

It is critical to carefully document the test process and the results. This will allow for quality assurance, insuring accuracy of results, and tracking results.

Documentation of the test process includes:

- Client ID and test date
- Kit Lot # and expiration date
- Actual test “start” and “end” times
- Test result
- Internal control result
- The time the result is given to the client
- The tester or counselor initials
- Confirmatory testing
 - Tracking #
 - Specimen type (oral or blood)
 - Result
 - Date received
 - Date given to client

The purpose of the test result log is to document all associated information so that results can be tracked and errors are minimized.

Errors: Errors made by entering incorrect information or placing information in the wrong blank space should be corrected by drawing a single line through the mistake(s) and initialing the line in the margin. Do not scribble over errors or use whiteout to cover them up.

CONFIRMATORY SPECIMEN TRANSFER LOG

The purpose of the specimen transfer log is to track confirmatory specimen collection and shipping. Confirmatory results are logged on the test result log. This log assures that, if the lab reports no specimen arrived or cannot read specimen codes, there is a document to refer to. Specimen transfer logs can provide valuable information that can help minimize errors.

HIV RAPID TEST FALSE POSITIVE REPORT

Please use one form per false positive.

Return to:

Wendy Adams

Email: Wendy.Adams@odh.ohio.gov

FAX: 614-728-0876

Date: _____

Site AIDS Coordinator: _____

Phone number: _____

Name of site with false positive: _____

Testing device:

OraQuick Unigold Clearview

When did this site start rapid testing: Date ____/____/____

Contact person & phone number: _____ () _____

Counselor number: _____

Date of false positive: Date ____/____/____

What type of specimen collection: Oral Finger stick Whole blood

Date confirmatory was collected and type of collection:

- Oral Date ____/____/____
- Finger stick Date ____/____/____
- Whole blood Date ____/____/____

Lot # and expiration date:

Lot #: _____ **Expiration date** ____/____/____

Number of tests total, conducted from lot (broken out by month):

Month	Number of tests

Ohio Department of Health - HIV Prevention Program

Rapid Test Monthly Report

Due the 7th of every month



Return to:

Wendy Adams

Email: Wendy.Adams@odh.ohio.gov

FAX: 614-728-0876

Month		
Agency Name		
Agency Address		
Person completing the report		
Contact Phone Number		
<i>Previous Monthly Inventory</i>	OraQuick	Clearview
Received:		
Used:		
# of valid tests used this month		
# Positive		
# Negative		
# of tests used for controls		
# of invalid tests		
# of expired tests		
# of tests transferred to another site		
Current Test Inventory		

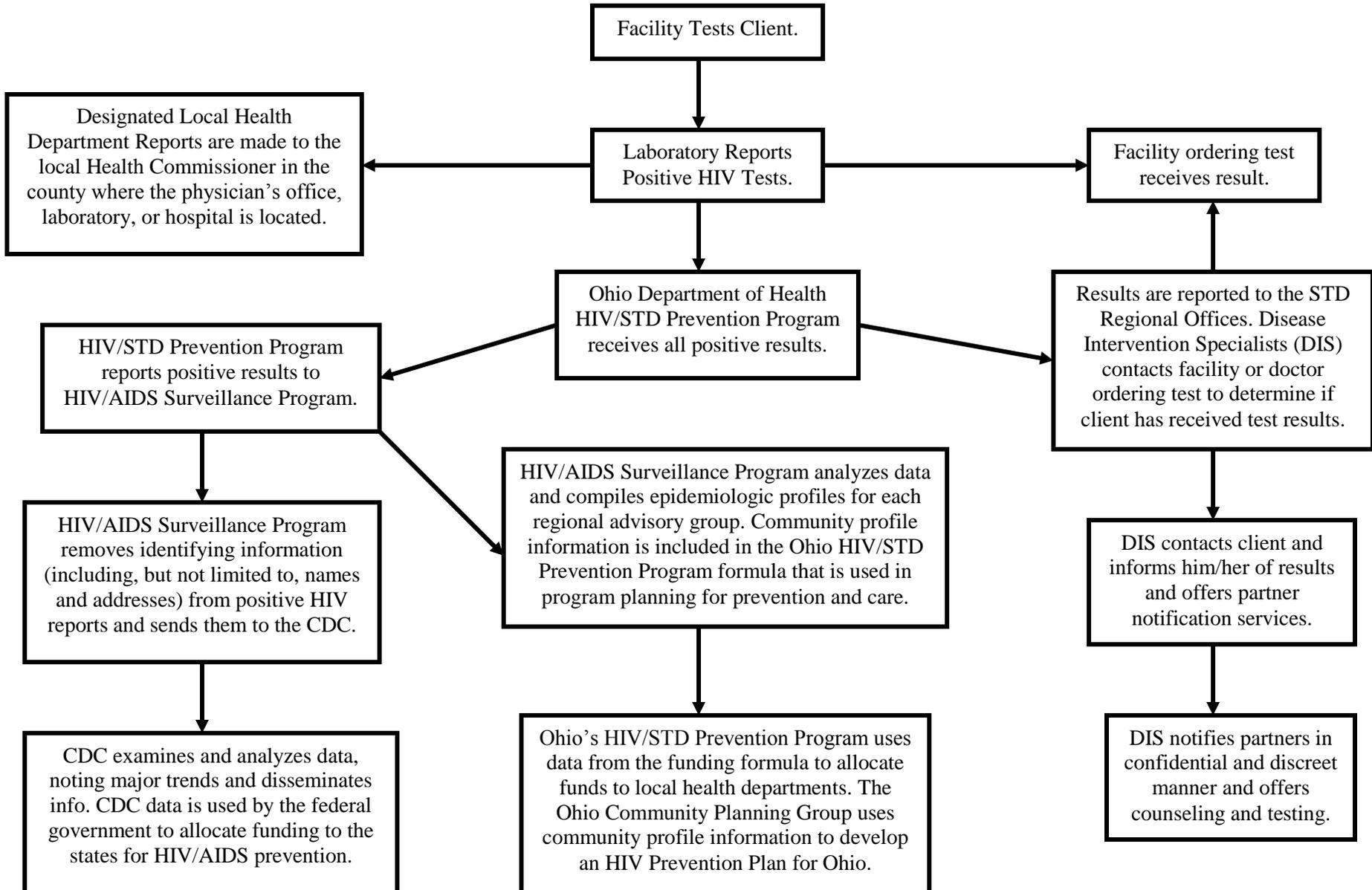
Comments:

Do you have any test kits that you cannot use that will expire in the next three months? Yes No

Rapid Test Monthly Report – example completion

Month			
Agency Name			
Agency Address			
Person completing the report			
Contact Phone Number			
<i>Previous Monthly Inventory</i>	OraQuick	Clearview	
	200	0	a
Received:	300	10	b
Used:			
# of valid tests used this month	50	1	c (c=pos + neg)
# Positive	2	0	
# Negative	48	1	
# of tests used for controls	2	1	d
# of invalid tests	0	0	e
# of expired tests	0	0	f
# of tests transferred to another site	25	0	g
Current Test Inventory	423	8	h = (a+b) - (c+d+e+f+g)

HIV CASE REPORTING



**HIV COUNSELING & TESTING
COUNSELOR OBSERVATION FEEDBACK FORM**

Counselor Name: _____

Counselor Testing #: _____

Testing Location: _____

Duration of Session: _____ min

Observer Name: _____

Date: _____

Excellent = 5 Good = 4 Satisfactory = 3 Fair = 2 Poor = 1 N/O = Not Observed

COMMUNICATION SKILLS						
1. Listened effectively (i.e. allowed client to speak and did not interrupt).	5	4	3	2	1	N/O
2. Used open-ended sentences.	5	4	3	2	1	N/O
3. Communicated information in a simple and clear manner.	5	4	3	2	1	N/O
4. Solicited client feedback (used paraphrasing, reflecting feelings, etc.).	5	4	3	2	1	N/O
5. Provided positive feedback (reinforcement) to the client.	5	4	3	2	1	N/O
6. Used appropriate non-verbal communication.	5	4	3	2	1	N/O
7. Clearly explained the difference between confidential and anonymous testing.	5	4	3	2	1	N/O
8. Discussed Hepatitis C and TB.	5	4	3	2	1	N/O
HIV-NEGATIVE / INDETERMINATE RESULT						
1. Assessed client's readiness to receive results.	5	4	3	2	1	N/O
2. Interpreted the results for the client.	5	4	3	2	1	N/O
3. Solicited feedback from the client to ensure that the client understood what the result means.	5	4	3	2	1	N/O
4. Attended to the client's feelings after the result was given.	5	4	3	2	1	N/O
5. Developed a risk reduction plan with the client.	5	4	3	2	1	N/O
6. Provided appropriate referrals to meet identified needs.	5	4	3	2	1	N/O
HIV-POSITIVE RESULT						
1. Assessed client's readiness to receive results.	5	4	3	2	1	N/O
2. Interpreted the results for the client.	5	4	3	2	1	N/O
3. Solicited feedback from the client to ensure that the client understood what the result means.	5	4	3	2	1	N/O
4. Attended to the client's feelings after the result was given.	5	4	3	2	1	N/O
5. Assessed client's immediate needs for medical, psychological, and social support.	5	4	3	2	1	N/O
6. Assessed client's access to meet these needs.	5	4	3	2	1	N/O
7. Provided appropriate referrals to meet identified needs.	5	4	3	2	1	N/O
8. If applicable, asked the client if he/she has plans to hurt himself/herself or another person.	5	4	3	2	1	N/O
9. Notified the Disease Intervention Specialist.	5	4	3	2	1	N/O

COMMENTS:

The above information was reviewed with me.

Signature of Counselor

Date

CONTENT OF A REFERRAL RESOURCE GUIDE

For each resource, the referral resource guide should specify the following:

- Name of the provider or agency
- Range of services provided
- Target population
- Service area(s)
- Contact names and telephone and fax numbers, street addresses, e-mail addresses
- Hours of operation
- Location
- Competence in providing services appropriate for the client's culture, language, gender, sexual orientation, age, and developmental level
- Cost for services and acceptable methods of payment
- Eligibility
- Application materials
- Admission policies and procedures
- Directions, transportation information, and accessibility to public transportation
- Client satisfaction with services

RESOURCES

Hotlines

- **CDC National AIDS Hotline**
(800) 342-2437 English
(800) 344-7432 Spanish
(800) 243-7889 TTY
- **OhioAIDS/HIV/STD Hotline**
(800) 332-AIDS
(800) 332-2437

Websites

- Centers for Disease Control & Prevention
www.cdc.gov
- AIDS.gov
www.aids.gov
- Ohio Department of Health
www.odh.ohio.gov
- Ohio AIDS Coalition
www.ohioaidscoalition.org

HIV Test Form Manual

2010



**Ohio Department of Health
HIV Prevention Program**

** Adapted from the Program Evaluation Branch in the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention.*

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GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT.** White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 in order to link a client's information.
 - Part 1 should be used for all testing events.
 - Part 2 should be used to record referral data on **confirmed HIV positive** clients.

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NUMBERS

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the rail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

Radio buttons

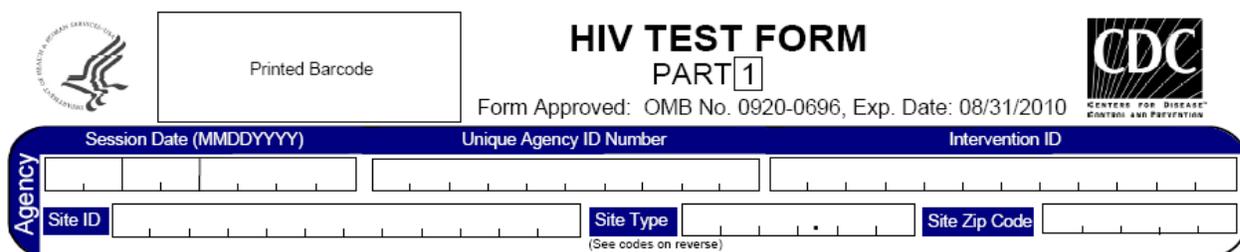
Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.

HIV TEST FORM

PART 1

AGENCY



The header section of the HIV Test Form Part 1 includes the following elements:

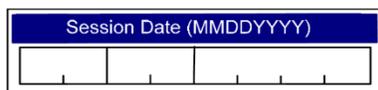
- Logos:** The logo for the Department of Health and Human Services (HHS) on the left and the CDC logo (Centers for Disease Control and Prevention) on the right.
- Printed Barcode:** A rectangular box labeled "Printed Barcode" is positioned above the form.
- Title:** "HIV TEST FORM PART 1" is centered in large, bold letters.
- Approval:** "Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010" is printed below the title.
- Form Fields:** A blue-bordered section contains the following fields:
 - Agency:** A vertical label on the left side of the blue section.
 - Session Date (MMDDYYYY):** A field with 10 input boxes.
 - Unique Agency ID Number:** A field with 10 input boxes.
 - Intervention ID:** A field with 10 input boxes.
 - Site ID:** A field with 10 input boxes.
 - Site Type:** A field with 10 input boxes, with a note "(See codes on reverse)" below it.
 - Site Zip Code:** A field with 10 input boxes.

Form ID

[Form ID will be pre-printed on Part 1]

“Form ID” Definition: A code or identification number used to uniquely identify and connect data collected on a standardized form for a given intervention. This unique number identifies the “testing event” for a particular client and links multiple tests that are components of that testing event. Part 1 of the HIV Test Form is pre-printed with this “Form ID.” That same “Form ID” can be found on labels on the back of Part 1. These labels can be used if a provider needs to link information from other parts of the HIV Test Form (e.g., Part 2) to Part 1 for a client.

Session Date (MMDDYYYY)



A form field for the Session Date (MMDDYYYY) with a blue header and 10 input boxes.

“Session Date” Definition: The date on which the session was delivered to the client.

Unique Agency Identification Number



A form field for the Unique Agency ID Number with a blue header and 10 input boxes.

“Unique Agency Identification Number” Definition: A PEMS-generated ID used to uniquely identify an agency. This number is located on the *Site and Counselor Spreadsheet*.

Intervention ID



A form field for the Intervention ID with a blue header and 10 input boxes.

“Intervention ID” Definition: A PEMS-generated ID used to uniquely identify an intervention. This number is located on the *Site and Counselor Spreadsheet*. Note: The Intervention ID number will be updated annually in PEMS, so this number will change every year.

Site ID

Site ID	<input type="text"/>
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“Site ID” Definition: The PEMS-generated code used to identify the location where an agency delivers HIV prevention services. This number is located on the *Site and Counselor Spreadsheet*.

Site Type

Site Type	<input type="text"/>
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“Site type” Definition: The setting in which HIV prevention services are provided. This number is located on the *Site and Counselor Spreadsheet*.

Site Zip Code

Site Zip Code	<input type="text"/>
---------------	----------------------

“Site Zip Code” Definition: The postal zip code associated with the testing site. This number is located on the *Site and Counselor Spreadsheet*.

CLIENT

Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code						
Client	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Don't know <input type="radio"/> Declined		Race — Check all that apply <input type="checkbox"/> American Ind./AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined		Current Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender – M2F <input type="radio"/> Transgender – F2M		Previous HIV Test? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Declined <input type="radio"/> Not asked	Self-Reported Result <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Negative <input type="radio"/> Don't know <input type="radio"/> Prelim. Pos. <input type="radio"/> Declined <input type="radio"/> Not asked Provide date of last test (MMYYYY) <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Client ID

Client ID
_ _ _ _ _ _ _ _ _

“Client ID” Definition: An PEMS-generated or locally generated client unique key used to distinguish an individual client receiving HIV prevention services within a particular agency. This key enables agencies to manage client-level data while protecting the client's confidentiality. The 10-digit number located under the bar code will be used as the Client ID.

Date of Birth (MMDDYYYY)

Date of Birth (MMDDYYYY)
_ _ _ _ _ _ _ _ _

“Date of Birth (MMDDYYYY)” Definition: The calendar date on which the client was born.

State, County, and Zip Code

State	County	Zip Code
_ _	_ _ _ _	_ _ _ _ _

“State” Definition: The state, territory, or district where the client was currently residing at the time of service delivery. Use the state abbreviation. For example, Ohio would be “OH”.

“County” Definition: The county, parish, or municipality of the client's locating address. Refer to the *County Codes* list in the Appendix.

“Zip Code” Definition: The postal zip code for the client's locating address. If a person lives in one state and drives to another, providers should record the address (“State,” “County,” and “ZIP”) where the client lives, not where he/she receives services.

Ethnicity

Ethnicity	
<input type="radio"/>	Hispanic or Latino
<input type="radio"/>	Not Hispanic or Latino
<input type="radio"/>	Don't know
<input type="radio"/>	Declined

“Ethnicity” Definition: The client's self-report of whether or not he/she is of Hispanic or Latino origin. Hispanic or Latino origin refers to a person who is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Not Hispanic or Latino:** A person who does not identify as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
- **Don't know:** The client reports that he/she is unaware of his/her ethnicity.
- **Declined:** The client declines or is unwilling to report his/her ethnicity.

Race

Race – Check all that apply	
<input type="checkbox"/>	American Ind./AK Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Native HI/Pac. Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Don't know
<input type="checkbox"/>	Declined

“Race” Definition: A client's self-reported classification of the biological heritage with which he/she most closely identifies. *Check all that apply.*

- **American Indian/Alaska Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black/African American:** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian/Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Don't know:** The client reports that he/she is unaware of his/her race.
- **Declined:** The client declines or is unwilling to report his/her race.

Current Gender

Current Gender	
<input type="radio"/>	Male
<input type="radio"/>	Female
<input type="radio"/>	Transgender – M2F
<input type="radio"/>	Transgender – F2M

“Current Gender” Definition: The client's current self-reported gender identity.

- **Male:** The behavioral, cultural, or psychological traits typically associated with the male sex.
- **Female:** The behavioral, cultural, or psychological traits typically associated with the female sex.
- **Transgender – M 2 F:** Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. Note: M 2 F = male to female.
- **Transgender – F 2 M:** Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. Note: F 2 M = female to male.

Previous HIV Test, Self-Reported HIV Test Result, and Date of Last Test (MMYYYY)

Previous HIV Test?	Self-Reported Result					
<input type="radio"/> Yes	<input type="radio"/> Positive	<input type="radio"/> Indeterminate				
<input type="radio"/> No	<input type="radio"/> Negative	<input type="radio"/> Don't know				
<input type="radio"/> Don't know	<input type="radio"/> Prelim. Pos.	<input type="radio"/> Declined				
<input type="radio"/> Declined	<input type="radio"/> Not asked					
<input type="radio"/> Not asked	Provide date of last test (MMYYYY)					
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					

“Previous HIV Test” Definition: The client's self-report of having had at least one prior HIV test before these data were collected.

- **Yes:** The client reports that he/she has had at least one previous HIV test.
- **No:** The client reports that he/she has never had an HIV test.
- **Don't know:** The client reports that he/she is unaware if he/she has had an HIV test.
- **Declined:** The client declines or is unwilling to report if he/she has had a previous HIV test.
- **Not asked:** The provider did not ask the client about having a previous HIV test.

If the client reports that he/she had a previous HIV test, then complete the “Self-Reported HIV Test Result” variable.

“Self-Reported HIV Test Result” Definition: The client's self-reported test result from his/her most recent HIV test.

- **Positive:** The client reports that his/her HIV serostatus is positive based on a confirmatory test result.
- **Negative:** The client reports that his/her HIV serostatus is negative.
- **Preliminary positive:** The client reports that he/she had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test.
- **Indeterminate:** The client reports that he/she received results but those results did not conclusively indicate whether he/she is HIV-positive or HIV-negative.
- **Don't know:** The client reports that he/she received an HIV test, but is unaware of his/her HIV serostatus.
- **Declined:** The client declines or is unwilling to report his/her HIV serostatus.
- **Not asked:** The provider did not ask the client about his/her HIV serostatus.

“Self-Reported HIV Test Result” cannot be left blank if the client reports having had at least one “Previous HIV Test” before the current testing event.

The "Previous HIV Test" variable refers to whether the client has had at least one prior HIV test. However, when asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the client's current HIV serostatus. Ensure that the client understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

Ensure that the client understands that “positive” means that he/she is HIV-infected based on a confirmatory test result and “negative” means that he/she is not HIV-infected based on the test result.

“Date of last test (MMYYYY)” Definition: The client's self-reported calendar date on which he or she remembers receiving the results from his or her last HIV test.

HIV TEST INFORMATION

HIV Test Information	Sample Date (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Worker ID	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 1	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 2	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other HIV TEST 3
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative <input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Date Provided (MMDDYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	
If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other	

Examples of scenarios in which multiple tests would be needed include:

- For a rapid test with valid results: Record the initial rapid test information in HIV Test 1 block of Part 1, and if needed record the confirmatory test information in HIV Test 2 block of Part 1.
- For a rapid test that has invalid results: Record the initial invalid rapid test information in the HIV Test 1 block, and the second rapid test information in the HIV Test 2 block. If a confirmatory test is necessary, this information will be recorded in the HIV Test 3 block.

Sample Date (MM/DD/YYYY)

Sample Date (MMDDYYYY)	<input type="text"/>
------------------------	----------------------

“Sample Date” Definition: The date on which the specimen for the HIV test was collected.

Worker ID

Worker ID	<input type="text"/>
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“Worker ID” Definition: A code used to uniquely identify a person who is delivering services to clients. Worker ID is the HIV testing number assigned to you. This number is located on the *Site and Counselor Spreadsheet*.

Test Election

Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing
---------------	---

“Test Election” Definition: An indication of whether the test is linked to a name or is anonymous.

- **Tested anonymously:** The HIV test was not linked to the client’s name.
- **Tested confidentially:** The HIV test was confidential.
- **Declined testing:** The client declined to take an HIV test. “Declined testing” should only be selected if the client refused testing, not if the provider determined that the client was not ready for testing.

Test Technology

Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other	<i>HIV TEST 1</i>
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“Test Technology” Definition: A description of the type of test or test method used to screen for HIV antibodies.

- **Conventional:** A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (enzyme-linked immunosorbant assay).
- **Rapid:** A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).
- **Other:** Additional testing technologies that are not considered conventional or rapid.

Specimen Type

Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine
---------------	--

“Specimen Type” Definition: The type of biological material or sample used to test for HIV antibodies.

- **Blood-finger stick:** Whole blood, plasma, or serum drawn with a needle from a finger tip.
- **Blood-venipuncture:** Whole blood, plasma, or serum drawn with a needle from a vein, usually in the forearm.
- **Blood Spot:** A drop of whole blood dried on blotting paper.
- **Oral mucosal transudate:** A cell sample taken with a mouth swab from the soft tissue lining the inside of the mouth and gums.
- **Urine:** The liquid product filtered from the blood by the kidneys.

Test Result

Test Result	<input type="radio"/> Positive/Reactive	<input type="radio"/> Indeterminate
	<input type="radio"/> NAAT-pos	<input type="radio"/> Invalid
	<input type="radio"/> Negative	<input type="radio"/> No result

“Test Result” Definition: The outcome of the current HIV test.

- **Positive / Reactive:** A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western Blot or other supplemental test indicating that the client is infected.
- **NAAT-positive:** A test result that is previously negative or indeterminate on an initial ELISA or Western Blot and is also reactive based on nucleic acid testing. NAAT stands for nucleic acid amplification testing. NAAT is a relatively new state-of-the-art technology used to detect acute HIV infection. The testing is based on the detection of viral nucleic acids rather than antibodies.
- **Negative:** A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.
- **Indeterminate:** A test result that has not been precisely determined. A possible result of a Western Blot, which might represent a recent HIV infection or a false positive.
- **Invalid:** A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport. Select “invalid” if you cannot confirm the result of a test because there are questions about the quality of the sample or something happened to the sample (e.g., contaminated, mislabeled).
- **No result:** No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins). Select “no result” if the sample was destroyed or disappeared (e.g., the sample was sent to the lab but now the lab cannot find it).

Results Provided, Date Provided (MMDDYYYY), and If Results Not Provided, why?

Result Provided	<input type="radio"/> Yes	<input type="radio"/> No
Date Provided (MMDDYYYY)	<input type="text"/>	
If results not provided, why?	<input type="radio"/> Declined notification <input type="radio"/> Did not return/Could not locate <input type="radio"/> Obtained results from another agency	

“Results Provided” Definition: The act of informing the client of his/her HIV test result.

If HIV test results were provided, then complete the “Date Provided” variable.

“Date Provided (MMDDYYYY)” Definition: The calendar month, day, and year in which the client's HIV test result was provided to the client.

If results were not provided, then complete the **“If results not provided, why?”** variable.

“If results not provided, why?” Definition: An explanation for why the HIV test result was not provided to the client.

- **Declined notification:** The client declined to accept notification of his/her HIV test result from the provider.
- **Did not return / Could not locate:** The client did not return for his/her HIV test result or could not be located to provide the test result.
- **Obtained results from another agency:** The client received his/her HIV test results from another agency.

If rapid reactive, did client provide confirmatory sample?

If rapid reactive, did client provide confirmatory sample?	<input type="radio"/> Yes <input type="radio"/> Client declined confirmatory test <input type="radio"/> Did not return/Could not locate <input type="radio"/> Referred to another agency <input type="radio"/> Other
--	--

“If rapid reactive, did client provide confirmatory sample?” Definition: An indication of whether the client provided another sample for confirmatory testing of a reactive result from a positive test.

- **Yes:** The client provided a sample for a confirmatory test.
- **Client declined confirmatory test:** The client declined to provide a sample for a confirmatory test.
- **Did not return/Could not locate:** The client did not return or could not be located to obtain a sample for a confirmatory test.
- **Referred to another agency:** The client was referred to another agency for the confirmatory test.
- **Other:** The client did not provide a sample for a confirmatory test for a reason other than those described above.

Response options for this variable are only selected if the client had a rapid HIV test and the HIV test result was positive/reactive. Otherwise, the provider should leave this variable blank.

RISK FACTORS

Risk Factors	Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors			
	<i>If client risk factor information was discussed, please mark all that apply:</i>			
	In past 12 months has client had: ...without using a condom? <input type="checkbox"/>		Injection Drug Use (IDU) <input type="checkbox"/>	
	Vaginal or Anal Sex <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/>		Has client used injection drugs in past 12 months? <input type="checkbox"/>	
With Male <input type="checkbox"/>	Oral Sex <input type="checkbox"/>	...with person who is MSM? (Female Only) <input type="checkbox"/>	if marked ↓	
With Female <input type="checkbox"/>	<input type="checkbox"/>	...with person who is HIV positive? <input type="checkbox"/>	Did client share drug injection equipment? <input type="checkbox"/>	
			Other Risk Factor(s) <input type="text"/> <input type="text"/> <small>(see codes on reverse)</small>	

Variables in the Client Risk Factors section are self-reported. Providers should not assume they know the answer.

When asking questions about past behavior or events, it is important to define the time period. The “Recall Period” is the period of time for clients to consider specific behaviors and events. The Recall Period required by the CDC is the last 12 months. Providers may be able to help clients with recall by identifying the specific months and/or seasons included in the recall period and identifying significant events (e.g., birthdays, holidays) that would provide some contextual cues for recall of risk.

Risk Factors

Risk Factors	Choose one if: <input type="radio"/> Client was not asked about risk factors <input type="radio"/> Client was asked, but no risk was identified <input type="radio"/> Client declined to discuss risk factors			
	<i>If client risk factor information was discussed, please mark all that apply:</i>			
	In past 12 months has client had: ...without using a condom? <input type="checkbox"/>		Injection Drug Use (IDU) <input type="checkbox"/>	
	Vaginal or Anal Sex <input type="checkbox"/> ...with person who is an IDU? <input type="checkbox"/>		Has client used injection drugs in past 12 months? <input type="checkbox"/>	
With Male <input type="checkbox"/>	Oral Sex <input type="checkbox"/>	...with person who is MSM? (Female Only) <input type="checkbox"/>	if marked ↓	
With Female <input type="checkbox"/>	<input type="checkbox"/>	...with person who is HIV positive? <input type="checkbox"/>	Did client share drug injection equipment? <input type="checkbox"/>	

“Risk Factors” Definition: A description of the risk factor(s) that placed the client at potential risk for HIV exposure and/or transmission. If no responses to risk factor information are provided, then select one of the following three value choices:

- **Client was not asked about risk factors:** The provider did not ask the client about his/her risk factors. (If marked, no risk factors can be selected.)
- **Client was asked, but no risk identified:** The client reports no risk factors that may have placed him/her at potential risk for HIV exposure and/or transmission. (If marked, no risk factors can be selected.)
- **Client declined to discuss risk factors:** The client declines or is unwilling to report his/her risk factors. (If marked, no risk factors can be selected.)

If the client is asked and reports sexual risk factors, select one or both of the following variables:

- **Sex (vaginal or anal) with male:** The client has had anal or vaginal intercourse (protected or unprotected) with a male in the past 12 months.
- **Sex (vaginal or anal) with female:** The client has had anal or vaginal intercourse (protected or unprotected) with a female in the past 12 months.

If the client reports having vaginal or anal sex with a male or female in the past 12 months, then the client should be asked to report any of the following additional risk factors:

- **Sex without using a condom:** The client has had sex with a person without using a condom.
- **Sex with person who is an IDU:** The client has had sex with a person who he/she knows to be an injection drug user (IDU).
- **Sex with person who is MSM:** The client is female and has had sex with a person who she knows has male to male sex.
- **Sex with person who is HIV positive:** The client has had sex with a person who he/she knows to be HIV positive.

The client may also report having oral sex with a male or female. Variables related to oral sex are not required by CDC but may be collected on the *HIV Test Form*.

- **Oral sex with male:** The client has had oral sex with a male.
- **Oral sex with female:** The client has had oral sex with a female.

In addition to sexual risk factors, variables related to risk for injection drug use are also collected.

- **Injection drug use (IDU):** The client has used injection drugs/substances (including narcotics, hormones, silicon, etc.) in the past 12 months.

If the client reports injection drug use, then the client should be asked to report whether he/she has shared drug injection equipment.

- **Did client share drug injection equipment:** The client has shared drug injection equipment

Other Risk Factors

Other Risk Factor(s)

(see codes on reverse)

“Other Risk Factors” Definition: If the client's risk factor(s) involve other sexual activities not printed on the *HIV Test Form*, there are additional codes on the back of Part 1 for risk factors that further describe the client's sexual risk for HIV exposure and/or transmission. For each additional client risk factor identified, indicate the risk characteristics that describe the client's risk for either being exposed to HIV or transmitting HIV with the code listed on the back of Part 1.

- **Code 01 - Exchange sex for drugs/money/or something they needed:** The client participated in sex events in exchange for drugs or money or something he/she needed.
- **Code 02 - While intoxicated and/or high on drugs:** The client used alcohol and/or illicit drugs before and/or during sex.
- **Code 05 - With person of unknown HIV status:** The client has had sex with a person whose HIV status is unknown to either the client or to the partner.
- **Code 06 - With person who exchanges sex for drugs/money:** The client has had sex with a person who exchanges sex for drugs/money.
- **Code 08 - With anonymous partner:** The client has had sex with a person whose identity was unknown to the client.
- **Code 09 - With person who has hemophilia or transfusion/transplant recipient:** The client has had sex with a person who has hemophilia or is a transfusion/transplant recipient.
- **Code 11 - Sex (vaginal or anal) with transgender:** The client has had anal or vaginal intercourse (protected or unprotected) with a transgender person.

SESSION ACTIVITY

Session Activity

Session Activity	
During this visit, was a risk reduction plan developed for the client?	<input type="radio"/> Yes <input type="radio"/> No
Other Session Activities (see codes on reverse)	
<input type="text"/>	<input type="text"/>

“Session Activity” Definition: The specific actions or components of an intervention in which the client participated or in which they received during this particular session.

“During this visit, was a risk reduction plan developed for the client?” Definition: To determine if a risk reduction plan was developed with the client to reduce the risk of HIV exposure and/or transmission.

- **Yes:** A risk reduction plan was developed with the client.
- **No:** A risk reduction plan was not developed with the client.

“Other Session Activities”: Refer to the list of “Other Session Activities” codes on the back of Part 1 and write the code in the text boxes. The complete list of activities is also included in the Appendix.

Local Use Fields

The diagram shows a blue header box labeled "Local Use Fields". Below it are two rows of input fields. The first row is labeled "L1" and the second row is labeled "L2". Each row contains a grid of 10 small rectangular boxes, representing individual data points for each field.

“Local Use Fields” Definition: These are fields that are available for any additional information that the local agency wants to capture.

L1 Question: Would you have been tested if your name was required?

- **Code 1 – Yes:** The client would have been tested if their name was required.
- **Code 2 – No:** The client would not have been tested if their name was required.

L2 Question: Hepatitis C Testing

- **If the client WAS referred for hepatitis C testing on this visit, choose the first response that applies from the list below.**
 - **Code 11:** History of injection drug use
 - **Code 12:** History of blood transfusion/organ transplant before July 1992
 - **Code 13:** History of *occupational* exposure to blood (ex. needle stick or blood splash)
 - **Code 14:** History of sex with a *known* HCV positive partner
 - **Code 15:** History of *non*-professional tattoo
 - **Code 16:** History of sharing straws when snorting drugs
 - **Code 17:** History of *non*-occupational exposure to blood (ex. fights, first aid to an injured person, etc.)
 - **Code 18:** HIV positive
- **If the client WAS NOT referred for hepatitis C testing on this visit, choose the response that applies from the list below.**
 - **Code 21:** No risk factors identified
 - **Code 22:** Client already knows he/she has hepatitis C

NOTE: If the client was referred for a hepatitis C test *AND* received a hepatitis C test on *THIS* visit, mark Code 12.03 (Other testing – Viral hepatitis) in one of the boxes under “Other Session Activities.”

CDC Use Fields

The diagram shows a blue header box labeled "CDC Use Fields". Below it are two rows of input fields. The first row is labeled "C1" and the second row is labeled "C2". Each row contains a grid of 10 small rectangular boxes, representing individual data points for each field.

“CDC Use Fields” Definition: These fields are placeholders for future CDC data needs and should not be used by the agency unless requested to do so by CDC. Currently, only the first CDC Use Field is defined.

“CDC Use Field 1” Definition: This field will be used to code whether each HIV test is conducted as part of a "Screening" or "Targeted Testing" strategy. This differentiation between testing strategies for data reporting is based on consultation with grantees and national partners and allows separate analyses of activities and results associated with each testing strategy. The coding is as follows:

- **Screening = "01"** – DO NOT use this code unless ODH instructs otherwise.
- **Targeted testing = "02"** – All testing sites in Ohio will use this code each time an HIV test is performed.

HIV TEST FORM

PART 2

In general, Part 2 of the *HIV Test Form* is used to document referral information on confirmed HIV positive clients.

REFERRALS

CDC requires the following information on confirmed positives

Was client referred to medical care? 7

Yes → If yes, did client attend the first appointment? Yes

No → If no, why? No

Client already in care

Client declined care

Was client referred to HIV Prevention services?

Yes

No

Was client referred to PCRS?

Yes

No

If female, is client pregnant?

Yes → If yes, in prenatal care? Yes

No No → If no, was client referred for prenatal care?

Don't know Don't know

Declined Declined → If yes, did client attend first prenatal care appointment?

Not asked Not asked No

Yes

No

Don't know

Was Client Referred to Medical Care?

Was client referred to medical care? 7

Yes → If yes, did client attend the first appointment? Yes

No → If no, why? No

Client already in care

Client declined care

“Was client referred to medical care?” Definition: Indicates whether a client was provided a referral to medical care during the testing session. Medical care includes medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

- **Yes:** The client was referred to medical care.
- **No:** The client was not referred to medical care.
- **“If yes, did client attend the first appointment?” Definition:** If client did receive a referral to medical care, indicate whether the client attended the first medical care appointment.
 - **Yes:** The referring agency has confirmed the client accessed the service to which he or she was referred.
 - **No:** The referring agency has confirmed that the client had not accessed the service to which he or she was referred.
 - **Don't Know:** The referring agency is unsure if the client accessed the service to which he or she was referred.
 - **“If no, why?” Definition:** If the response is **No**, indicate why client was not referred to medical care.
 - **Client already in care:** Client did not receive a referral for HIV medical care because he/she is already receiving medical care, evaluation, and treatment for HIV infection.
 - **Client declined care:** Client declined to receive written or oral referrals for HIV medical care services.

Was Client Referred to HIV Prevention Services?

Was client referred to HIV Prevention services?
<input type="radio"/> Yes
<input type="radio"/> No

“Was client referred to HIV prevention services?” Definition: Indicates whether a client was provided a referral to any HIV prevention service (or a combination of services), other than medical care and treatment, prenatal care, or PCRS. This includes services to address additional prevention service or treatment needs such as health education, individual counseling, and community level interventions (e.g., workshops, health fairs).

- **Yes:** Client was referred to one or more HIV prevention services.
- **No:** Client was not referred to one or more prevention services.

Was Client Referred to PCRS?

Was client referred to PCRS?
<input type="radio"/> Yes
<input type="radio"/> No

“Was client referred to PCRS?” Definition: Indicates whether a client was provided a referral to partner counseling and referral services (PCRS). This includes a range of services available to HIV-infected persons, their partners, and affected communities that involve informing current and past partners that a person who is HIV-infected has identified him/her as a sex or injection-drug-paraphernalia-sharing partner and advising him/her to have HIV counseling and testing. Notified partners, who may not have suspected their risk, can then choose whether to be tested for HIV, enabling those who test HIV-positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.

- **Yes:** Client was referred to one or more HIV prevention services.
- **No:** Client was not referred to one or more prevention services.

If Female, is Client Pregnant?

If female, is client pregnant?				
<input type="radio"/> Yes	→	If yes, in prenatal care?		
<input type="radio"/> No		<input type="radio"/> Yes		
<input type="radio"/> Don't know		<input type="radio"/> No	→	
<input type="radio"/> Declined		<input type="radio"/> Don't know	If no, was client referred for prenatal care?	
<input type="radio"/> Not asked		<input type="radio"/> Declined	<input type="radio"/> Yes	→
		<input type="radio"/> Not asked	<input type="radio"/> No	If yes, did client attend first prenatal care appointment?
				<input type="radio"/> Yes
				<input type="radio"/> No
				<input type="radio"/> Don't know

“If female, is client pregnant?” Definition: Indicates the self-reported pregnancy status of female clients.

- **Yes:** The client reports she is pregnant.
- **No:** The client reports she is not pregnant.
- **Don't know:** The client reports that she is unaware if she is currently pregnant.
- **Not asked:** The provider did not ask the client if she was currently pregnant.
- **Declined:** The client declines or is unwilling to report if she is currently pregnant.

“If yes, in prenatal care?” Definition: Self-reported status of the pregnant client's receipt of regular health care during pregnancy.

- **Yes:** The client reports she is currently receiving prenatal care.
- **No:** The client reports she is not currently receiving prenatal care.
- **Don't know:** The client reports that she is unaware if she is currently receiving prenatal care.
- **Not asked:** The provider did not ask the client if she was currently receiving prenatal care.
- **Declined:** The client declines or is unwilling to report if she is currently receiving prenatal care.

“If no, was client referred for prenatal care?” Definition: For each HIV positive female client who is pregnant and not in prenatal care, was client referred to prenatal care to monitor the health of the pregnant mother and fetus.

- **Yes:** The client was referred to prenatal care.
- **No:** The client was not reported to prenatal care.

“If yes, did client attend first prenatal care appointment?” Definition: If client did receive a referral for prenatal care, indicate whether she attended the first appointment.

- **Yes:** The referring agency has confirmed client that the client attended the first prenatal care appointment.
- **No:** The referring agency confirmed that the client did not attend first prenatal care appointment.
- **Don't know:** The referring agency was not able to confirm whether or not the client attended the first prenatal care appointment.

Local Use Fields and CDC Use Fields

Local Use Fields		
L3	L8	L13
L4	L9	L14
L5	L10	L15
L6	L11	L16
L7	L12	L17

CDC Use Fields	
C3	C6
C4	C7
C5	C8

“Local Use and CDC Use Fields” Definition: The Local and CDC Use Fields on Part 2 are currently undefined. They are placeholders for future Local and CDC data needs and should not be used by the agency unless requested to do so by CDC.

Notes

Notes (Print Only)

The “Notes” section is for hardcopy files only. Information documented here will not be saved in the database.

APPENDIX



Printed Barcode

HIV TEST FORM PART 1



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

Agency	Session Date (MMDDYYYY)			Unique Agency ID Number			Intervention ID		
	Site ID			Site Type			Site Zip Code		

Client	Client ID		Date of Birth (MMDDYYYY)		State	County	Zip Code
	Ethnicity		Race - Check all that apply		Current Gender		Previous HIV Test?

HIV Test Information	Sample Date (MMDDYYYY)								
	Worker ID								
	Test Election	<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing		<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing		<input type="radio"/> Tested anonymously <input type="radio"/> Tested confidentially <input type="radio"/> Declined testing			
	Test Technology	<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other		<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other		<input type="radio"/> Conventional <input type="radio"/> Rapid <input type="radio"/> Other			
	Specimen Type	<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine		<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine		<input type="radio"/> Blood: finger stick <input type="radio"/> Blood: venipuncture <input type="radio"/> Blood spot <input type="radio"/> Oral mucosal transudate <input type="radio"/> Urine			
	Test Result	<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative		<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result		<input type="radio"/> Positive/Reactive <input type="radio"/> NAAT-pos <input type="radio"/> Negative		<input type="radio"/> Indeterminate <input type="radio"/> Invalid <input type="radio"/> No result	
	Result Provided	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No			
	Date Provided (MMDDYYYY)								

Choose one if: Client was not asked about risk factors Client was asked, but no risk was identified Client declined to discuss risk factors

If client risk factor information was discussed, please mark all that apply:

In past 12 months has client had:	...without using a condom?	<input type="checkbox"/>	Injection Drug Use (IDU)	Has client used injection drugs in past 12 months?	<input type="checkbox"/>	Other Risk Factor(s)	
Vaginal or Anal Sex	Oral Sex	...with person who is an IDU?					
With Male	<input type="checkbox"/>	...with person who is MSM? (Female Only)					
With Female	<input type="checkbox"/>	...with person who is HIV positive?		Did client share drug injection equipment?	<input type="checkbox"/>		(see codes on reverse)

Session Activity During this visit, was a risk reduction plan developed for the client? <input type="radio"/> Yes <input type="radio"/> No Other Session Activities (see codes on reverse)	Local Use Fields L1 L2	CDC Use Fields C1 C2
---	-------------------------------------	-----------------------------------

Public reporting burden of this collection of information is estimated to average 9 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan YELLOW COPY = Record Keeping CDC 50.135a (E), 10/2007



Place Barcode Sticker Here

HIV TEST FORM

PART 2

Form Approved: OMB No. 0920-0696, Exp. Date 08/31/2010



CDC requires the following information on **confirmed positives**

Referrals

Was client referred to medical care?

L

Yes

If yes, did client attend the first appointment?

Yes

No

Don't know

No

If no, why?

Client already in care

Client declined care

7

Was client referred to HIV Prevention services?

Yes

No

Was client referred to PCRS?

Yes

No

7

If female, is client pregnant?

Yes

No

Don't know

Declined

Not asked

If yes, in prenatal care?

Yes

No

Don't know

Declined

Not asked

If no, was client referred for prenatal care?

Yes

No

If yes, did client attend first prenatal care appointment?

Yes

No

Don't know

Local Use Fields

L3

L4

L5

L6

L7

L8

L9

L10

L11

L12

L13

L14

L15

L16

L17

CDC Use Fields

C3

C4

C5

C6

C7

C8

Notes (Print Only)

Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR, Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-0696.

WHITE COPY = Scan

YELLOW COPY = Record Keeping

CDC 50.135b (E), 10/2007

Ohio County Codes

CODE NAME -----	CODE NAME -----	CODE NAME -----
001 Adams	061 Hamilton	121 Noble
003 Allen	063 Hancock	123 Ottawa
005 Ashland	065 Hardin	125 Paulding
007 Ashtabula	067 Harrison	127 Perry
009 Athens	069 Henry	129 Pickaway
011 Auglaize	071 Highland	131 Pike
013 Belmont	073 Hocking	133 Portage
015 Brown	075 Holmes	135 Preble
017 Butler	077 Huron	137 Putnam
019 Carroll	079 Jackson	139 Richland
021 Champaign	081 Jefferson	141 Ross
023 Clark	083 Knox	143 Sandusky
025 Clermont	085 Lake	145 Scioto
027 Clinton	087 Lawrence	147 Seneca
029 Columbiana	089 Licking	149 Shelby
031 Coshocton	091 Logan	151 Stark
033 Crawford	093 Lorain	153 Summit
035 Cuyahoga	095 Lucas	155 Trumbull
037 Darke	097 Madison	157 Tuscarawas
039 Defiance	099 Mahoning	159 Union
041 Delaware	101 Marion	161 Van Wert
043 Erie	103 Medina	163 Vinton
045 Fairfield	105 Meigs	165 Warren
047 Fayette	107 Mercer	167 Washington
049 Franklin	109 Miami	169 Wayne
051 Fulton	111 Monroe	171 Williams
053 Gallia	113 Montgomery	173 Wood
055 Geauga	115 Morgan	175 Wyandot
057 Greene	117 Morrow	
059 Guernsey	119 Muskingum	

The National Institute of Standards and Technology (NIST) maintains a web site of FIPS codes for U.S. counties at: <http://www.itl.nist.gov/fipspubs/co-codes/states.htm>

Session Activities

Code	Name / Description
04.00	Referral: A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with information and assistance in identifying and accessing specific services(such as setting up appointments and providing transportation).
08.01	Information - HIV/AIDS transmission: Any general information, written or verbal, given to an individual on HIV/AIDS.
08.02	Information - Abstinence/postpone sex: Any information, written or verbal, given to an individual on abstaining from sexual activity or postponing sexual activity.
08.03	Information - Other STD: Any information, written or verbal, given to an individual on STDs (other than HIV or viral hepatitis), how it is transmitted, how to reduce risk for transmission or infection, or treatment options.
08.04	Information - Viral hepatitis: Any information on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
08.05	Information - Availability of HIV/STD counseling and testing: Any information, written or verbal, given to an individual about where and how to access HIV-related CTR or STD counseling and testing. This includes referral lists that only list CTR and/or STD counseling and testing sites.
08.06	Information - Availability of partner notification and referral services: Any information, written or verbal, given to an individual about where and how to access partner notification services.
08.07	Information - Living with HIV/AIDS: Any information, written or verbal, given to an individual living with HIV/AIDS specific to living with the disease.
08.08	Information - Availability of social services: Any information, written or verbal, given to an individual about how and where to access social services.
08.09	Information - Availability of medical services: Any information, written or verbal, given to an individual about how and where to access HIV medical services.
08.10	Information - Sexual risk reduction: Any information, written or verbal, given to an individual on how to reduce sexual risk for HIV transmission or infection.
08.11	Information - IDU risk reduction: Any information, written or verbal, given to an individual on how to reduce injection drug use risk for HIV transmission or infection.
08.12	Information - IDU risk free behavior: Any information, written or verbal given to an individual on abstaining from injection drug use or only using new needles and disposing of them appropriately.
08.13	Information - Condom / barrier use: Any information, written or verbal, given to an individual regarding appropriate use and disposal of condoms or other barrier methods.
08.14	Information - Negotiation/Communication: Any information, written or verbal, given to an individual regarding communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing).
08.15	Information - Decision making: Any information, written or verbal, given to an individual regarding the steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
08.16	Information - Disclosure of HIV status: Any information, written or verbal, given to an individual regarding disclosure of their HIV status, applicable laws, accompanying ramifications, and options regarding non-disclosure.
08.17	Information - Providing prevention services: Any information, written or verbal, given to an individual on how to communicate prevention messages and/or demonstrate risk reduction skills with others.
08.18	Information - HIV testing: Any information, written or verbal, given to an individual regarding HIV testing including explanation of the testing process and meaning of results, behavioral risks for infection, and importance of knowing their status.
08.19	Information - Partner notification: Any information, written or verbal, given to an individual regarding the notification of partners of possible exposure to HIV and accompanying ramifications, behaviors associated with possible exposure, and consideration of alternatives or information on how to notify partners regarding possible exposure.
08.20	Information - HIV medication therapy adherence: Any information, written or verbal, given to an individual regarding HIV medication therapy, benefits and risk, medical therapy alternatives, and importance of adhering to medication therapy for HIV.

Code	Name / Description
08.21	Information - Alcohol and drug use prevention: Any information, written or verbal, given to an individual on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk behavior, including strategies to avoid or abstain from use.
08.22	Information - Sexual Health: Any information, written or verbal, given to an individual on reproductive health, sexuality, sexual development, and similar topics.
08.23	Information - TB Testing: Any information on TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
09.01	Demonstration - Condom/barrier use: Provider or participant demonstration (using a teaching tool) of appropriate use and disposal of condoms or other barrier methods.
09.02	Demonstration - IDU risk reduction: Provider or participant demonstration of how to safely dispose of syringes or how to use bleach kits to clean works.
09.03	Demonstration - Negotiation/communication: Provider or participant demonstration of how to communicate desire for safer practices and how to negotiate safer practices with partners (sexual and needle sharing).
09.04	Demonstration - Decision making: Provider or participant demonstration of steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
09.05	Demonstration - Disclosure of HIV status: Provider or participant demonstration of techniques to disclose seropositive status or discuss issues relevant to disclosure.
09.06	Demonstration - Providing prevention services: Provider or participant demonstration of how to communicate prevention messages or demonstrate risk reduction skills with others.
09.07	Demonstration – Partner Notification: Provider or participant demonstration of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.
10.01	Practice - Condom/barrier use: Participant practice (using a teaching tool) of appropriate condom and/or barrier use and disposal during the intervention session.
10.02	Practice - IDU risk reduction: Participant practice of safe needle use and disposal including the use of bleach kits to clean works during the intervention session(s).
10.03	Practice - Negotiation/Communication: Participant practice communication of desire for safer practices and negotiation of safer practices with partners (sexual and needle sharing) during the intervention session(s).
10.04	Practice - Decision making: Participant practice using steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
10.05	Practice - Disclosure of HIV status: Participant practice of techniques to disclose seropositive status or discuss issues relevant to disclosure.
10.06	Practice - Providing prevention services: Participant practice communication of prevention messages and/or demonstration of risk reduction skills with others during intervention session(s).
10.07	Practice - Partner notification: Participant practice of how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.
11.01	Discussion - Sexual risk reduction: Facilitation of discussion with an individual involving examination of sexual risk behaviors (self or others) and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to reduce sexual risk.
11.02	Discussion - IDU risk reduction: Facilitation of discussion with an individual involving examination of IDU risk and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to reduce IDU risk.
11.03	Discussion - HIV testing: Facilitation of discussion with an individual regarding HIV testing including explanation of the testing process and meaning of results, discussion of behavioral risks for infection, examination of attitudes and feelings about his/her risks, consideration of alternatives, and decision making to know his/her status and reduce HIV transmission risk.
11.04	Discussion - Other STD: Facilitation of discussion with an individuals regarding sexually transmitted diseases (other than HIV), involving an examination of behavioral risks and accompanying ramifications, examination of attitudes and feelings about his/her risks, consideration of alternatives, treatment alternatives, and decision making to reduce behavioral risk for other sexually transmitted diseases and/or seek treatment.
11.05	Discussion - Disclosure of HIV status: Facilitation of discussion with an individual regarding techniques to disclose seropositive status or discuss issues relevant to disclosure.

Code	Name / Description
11.06	Discussion - Partner notification: Facilitation of discussion with an individual regarding how to notify partners regarding possible exposure to HIV or how to discuss issues relevant to partner notification.
11.07	Discussion - HIV medication therapy adherence: Facilitation of discussion with an individual regarding HIV medication therapy and accompanying ramifications, examination of attitudes and feelings about HIV medication therapy, discussion of medical therapy alternatives, and decision making to begin and adhere to medication therapy for HIV.
11.08	Discussion - Abstinence / postpone sex: Facilitation of discussion with an individual on abstaining from sexual activity or postponing the initiation of sexual activity and accompanying ramifications including an examination of risks associated with sexual activities, discussion of alternatives, and decision making to abstain or postpone sexual activity.
11.09	Discussion - IDU risk free behavior: Facilitation of discussion with an individual on abstaining from injection drug use or only using new needles and disposing appropriately.
11.10	Discussion - HIV/AIDS transmission: Facilitation of discussion with an individual on HIV/AIDS and how HIV is transmitted.
11.11	Discussion - Viral hepatitis: Facilitation of discussion with an individual on viral hepatitis, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
11.12	Discussion - Living with HIV/AIDS: Facilitation of discussion with an individual on living with HIV/AIDS and ramifications of living with HIV/AIDS, examination of attitudes and feelings about living with the disease.
11.13	Discussion - Availability of HIV/STD counseling and testing: Facilitation of discussion with an individual on where and how to access HIV-related CTR or STD counseling and testing and may include the importance of knowing your status.
11.14	Discussion - Availability of partner notification and referral services: Facilitation of discussion with an individual on where and how to access partner notification services.
11.15	Discussion - Availability of social services: Facilitation of discussion with an individual on how and where to access social services.
11.16	Discussion - Availability of medical services: Facilitation of discussion with an individual on how and where to access HIV medical care. Discussion may include options regarding available services.
11.17	Discussion - Condom/barrier use: Facilitation of discussion with an individual on the appropriate use and disposal of condoms or other barrier methods and accompanying ramifications, examination of attitudes and feelings about condom use, and decision making regarding use of condoms/barriers.
11.18	Discussion - Negotiation/communication: Facilitation of discussion with an individual on communication of desire for safer practices and negotiating safer practices with partners (sexual and needle sharing), including discussion of accompanying ramifications, examination of attitudes and feeling, and decision making regarding communicating and negotiating safer practices.
11.19	Discussion - Decision making: Facilitation of discussion with an individual on steps and techniques needed for reassessing, planning, and using judgment to avoid situations that may expose him/her to HIV infection or transmission risk and/or decision to engage in a risk behavior.
11.20	Discussion - Providing prevention services: Facilitation of discussion with an individual on communicating prevention message and/or demonstrating risk reduction skills with others.
11.21	Discussion - Alcohol and drug use prevention: Facilitation of discussion with an individual on the negative effects and consequences of alcohol and drug use and its relationship to HIV transmission or infection risk including strategies to avoid or abstain from use.
11.22	Discussion - Sexual health: Facilitation of discussion with an individual on reproductive health, sexuality, sexual development, and similar topics.
11.23	Discussion - TB Testing: Facilitation of discussion with an individual about TB, how it is transmitted, and/or how to reduce risk for transmission or infection, or treatment options.
12.01	Other Testing - Pregnancy: Provision of testing to determine pregnancy.
12.02	Other Testing - STD: Provision of testing to determine infection with a sexually transmitted disease other than HIV or Viral Hepatitis.
12.03	Other Testing - Viral hepatitis: Provision of testing to determine infection with viral hepatitis.
12.04	Other Testing - TB: Provision of testing to determine infection with TB.
13.01	Distribution - Male condoms: Provision of male condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.
13.02	Distribution - Female condoms: Provision of female condoms by handing them out or placing them in a location to be accessed by consumers at no cost to the consumer.

Code	Name / Description
13.03	Distribution - Safe sex kits: Provision of packages that minimally contain a condom (male or female), lubricant, and instruction for proper use at no cost to the consumer.
13.04	Distribution - Safer injection/bleach kits: Provision of packages that minimally contain a small bottle of bleach and needle cleaning instructions. Packages may include bottle caps for cookers, cotton, alcohol wipes, and bottles of water for rinsing needles at no cost to the consumer.
13.05	Distribution - Lubricants: Provision of water-based lubricants at no cost to the consumer as part of HIV prevention activities.
13.06	Distribution - Education materials: Provision of printed materials designed to be learning or teaching aids by handing them out, placing in a location to be accessed by consumers, or electronic dissemination at no cost to the consumer.
13.07	Distribution - Referral lists: Provision of lists of specific organizations that provide a specific set of HIV prevention, care, or support services with contact information. The agencies listed are known by the provider to be reliable sources for those services based on provider knowledge and experience. Lists may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.
13.08	Distribution - Role model stories: Provision stories of individuals who have changed their behaviors or plan to change their behaviors to reduce their risk for HIV transmission or infection. Stories may be disseminated by handing them out, placing them in a location to be accessed by the consumer, or emailed to consumers.