HIV Pre-test Counselling

These notes are intended to be used in conjunction with the video **HIV pre-test counselling.** The guidance is presented in a series of cards which highlight the key issues. The information is mainly drawn from the National AIDS Manual (NAM) AIDS Reference Manual (1). Users are strongly advised to read the relevant sections of this manual for more detailed information.

The video is primarily aimed at professionals who have limited experience of undertaking pre-test counselling or where testing is secondary to other aspects of their work (as usually happens at the primary health care level). When risk factors are negligible, pre-test counselling should present few difficulties and should not be too time-consuming. The overall package can be used either individually as a stand-alone resource or as part of structured training. The video is principally designed to highlight the *issues* which need to be addressed in pre-test counselling, rather than specific counselling *skills* or *models (a* video-training package - *Counselling & Sexuality* - is available for those wishing to learn more about counselling skills and techniques **- see resource list**.)

There are several key issues which always have to be addressed in pre-test counselling. These issues are flagged at different stages in the acted scenarios in the video. However, it is essential that clients are recognised as *individuals* and that counselling is sufficiently flexible to meet individual needs and expectations.

The package should address most of the questions and concerns which are likely to arise in pre-test counselling. However factual information about HIV and AIDS is constantly evolving so it is important that knowledge is continually updated.

Peter Gordon
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Guide to using the Pre-test Counselling Programme

Presenter's Introduction

It is important to gain the client's informed consent before testing for HIV. *Implied consents* not adequate: legally and ethically, the client's express permission for a blood sample to be taken and tested for HIV antibodies must be obtained. This entails compliance with five basic principles:

- Counselling and test results should be kept confidential
- The client must fully understand what the test involves
- The client must be given sufficient information to make an informed decision
- The client must fully understand the implications to themselves and their partner(s) if the result proves positive
- The pre-test counselling process must try to reduce unnecessary anxiety.

Scene 1 - Janet and Midwife *(starts 2min 27sec)*

As part of ante-natal care, women are increasingly being offered the option of an HIV test. This scene shows part of a session between a midwife and Janet (a pregnant woman) who is anxious about her forthcoming baby.

Issues highlighted in this scene are:

- Special needs and concerns
- Risk assessment
- Reducing anxiety

Presenter's resume

- The risk assessment process showed a low probability of Janet proving HIV positive if tested
- The midwife used the risk assessment process and its outcome to help reduce Janet's anxiety but without denying her the final choice to be tested
- In other cases where risk factors are higher, it may be beneficial to explain some of the options available to reduce HIV transmission to an unborn baby

Scene 2 - David Warren and GP *(starts 8min 12sec)*

David Warren is a businessman undergoing a routine health insurance medical by his GP. He has travelled widely abroad where HIV is prevalent and has had unprotected sex.

Issues highlighted in this scene are:

- Confidentiality
- Insurance and mortgages
- The difference between HIV and AIDS
- What the HIV test can and cannot tell

Presenter's resume

- Silent pauses allow the client time to ask questions and to reflect on what has been said
- GPs take different stances regarding confidentiality and conducting HIV pre-test counselling 'off-the-record'
- Clients should be informed of the GP's position regarding confidentiality

Scene 3 - Carla and drug counsellor *(starts 15min 18sec)*

Caria, a former drug user, makes an impromptu visit to see a drug counsellor and asks for an HIV test to get a *clean bill of health.*

Issues highlighted in this scene are:

- Facing special needs and concerns
- Pros and cons of testing
- Safer sex

Presenter's resume

- Carla is currently drug-free, settled, in a stable relationship and practising safer sex
- The counsellor wants her to stay this way and, if tested, to take time to think about the implications of a possible positive result
- The counsellor encourages her to make another appointment when there will be more time to discuss it

Scene 4 - Clifton and health adviser

(starts 23min 37sec)

Clifton is a client with symptoms of HIV. An HIV test result is likely to prove positive. Counselling of this kind is time-consuming and requires highly specialised skills and knowledge.

Issues highlighted in this scene are:

- Coping with a positive result
- Talking about sex
- Post-test issues
- Limitation of psychological damage

Presenter's resume

Even in the case of a life-threatening illness, clients must j always be

encouraged to make their own choices and regain some control of their own lives. The degree of likely support must be ascertained at the pre-test stage in the event of a likely positive result.

Presenter's summary

- The purpose of HIV pre-test counselling is to enable people to make informed choices
- Clients can be referred to other medical or specialised agencies where necessary
- HIV pre-test counselling is straightforward in the vast majority of cases (with appropriate training)
- HIV pre-test counselling can be a rewarding and worthwhile experience

The Difference between HIV and AIDS

- **HIV stands for Human Immunodeficiency Virus -**
  a retrovirus which weakens the immune system by infecting key cells (CD4 cells) which co-ordinate the immune system's response to infection, thereby compromising the body's ability to defend itself.

- **AIDS** stands for **Acquired Immune Deficiency Syndrome** and is diagnosed by the presence of HIV together with one of the "AIDS-defining" opportunistic infections resulting from damage to the immune system caused by HIV. While people can live with a diagnosis of AIDS for many years, it is nonetheless usually fatal.

- The specific infections and tumours which together comprise the syndrome (for example pneumocystis carinii pneumonia (PCP) or Kaposi's sarcoma) are called "opportunistic" because they are caused by organisms which are not normally pathogenic, but which take the opportunity to cause disease in a person whose immune system has been damaged by HIV

- There is no cure for HIV and AIDS, but many opportunistic infections can be treated and the development of some can be prevented. A number of drugs are also available to treat the underlying HIV infection.

- Advances in treatment have enabled many people to live longer and more healthily with HIV, without an AIDS diagnosis.

- Even after AIDS **is** diagnosed many people live healthy lives

for long periods.

- AIDS related illnesses are often intermittent in character, meaning that people with AIDS are usually neither permanently well nor permanently ill.

- Most people with HIV are not aware that they have been infected. Some people experience symptoms at the time of sero-conversion (when their antibody status changes from negative to positive) but this can easily be mistaken for a flu-like illness. For most people with HIV infection there will be no indication for | many years that infection has occurred. They are likely to look and feel well for many years (average 12 years).

- Apart from the "wasting syndrome" and HIV encephalopathy, there are no general symptoms of AIDS and symptomatic HIV disease (symptoms usually relate to specific opportunistic infections and tumours).

HIV has a key role in the development of AIDS, but the precise nature of this role (and that, if any, of other co-factors) is not yet fully understood.

- Not everyone with HIV infection has developed AIDS:

one in three people still have no symptoms of AIDS after being infected for ten years.

The Test Procedure

Testing must be undertaken only on the basis of informed consent, the availability of pre and post test counselling and the maintenance of confidentiality.

- AIDS is diagnosed by the presence of HIV together with one of the "AIDS-defining" opportunistic infections. **There is no such thing as an "AIDS test".**

- The HIV test does not detect the virus itself but detects the antibodies made in response to the virus (It is easier and cheaper to detect antibodies to HIV than the virus itself).

- Antibodies to HIV can be detected by a blood test which involves the taking of a small amount of blood from a vein in the arm. Blood samples are sent to a laboratory where testing procedures are undertaken by trained staff (Saliva and urine testing for HIV are not widely used except for epidemiological purposes).

- The most commonly used test is **ELISA.** Each sample is divided into two: this allows for confirmatory testing in the case of a positive result and reduces even further the possibility of human error.

- **A negative reaction** on a first test means that no HIV antibodies have been found.

- **A positive reaction** on a first test is checked by confirmatory tests before being pronounced positive. This means that antibodies to HIV have been detected.

- The time taken to complete this process varies from centre to centre. For example, a few centres offer same day testing and results, while others take more than two weeks for results to come back.

- Clients must be given sufficient time to decide whether to have an HIV test following pre-test counselling. It is unacceptable to pressurise clients into making a decision before they are ready.

- Clients should be told how long they can expect to wait for their test result and how the result will be given.

- Test results should always be given face-to-face and never given out over the phone or by letter. Some services will not give results on a Friday so that clients do not have to spend the weekend without access to support.

The Window Period

- HIV testing detects **antibodies** to HIV. Most people take between two **and three months** to produce these antibodies after infection. This period is called the "window period".

- A negative result may be inaccurate if the test is conducted before antibodies have time to be produced (i.e. during the window period). The period immediately after initial infection is probably also the most infectious period, i.e. the time when HIV is most likely to be transmitted to others.

- The **timing** of an HIV antibody test in relation to the exposure to risk is therefore extremely important. Clients should be advised that a three month gap after their last risk exposure (e.g. the last time they had unprotected sex or shared needles) will be necessary before a negative test result can be assumed to be accurate.

What the Test Can and Can't Tell

- An HIV antibody test can reveal whether or not somebody has antibodies to HIV.

- The test can be assumed to be accurate if it is conducted at least three months after the client's last exposure to risk (when the window period is over).

- The presence of antibodies means that the person is infected with HIV and potentially infectious to others (but only through the known modes of transmission e.g. unsafe sex and sharing of drug injecting equipment). Infection is presumed to be lifelong.

- The test cannot reveal how long somebody has had HIV infection (unless a series of HIV tests have been carried out previously).

- The test cannot predict whether somebody will remain asymptomatic (no symptoms), nor can it predict if, or when, they might progress to minor or major symptomatic illness.

- A negative test result does **not** indicate immunity to HIV: safer sex and safer injecting will still be necessary.

- A positive result cannot predict whether or not a client's sexual partner is infected. It is quite possible for a sexual partner to be negative following unprotected sex with somebody who is HIV antibody positive, even over a long period.

The Pros and Cons of Testing

There are many advantages and disadvantages to HIV antibody testing. One of the tasks of pre-test counselling is to ensure that the client has thought these through in order to make an informed decision, and to help clients to think about the implications of a positive or a negative result.

The following are examples of situations which highlight some of the advantages and disadvantages of testing.

Advantages:

- Testing can help a client who is HIV antibody positive to reach a decision about beginning early treatment:

for example, anti-viral therapy (which can help to reduce damage to the immune system), PCP prophylaxis, or other drugs. However some of these treatments are experimental and are not widely available.

- HIV testing may help to confirm a diagnosis in someone who is already showing symptoms of possible HIV-related Illness.

- Testing may help couples to make decisions about whether to adopt, maintain, or stop the practice of, safer sex within their relationship.

- Testing may help both individuals and couples to decide whether or not, or when, to have children.
- Testing may help to reduce anxiety in some clients, particularly those at very low risk. Nonetheless, clients should consider whether a negative result really would reduce their anxiety, and how they would cope should the result be positive.

- HIV testing is required by some countries as a condition of residency. The implications of a possible positive result should therefore be considered before undertaking travel to these particular countries.

Disadvantages:

- A negative HIV test result only gives a snapshot of the client's current status at the time the test was taken: a negative result does not imply any long-term immunity from HIV. This may have implications for HIV testing decisions in the future, particularly for clients who continue in risk-taking activities.

- A test result (positive or negative) is not necessary in order to adopt safer sex or safer drug use. Safer behaviour is advisable regardless of testing.

- A positive result can cause considerable stress which, in itself, is likely to be detrimental to the client's health.

- A positive result can also cause considerable stress for partners,

friends and families.

- Whilst there are promising developments in the treatment of HIV, there is no cure for HIV infection. Positive changes in health-related behaviour can be made without knowing one's HIV antibody status.

- People known or thought to have HIV, or those perceived to be at risk, may suffer considerable discrimination and stigma as a result.

- A positive result can have important implications for employment, life insurance and mortgages **(see card 7).**

Risk Assessment

- Risk assessment is a process of using currently available information about HIV transmission to establish whether or not a client is currently at risk of infection or has been at risk in the past. It is usually conducted when taking a client's sexual or drug-using history.

- Risk assessment helps the counsellor to anticipate the probability of a positive result, the level of counselling to be provided and any subsequent action to be taken including referral to other agencies.

- Identifying those at high risk of infection can assist counsellors to allocate their time appropriately (i.e. spending more time with those at higher risk) and making suitable referrals.

- While some clients may be at considerable risk, the risk for others will be insignificant and reassurance can be given to reduce anxiety. Clients considered at low risk may subsequently decide that they have no need for an HIV test.

- The most high-risk activities are unprotected sexual intercourse between men and sharing injecting equipment. These activities may not be readily disclosed by clients and require a sensitive non-judgemental approach on the part of the counsellor.

- Many centres also enquire about unprotected sexual intercourse (with men or women) in countries where HIV is endemic, blood transfusions received prior to 1985 in this country, or at any time in other countries, and haemophilia. Clients in these categories may also be considered to be at high risk.

- It is important when assessing risk to consider the difference between sexual identity and practice: some heterosexual men have sex with other men, some gay | men have sex with women, and some lesbians have sex with men.

- In identifying specific risk factors, risk assessment can assist counsellors to tailor risk reduction information to the specific needs of each client.

- Risk assessment also provides an opportunity to identify people who have phobias or unreasonably high levels of anxiety in relation to their actual risk of infection. Such anxieties may be caused by incomplete information about HIV and its transmission, underlying issues and conflicts (e.g. guilt about sex, infidelity, or homophobia). Giving information about HIV transmission or providing counselling is often sufficient to help clients with these problems. More severe cases should be referred to a ' psychologist who is knowledgeable about HIV infection.

- Risk assessment is by no means foolproof: clients may be unaware of their partners' current or past sexual or drug-using histories and therefore can only provide incomplete information. Taboos about sexual practices or behaviour etc. may cause reluctance to disclose relevant information or incidents.

Insurance and Mortgages

- Insurance companies have no legal obligation to provide anyone with insurance cover nor do they have to explain why cover has been refused.

- People with HIV infection will not get life insurance and health insurance will exclude HIV-related illnesses. Travel insurance normally excludes cover for HIV related treatment or care when abroad.

- Insurance companies try to avoid insuring anyone who, in their view, is at risk of HIV infection. This is ascertained by asking questions about HIV counselling, HIV tests and treatment for other sexually transmitted diseases. They will also request a medical report from the applicant's doctor.

- Therefore, if a client asks a GP for an HIV test (perhaps as part of a routine health check), and that request is recorded on the client's medical records, the GP would be duty bound to disclose this to an insurance company seeking information about the client's health. However, some GPs have a policy of not disclosing such

information when this part of the consultation has been agreed to be "off the record".

- Single men (and sometimes others) applying for life insurance are likely to receive a supplementary questionnaire which asks whether the applicant is a gay or bisexual man, a haemophiliac, an intravenous drug-user or a sexual partner of any of these.
- Life insurance companies are gradually replacing questions about HIV counselling and tests with a new question which asks whether the applicant has had a positive test.
- It is better for a client to withdraw an insurance application than to have it refused by an insurance company as this fact will be recorded and may affect future applications.
- Life insurance is not always necessary in order to obtain a mortgage (depending on the type of mortgage, the value of the property and the amount borrowed). Endowment mortgages *always* require life insurance while repayment mortgages do not.
- Given the above problems, seeking independent financial advice before applying for insurance, is highly recommended. It is also highly desirable for counsellors to keep themselves informed as to the current situation regarding HIV and insurance companies. The Association of British Insurers can give information on the current situation.

Safer Sex

- Safer sex is any sexual activity which does not involve the exchange of potentially infectious body fluids (i.e. blood, semen, vaginal and cervical secretions).
- Penetrative sex (anal or vaginal) is the main way HIV is transmitted and it is therefore essential that safer sex is routinely explained and promoted during pretest counselling.
- The most significant risks of HIV transmission occurs through anal and vaginal intercourse. No cases have been reported through kissing and very few cases of HIV transmission through oral sex despite the fact that many gay men (who have been followed up in long-term studies) continue with this practice.
- The risk of HIV transmission through anal and vaginal intercourse can be significantly reduced through the consistent

and careful use of (BS kitemarked) condoms (together with suitable water-based lubricants where appropriate) during sexual intercourse. Extra-strong condoms are available which may provide additional protection, particularly against breakages.

- While safer sex is important for everyone, it will have different implications for people who have casual rather than longer-term relationships, and for people who are heterosexual, bisexual, lesbian or gay.

- Safer sex also has different implications for people who know their HIV status (as opposed to those who do not know), for people who are single or in a couple, and for couples in which both people are positive, both negative, or who are discordant (one is positive and the other negative).

- Safer sex information should be tailored to the specific needs of the individual or couple and their social and sexual situation.

- Counselling needs to be sensitive to clients' experience of safer sex and the issues raised by this;

whether they are adopting safer sex for the first time or whether they have been having safer sex over a long period.

- Safer sex counselling should provide information appropriate to the needs of the client, assist clients to practice communication and negotiation skills and help clients to develop strategies for anticipated problems.

- For women whose partners will not use condoms, some degree of protection may be provided by use of "Femidom" (female condoms) although their effectiveness against HIV transmission is not yet established. Alternatively (and again of uncertain effectiveness), the use of a spermicide containing nonoxynol 9 and a diaphragm may provide some protection against HIV.

- Pre-test counselling also offers the opportunity to discuss alternatives to penetrative sex such as masturbation, massage etc.

Special Needs and Concerns

Risk assessment will help to establish whether a client is, or has been, at risk of infection. Nonetheless there are some additional specific needs and concerns which are pertinent to particular groups.

The Worried Well

- The term "worried well" is used to describe those who, although at low actual risk of HIV, are consumed with anxiety at the possibility of infection. Often such anxiety can be reduced by the provision of information which puts the client's perceived risk into perspective (based on what is known about HIV transmission and associated risks). For other people, skilled counselling can help elicit underlying concerns and responses. However, some people cannot be helped in this way and may need the help of a psychologist who is knowledgeable about HIV infection.

Gay Men

- HIV infection is by no means inevitable for gay men and such a fatalistic view should be discouraged.
- Some gay men will need more specialised support in adopting or maintaining safer sex, and referral to an appropriate support group may be useful.
- A positive result may re-stimulate old feelings of self-hatred in some gay men. This can be anticipated through sensitive exploration in pre-test counselling.
- Gay men may also have female sexual partners and safer sex should therefore be discussed in relation to both male and female partners.
- Some gay men experience "survivor guilt" at being found *negative* when many around them are HIV *positive,* and may need longer-term support and counselling.
- Statistically, gay men are more likely to be close to developing symptomatic disease when they are diagnosed HIV positive and will therefore not only face the shock of discovery of their status but may also need to make early decisions about treatment and perhaps coping with an AIDS diagnosis.
- Gay couples may want to be tested to help them decide whether or not to have unprotected sex within their relationship. Couples may need help to agree what constitutes mutually acceptable safer sexual behaviour outside the primary relationship.
- Gay couples should be encouraged to be seen together after a positive, negative or discordant result in order to discuss the implications for their relationship.

Women

- Women may find it more difficult to assess their risk of HIV accurately since this may depend upon information which their partners may conceal or not believe to be important.
- In discussing safer sex with women it will also be important to

consider contraception or conception, to explore the extent to which women can insist upon safer sex and to develop strategies where their partners refuse to use condoms.

- Women considering pregnancy should be given information about HIV and pregnancy, including the risk of maternal-child transmission and what is currently known about options for reducing the risk of transmission. Women should then be allowed to make their own decisions about conception, contraception or termination without outside pressure.
- Transmission of HIV infection from mother-to-baby [1] can occur in three ways: during pregnancy across the placenta, during delivery or through breast-feeding. The exact risk of each mode of transmission is unclear but appears to vary in different parts of the world. In industrialised countries, the risk of mother-to-baby transmission is around 15-20% while in developing countries it is roughly double this figure.
- Transmission appears to be more likely from mother-to-baby when there is a high viral load during pregnancy, birth or breast-feeding. This is likely to occur when a woman first acquires infection or when she progresses to symptomatic disease.
- In these cases it might be advisable to delay pregnancy or alternatively to have a baby before the woman develops symptomatic disease.
- Whilst the risks of HIV transmission through breastmilk are thought to be extremely small, The Department of Health nevertheless recommends that it is 'prudent' for women with HIV infection **not** to breast feed.
- There is some evidence to suggest that anti-retroviral drug therapy in pregnant women reduces the risk of HIV transmission. Caesarean section **may** carry less risk of transmission than vaginal delivery but it should be remembered that this, in itself, presents risks.
- Women may experience anxiety and guilt at the possibility of infecting an unborn child and counselling should be sensitive to this.
- Women who are used to looking after other peoples' needs before their own will need to be encouraged to reconsider this if diagnosed HIV positive

Drug Users

- It is important to ascertain the risk of HIV transmission from both drug use and sex and to provide appropriate counselling.
- Clients must be allowed to decide whether to be tested or not, free

from coercion or pressure.

- Ascertain whether or not it is a suitable time for the client to consider an HIV test: e.g. are they under the influence of any substance? are they in the process of withdrawing or have they recently begun treatment? If so, this may not be the right time to discuss testing since a positive result may in itself trigger further unsafe behaviour.
- Ascertain whether or not the client has already adopted safer drug use and safer sex and if so clarify the advantages and disadvantages of testing **(see card 5).**
- Ensure that the client has understood the information provided during the session, if possible through suitable visual materials.
- The period after a result is a particularly vulnerable time for drug users (whether the result is positive or negative) and time should be spent discussing this immediately after giving the result.
- Whether the result is positive or negative it is important to reinforce harm reduction techniques in relation to drug use and to encourage safer sex.
- Similarly, when giving a result it will be important to ascertain whether the client is under the influence of any substance.

People from Ethnic Minorities

- Consider the appropriateness of language used during the session and whether or not the presence of an interpreter or advocate might be beneficial (whilst maintaining confidentiality).
- Consider cultural sensitivities with regard to the gender of the counsellor, and beliefs about sexuality, health, illness and death.
- Consider the possible cultural implications of a positive result: is the client likely to be rejected and stigmatised by his/her community if their HIV status becomes known?
- For women who are positive, special attention should be paid to the issues of contraception, conception, childbearing and longer-term care of children.
- Gay and bisexual men may have particular concerns about the potential loss of family and community support and may find it difficult to acknowledge their sexuality to themselves or to disclose it to their female partners.

Post-Test Issues

(see also Card 9 **Special Needs and Concerns)**

- It is important that test results (negative or positive) are always given face-to-face during post-test counselling. The nature of this session will inevitably depend upon that result. Post-test counselling is normally only conducted by a trained counsellor (usually a health adviser).
- In the case of a *negative* result, clients may experience such relief that they may not absorb everything that is subsequently said during the session. A further consultation may therefore be necessary. \
- In the event of a *positive* result, most clients experience acute shock and are therefore also unlikely to absorb much information during the first post-test session. A further session should be arranged as soon as possible.
- Further emotional support may be necessary for those who are negative but who are from communities with a high level of HIV infection.
- A negative result does not imply immunity from HIV:

safer sex and safer drug use must therefore be reinforced during post-test counselling.

- Discussing safer sex (and drug use) is important whether results are negative or positive. With those found to be *negative,* safer sex can help them remain that way. For those who are *positive,* safer sex will both prevent transmission of HIV to others and protect them from acquiring further infections which might place additional burdens upon the immune system.
- Clients who are HIV antibody positive should be given details of how to contact the service, the telephone numbers of helplines, support and other relevant agencies.
- Check that the client has a source of immediate support available to them (e.g. from a partner, friend or relative). This should be ascertained during pre-test counselling when clients have a high risk of infection or who are already symptomatic.
- For those found to be HIV antibody positive, considering who to tell (and the possible implications) is extremely important. Clients should be discouraged from telling everyone, especially immediately after the result. The issue of who and when to tell should be explored in pre-test counselling.
- For those with HIV, post-test counselling should explore strategies for remaining healthy and possible options for treatment. Clients can be assisted through the provision of information and referral to support groups and other agencies. Clients can also learn how to inform themselves

about the latest developments in the treatment of HIV disease.

- Post-test counselling should continue for as long as clients require and encourage them to assume as much control as they can over their own lives.
- It is important to explain to HIV positive men and women that they can continue to have satisfying sexual relationships.
- HIV positive women will need information about contraception, pregnancy and childbirth, and future medical care (including the need for more frequent cervical smears).

Damage Limitation - Reducing Stress and Strain

- There is no blueprint for stress reduction: people experience different things as stressful and find different ways of dealing with them, including getting emotional support, using specific stress reduction techniques and complementary therapies.

- People can learn to accept HIV infection, continue to lead healthy productive lives and have satisfying emotional and sexual relationships.

- People with HIV should be encouraged to assume control of their lives. They may find some of the following useful: finding out about treatment options, taking regular exercise, ensuring they have good nutrition, finding ways of dealing with stress, and getting suitable support.

- It is important for people with HIV to avoid acquiring further infections. Some of these infections can be transmitted through sex (and through sharing injecting equipment); safer sex (and drug use) is therefore especially important.

- Safer sex and drug use will also prevent transmission of HIV to others. However, it is seldom, if ever, necessary to reveal one's antibody status in order to protect others from infection.

Confidentiality

- Pre-test and post-test counselling should only take

place in a safe climate where information given by the client and any subsequent test result is kept confidential. Without this, relevant information is likely to be withheld and it is unlikely that trust between the professional and the client can be established.

- The degree of confidentiality varies between different agencies. For example, in GUM clinics, confidentiality is maintained through legislation; GPs are governed by medical confidentiality protocols and voluntary agencies usually have their own agreements. In all cases, confidentiality protocols or restrictions should be clearly explained to the client at the start of a consultation. In particular, clients should be informed as to whether or not discussion of HIV testing will be entered into their records, who will have access to their test result (and the implications of this) and why. Internal procedures should be implemented to ensure that confidentiality rules are maintained, including maintenance of client records.

- Confidentiality is often a particular concern of people from ethnic communities who may not understand confidentiality boundaries and may have heightened concerns about who may be told of a test result. Refugees may be concerned about the implications of their result for the residency and the possibility of deportation.