The ACTS Model of HIV Testing
Adapted for Rapid HIV Testing and Counseling

ASSESS

1. Explain it is standard practice to discuss HIV with all clients.

Example:
“We’ve starting talking about HIV testing and prevention with everyone who comes to the clinic. It is something that we believe should be considered by everyone who has ever had sex or shared needles.”

2. Explain benefits of testing for client’s health and prevention.

Example:
“It is important for every person to understand his/her status including if they have HIV. If you test HIV-negative, you can learn ways to stay healthy. If you test HIV-positive, you can get good medical care and learn how to keep you and your partner(s) safe.”


A simple way to discuss transmission is to ask clients what they have heard about how HIV is transmitted and if they have ever been tested for HIV before.

HIV is found in the blood or sexual body fluids (pre-ejaculate, semen, vaginal fluids) of someone with HIV. HIV is commonly spread by:

- Unprotected sexual intercourse (vaginal or anal) with someone who is HIV-infected.
- Sharing needles or syringes with someone who is HIV-infected.

Optional messages:

- HIV can be passed from an HIV-positive woman to her fetus, especially if the woman is not taking HIV medicines.
- Breast-feeding by an HIV-positive mother can also pass HIV to her baby.
- HIV is not spread by casual contact: kissing, hugging, etc.
- HIV transmission from oral sex is extremely uncommon, though possible.

4. Explain that HIV testing is offered to everyone who presents to your program. Also inform the client that you can talk with them about risk reduction.

Example:
“I want you to know that we offer HIV testing to everyone who comes here for services. The test we offer will give us your results today. We can also discuss how you can stay safe after you get your results.”
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5. As appropriate, assess testing readiness.

“Do you feel ready to have an HIV test and get results today? Of course this is your decision, but we encourage people in general to know their HIV status.”

If patient is anxious or reluctant:

“What are your concerns?”

“What is there someone you want to talk to about testing?”

It is normal for a patient to experience some anxiety about HIV testing. Reassure him or her that you will provide support during and after testing and, if necessary, help identify available social supports. You can explore the patient’s reasons for anxiety and, if necessary, defer/refer out for more extensive counseling and testing.
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CONSENT

1. Verbally explain to the client that you are going to talk with them about the test itself and get their permission before actually conducting the test.

“We are going to review information about the HIV test and about the meaning of test results. After we do that, I will give you a chance to make sure that you get to ask any questions and then, with your permission, we’ll take the test.”

2. Explain testing method.

“The test we are doing is an HIV antibody test. We will do a simple finger stick (or mouth swab. This test will give us results today. You won’t have to come back on another day for them.”

3. Meaning of negative and preliminary positive results and window period.

“There are two possible results that can come back: negative or preliminary positive.”

“A negative result means that there is no current evidence that you are infected with HIV, but it may not show a very recent infection (one that happened in the last three months, or very rarely six months). What questions do you have about that?”

“A preliminary positive result means that a person may have the HIV virus in their body. But sometimes, other things can cause the first test to come back reactive when, in fact, they don’t have HIV” [you might offer examples: e.g. other antibodies, autoimmune conditions such as lupus, or pregnancy]. “If this first test comes back reactive, also called preliminary positive, we run a second test. If it comes back HIV-positive, it means a person has HIV. If we have to run the second test, you will not receive your results today.”

“That’s a lot of information. What questions do you have?”

4. Partner notification and domestic violence screening (Discuss as appropriate for your site/state policies).

“If a person tests positive, their name is provided to the Health Department. They keep a very confidential list, which is used to count accurately the number of people infected. This is required by law.”

“When a person tests positive, we also talk about the importance of notifying sex partners, either on their own, or with the help of the health department. The health department can talk to your partners without using your name.”
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5. Obtain consent and record this in the patient’s chart.

Consent may be oral, written and specific to HIV testing, or written and part of general consent to care, depending on your agency policy and state law.
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TEST

1. Describe the HIV test.

“As I mentioned, we are using what is called a rapid test. You will receive your results before the end of your visit today. If you know the approximate length of time your agency will take to process the test, you can provide an estimate to the client. If you test negative, your results are final today. However, as we discussed earlier, if your results on this test are preliminary positive, you will need to take a second test before we are sure. If we need that second test, the results won’t be ready today.”

“What would you like to do to reduce your risk? How realistic is that? What will be difficult about that?”

“What is the next thing that you plan to do when you leave today that will lead towards reducing your risk? When do you plan on doing it?”

2. Conduct the test.

While waiting for results:

3. Offer client-centered prevention counseling.

Sample statements:

“Based on what we’ve talked about earlier about how someone gets HIV, have you thought about what risk you might be at?”

“What are you currently doing to protect yourself? What things have you tried? How did that go?”
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SUPPORT

NEGATIVE RESULTS

1. Give results and allow time to process.

“Thank you for waiting for your HIV test results. Are you ready to discuss your results? Your HIV test came back negative, which means there was no sign of infection at this time.”

“How do you feel about these results?”

2. Explore need to retest in three months (window period).

“If you have had unprotected sex or shared needles with anyone in the past three months, we recommend that you stay safe and repeat this test in three months because it can take some time for your body to make antibodies to the HIV virus. (This three-month time is called the window period.) Even though this test is negative, you can get HIV in the future if you do not protect yourself during sex by using condoms and discussing HIV risks with your partner(s). It is a good idea to get an HIV test at least once a year if you have sex or do drugs using needles. You should also get tested for HIV if you ever have an STD. You took an important step by taking an HIV test.”

3. Provide or revisit prevention strategies and referrals.

“How do you feel about these results?”

“Thank you for waiting for your HIV test results. Are you ready to discuss your results? Your HIV test came back negative, which means there was no sign of infection at this time.”

“How do you feel about these results?”

“HIV testing by itself is not prevention. Let’s develop a plan to reduce your risk in the future.”

“What are your goals regarding staying HIV negative?”

“What do you plan to do?”

“What will you discuss this with your spouse or sex partner(s)?”

“What prevention strategies are appropriate for you?”

“You should know that many people change their behavior and start having safer sex after an HIV test.”

INVALID TEST

One outcome of the rapid testing process is an invalid result. An invalid test provides NO information in regard to HIV status; rather it indicates some problem with the testing process or equipment and the test will need to be performed again.

1. Explain and allow time to process.
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"Thank you for waiting. It seems there was some problem in collecting the specimen or some problem with the test itself, so we didn’t get a result. It doesn’t say anything at all about your status. The test has built-in measures to make sure the result we give you is a good one, and this time it said that we need to run the test again. I am going to take a second sample. I know this can be frustrating. We’ll provide you your results from this test today. I am really sorry for this delay;"

Repeat the test and have patient wait for the results.

PRELIMINARY POSITIVE RESULTS

It can be difficult to give a positive result. Preparation is key, especially for health facilities using rapid testing. Create and review your center’s plan for giving preliminary positive results, and establish an on-site or outside linkage system for care and support. Notify a colleague that you will be delivering a positive result and that you may need their help. If needed, consult with the clinic or agency to which you will be linking your client for care, as they may be available to help you with delivering the positive result and lowering barriers toward a smooth transition into clinical screening. State law requires reporting and partner notification of HIV-positive individuals, based on the results of confirmatory testing.

2. Give results and allow time to process.

"Your rapid test result today is preliminary positive. This could mean that you are infected with HIV” (or “This usually means that a person has HIV.” Choose wording appropriate to the client’s emotional state and level of concern.)

“To know for sure and because HIV infection is so serious, we will do a second test.”

Allow time for the news to be absorbed and focus on providing emotional support in the context of correct information about confirmatory testing. The patient may not be able to concentrate on what you have to say, nor be receptive to the support and advice that you can offer. All rapid test results must be confirmed by a Western blot test. Provide the patient a follow-up appointment before s/he leaves and ensure they understand the need to return for their results. A blood or oral sample should be taken in this visit and labeled as “confirmation of a rapid test.”

3. Revisit prevention.

"Since this first test shows that you might have HIV, it is very important that you take steps now to prevent spreading the infection to your sex (or needle-sharing) partners, and to protect yourself from other STDs. We’ve talked about how HIV is spread through unprotected vaginal or anal sex or by sharing needles. You can reduce the risk of transmitting HIV to-"
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- others and also protect yourself from getting other infections by abstaining from sex or using condoms if you are having sex and not sharing needles and works.”

“Do you know that the majority of people with HIV reduce their risk behavior when

The counselor may choose to focus on the time frame between this visit and the confirmatory results for short-term, manageable prevention strategies, next steps, etc.

FOLLOW-UP FOR A CONFIRMATORY POSITIVE OF A RAPID RESULT THAT WAS PRELIMINARY POSITIVE

1. Give results and allow time to process.

“Thank you for coming back. Are you ready to go over your test results with me? (client’s name), your test shows that you have HIV.” Pay close attention to your tone of voice and body language.

Pause and allow time for the news to be absorbed and to attend to client’s emotional response. Caring for the client’s emotional needs is the most important part of this visit and may account for most of the time you spend with them. Follow the client’s lead as to if/when they’re ready to talk about information/next steps, etc.

Today we can take some time to talk about what these results mean to you, your reactions, how you can get support, and where you can go for medical care.”

2. Discuss meaning.

“A positive test means that you have been infected with HIV, the virus that causes AIDS. It does not necessarily mean that you have AIDS now. Other tests are needed to see how HIV has affected your immune system. There are many very effective treatments for HIV that can help you lead a long and healthy life.”

3. Provide support.

These questions can help guide the client to process his or her diagnosis. Additionally, it helps identify where clients can seek support or if they will need immediate referral for stabilization.

Some possible lead-ins:

“What do you need most from me right now?”

“Do you have any questions for me?”

“What do you think this news means for you?”

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“Do you plan to share this information with anyone?”

“Do you think they will be supportive?”

“What will you do today when you leave here?”

Suggest that you would like to talk with them later in the day or tomorrow, in case they have questions or concerns.

4. Link to care.

“We can help you to connect with excellent doctors and programs that take care of people infected with HIV. They can help you with your medical care, provide emotional support and help you decide with whom and when to share this information.”

“I also need to let you know that, people with HIV are required by law to inform any sex or needle partners of their HIV status before having sex or sharing needles with them. It is also important not to donate blood.”

“With the health care provider, you will get a physical exam and blood test, to find out how HIV has affected your health. The two main tests measure the health of your body’s immune system and the amount of HIV in your blood. These tests will help you and your health care provider decide if you should start taking medicines or if you are healthy enough to wait. Either way, you will need to get regular checkups. These days, there are new HIV medicines that are effective and easier to take.”

5. Discuss prevention.

“It is very important that you take steps now to prevent spreading the infection to your sex or needle-sharing partners. We’ve talked about how HIV is spread through unprotected vaginal or anal sex or by sharing needles. You can reduce the risk of transmitting HIV and protect yourself from getting other infections — abstaining from sex or using condoms if you are having sex and not sharing needles and works. Do you know that the majority of people with HIV reduce their risk behavior when they find out they are infected? What are your thoughts about being able to practice prevention with your partner(s) and telling them about your HIV infection?”

“Do you plan to share this information with anyone?”

“Do you think they will be supportive?”

“What will you do today when you leave here?”

Discuss other issues as relevant.

6. Review HIV reporting.

“There are two other things we must discuss with all people testing HIV-positive. We discussed this briefly earlier.”
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7. Review partner notification options.

Partner notification does not have to be completed during this first visit. The key is that it is part of the series of initial assessments with the patient.

“First, the health department collects the names of all people who test HIV-positive. This list is kept safely and is not shared. It is used by the health department to know how many people in an area have HIV, so that resources can be made available where they are needed.”

8. Ask for names (as appropriate, following your agencies guidelines).

“Is there anyone you have had sex with in the last 10 years that you would like to be notified by yourself or with me? Can you tell me the name(s)? We can discuss how and when you would tell them.”

9. Discuss plan for partner notification: self, provider-assisted, or notification through the health department. Coordinate this information and your role with the health department in your community. Screen for domestic violence.

“If you feel unable to tell them yourself or with my help, we can also work with the health department to have these individuals notified without using your name. Is there anyone you would like to be notified this way?”

“Does this include your current or most recent partners? Is this person someone you are afraid might react violently if told he/she might have been exposed? Are you at risk of this person hurting you?”

10. Additional guidance and steps:

Your notes here.

“Second, the health department encourages everyone with HIV to tell their present and past sex (and needle-sharing) partners so they can be tested for HIV. You can tell them yourself, or you can give their names to the health department, which will notify them that they may have been exposed, without using your name.”

“Telling the health department or me these names is voluntary on your part and there are no penalties if you choose not to tell. Before anyone is notified, you may be asked if you are at risk for domestic or partner violence, and if so, you can get contact information for helpful resources.”

“First, the health department collects the names of all people who test HIV-positive. This list is kept safely and is not shared. It is used by the health department to know how many people in an area have HIV, so that resources can be made available where they are needed.”
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References:


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