



Ministry of Health & Population
National AIDS Program
Arab Republic of Egypt

National Guidelines

For

Voluntary HIV

Counseling and Testing



Development of this document and the establishment of Voluntary Counseling and Testing (VCT) Services were a fully collaborative effort with the Egyptian Ministry of Health and Population (MOHP), Family Health International (FHI) and the United States Agency for International Development (USAID).

These activities were funded by USAID through FHI's Implementing AIDS Prevention and Care (IMPACT) Project, Cooperative Agreement HRN-A-00-97-00017-00.

The views expressed in this document do not necessarily reflect the views of USAID.



Ministry of Health & Population
National AIDS Program
Arab Republic of Egypt

National Guidelines For Voluntary HIV Counseling and Testing



Contributors

Author

Ms. Deborah Boswell – FHI Consultant

VCT Task Force

Dr. Magda Rakha – MOHP

Dr. Nasr El-Sayed – MOHP

Dr. Mervat El-Gueneidy – Alexandria University

Dr. Ahmed Bahaa – MOHP

Dr. Ali Abdel Sattar – MOHP

Dr. Hala Esmat – MOHP

Dr. Emad Yanni – USAID

Dr. Maha El-Adawy – Ford Foundation

Dr. Cherif Soliman – FHI

Technical Reviewers

Dr. Tarek El-Shimi – FHI Consultant

Ms. Dina Khaled – FHI

Editors and Translators

Dr. Abdel Salam El-Sherbiny – FHI Consultant

Ms. Ingi Mounir – FHI

Acknowledgements

The upgrading of health services offered to the Egyptian population is a major priority area for the Ministry of Health & Population (MOHP).

Due to worldwide concern regarding the spread of HIV/AIDS, preventive health services remain imperative in controlling the epidemic. Since 1986, the National AIDS Program has been working to ensure Egypt maintains its low prevalence of HIV/AIDS. To further enhance preventive HIV/AIDS activities, the Egyptian MOHP has introduced anonymous Voluntary Counseling and Testing (VCT) Services for HIV, integrated within various other health services.

I would like to take this opportunity to acknowledge the MOHP staff and all the individuals who have contributed to the development of the VCT documents and establishment of Egypt's first VCT center for HIV. This includes:

- The VCT Task Force and Technical Reviewers that adapted the VCT Operating Procedures and National Guidelines to the Egyptian context.
- The Editors for their efforts in finalizing these documents.
- The National AIDS program (NAP), Hotline and Central Laboratory Personnel, for their ongoing supportive efforts and valuable insight.

Great thanks are also due to International Agencies that have worked to develop and promote VCT in Egypt, including:

- The United State Agency for International Development (USAID) and Family Health International (FHI) for their technical guidance in establishing VCT services, the National Policies for these services and in launching the first center for HIV, based on international standards for VCT.
- Ford Foundation for their support in operating the VCT Center.

Looking forward to the success of these services in maintaining the good health of all Egyptians.

Sincerely,

Dr. Magda Rakha
First Undersecretary
Ministry of Health and Population

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
CDC	Centers for Disease Control
CSW	Commercial Sex Worker
ELISA	Enzyme-linked Immunosorbent Assay
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug User
IEC	Information, Education and Communication
IMPACT	Implementing AIDS Prevention and Care
M&E	Monitoring and Evaluation
MOHP	Ministry of Health and Population
MSM	Men who have Sex with Men
NAP	National AIDS Program
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
PLHA	People Living with HIV/AIDS
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

Definitions

HIV Testing: is the process by which blood or body fluids are analyzed for the presence of antibodies or antigens produced in response to HIV. HIV testing should be undertaken with informed consent and be voluntary.

Voluntary HIV Testing: is the process by which individuals seek testing based on their personal choice and free of coercion.

HIV Counseling: is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested. This process is aimed at helping them to cope with stress of being tested, providing support when receiving the test result and assists individuals in making personal decisions related to HIV/AIDS.

Voluntary Counseling and Testing: VCT consists of pre-test counseling, testing, post-test counseling and follow-up support (as required). VCT is delivered by trained HIV/AIDS Counselors who help clients understand the experience of being tested, the choices to be made thereafter and the various support services that might be helpful.

Informed Consent: No one should be coerced to undergo HIV testing. In VCT, HIV tests are to be performed only if the client has given informed consent. "Informed" in this context means that the client has been made aware of the benefits and risks of knowing their HIV sero-status in a manner in which he/she can understand. "Consent" means accepting to be tested for HIV in a situation devoid of coercion such that the client is equally free to grant or withhold acceptance.

Anonymous Testing: HIV testing in which the blood sample and test results are identified only by code, not by name, with no identifying markers to link the sample to the client. Anonymous testing is known to increase clients accessing VCT, especially amongst already marginalized individuals, who would otherwise not be tested. This type of testing prompts earlier entry into medical care.

Confidential Testing: HIV testing in which some identifying information may be collected, however only the client and the Counselor involved in the client's direct care know that the test was performed and have access to the results. All medical records should be managed in accordance with appropriate standards of confidentiality. Only health workers with a direct role in the management of patients should have access to medical records.

Referral: The process by which immediate client needs for care and support services are assessed and prioritized and clients are provided with assistance in accessing services (setting up appointments, providing transportation, etc.). Referral should also include follow-up efforts necessary to facilitate initial (and sometimes ongoing) contact with care and support service providers.

TABLE OF CONTENTS

	Page
1. Introduction	1
a. Principles Underlying VCT Practices in Egypt	2
b. Voluntary Counseling and Testing Goals and Objectives	2
c. Minimum Requirements for VCT	3
d. Target Group for VCT Services	3
2. Ethical Practices for VCT	4
a. Informed Consent	4
b. Anonymity and Confidentiality	4
c. Disclosure of HIV Test Results to Sexual Partners	4
d. Age of Consent	5
3. Suggested Administrative Structure and Operational Procedures	6
a. Administrative Structure for VCT	6
b. Site Security and Confidentiality Requirements	6
4. Staffing	7
a. Staffing Requirements	7
b. Oath of Confidentiality	8
5. The VCT Process	9
a. Client Registration	9
b. Pre-test Counseling Protocol	9
c. Condom Demonstration and Availability	12
d. Post-test Counseling Protocol	13
e. Strategies for Risk Reduction During Post-test Counseling	13
f. Quality Assurance Measures for Counseling	14
6. Alternatives to VCT	15
a. Counseling without Testing	15
b. Testing without Counseling	15
7. Referral	16
8. Record Keeping	17
9. Notification of HIV Positive Case Statistics to the National AIDS Program	18
10. HIV Testing	19
a. Fees for Testing	19
b. HIV Testing for Certification Purposes	19
c. Issuing of HIV Test Results	19
d. When should a person who tests negative have a subsequent test?	19
e. Proposed Testing Algorithm	20
f. Rapid Testing	21
g. Quality Assurance of Testing	22
11. Infection Control Measures and Post-Exposure Prophylaxis (PEP)	23
12. Monitoring of VCT	24

1. Introduction

The Ministry of Health and Population (MOHP) is committed to an effective response to HIV/AIDS in Egypt through prevention and care. It recognizes that Voluntary Counseling and Testing (VCT) is a key entry point to prevention services in populations at risk and to care and support for people living with HIV/AIDS (PLHA), and therefore benefits those who test positive, as well as those who test negative. Determining sero-status through counseling and testing must be promoted in Egypt if HIV prevention is to be truly effective. Many people do not know if they are infected and VCT has been largely non-existent in the region. As there is no cure for HIV/AIDS, VCT remains pivotal in a strategy to control the spread of HIV and to provide care and support to those who are HIV positive.

Knowing one's HIV infection status strengthens prevention efforts by encouraging infected persons to avoid ongoing transmission to others and motivating those who are not infected to protect themselves through risk reduction strategies and behavior change. HIV counseling and testing can lead to a reduction in the number of sexual partners, increased condom use, fewer sexually transmitted infections (STIs) and safer injecting practices.

VCT services in Egypt will allow clients the opportunity to utilize anonymous pre-test and post-test counseling services when considering an HIV test, and to be linked to a range of care and support services that meet their needs. HIV testing includes access to screening and confirmatory testing using rapid tests, sophisticated Enzyme-linked Immunosorbent Assay (ELISA) and Western Blot technology. The procedures for conducting VCT should be reviewed and updated regularly in the context of changes in national and/or legal policies and/or situational changes that relate to HIV/AIDS in Egypt.

The objective of this document is to provide practical standardized guidance on the implementation of VCT practices. This document outlines the process and services, the roles and responsibilities of all service staff, all aspects of administrative procedures and how the VCT administration aims to ensure quality service provision to all prospective clients. All forms for conducting VCT are included in the *Monitoring and Evaluation Plan for VCT*.

a) Principles Underlying VCT Practices in Egypt

For VCT to be effective, the following principles should be adhered to:

- The human rights and dignity of all people irrespective of their HIV status will be respected.
- Elimination of discrimination against and stigmatization of PLHA will be promoted in policy and in practice.
- The protection of oneself and others from HIV infection through informed responsible behavior is a requirement that should be upheld by all people.
- Comprehensive, quality HIV/AIDS services and care should be available, accessible and affordable to all citizens, particularly PLHA and their families.
- Effective referral to related services is an integral part of care provision to all who require it.
- All persons have the right to clear and accurate information, education and communication (IEC) on HIV/AIDS and STIs.
- Barrier Methods (condoms) will be made available and accessible to all sexually active individuals.
- A supportive environment at every level of society will enhance the response to HIV/AIDS by individuals, families and communities.

b) Voluntary Counseling and Testing Goals and Objectives

Goals

- To provide anonymous, high-quality counseling and testing to persons considering an HIV test.
- To help clients to make an informed decision about testing.
- To assist clients cope effectively with their test results.
- To assist clients to reduce personal risks and to address care needs.

Objectives

- To provide clients with information on modes of HIV transmission and methods of prevention.
- To help clients to assess their risk of HIV and to develop a risk reduction plan accordingly.
- To help clients make informed decisions on issues including sexual practices, nutrition, health care, relationships with partners and families, and drug and alcohol abuse.
- To provide psychological support for clients.
- To provide appropriate referrals for individual needs and support, including STI clinics, tuberculosis (TB) programs, drug treatment services, family planning, and maternal and child health services.
- To discuss and negotiate with the client issues relating to disclosure, including notification of sexual partners and/or peers with whom injecting equipment or other high-risk behaviors have been shared (providing the client has given their consent).

c) Minimum Requirements for VCT

- A discreet and easily accessible site.
- Clear, non-stigmatizing signs for the VCT service (to know where to go and what to expect at the site).
- 1 private room for counseling.
- 1 room for HIV testing.
- A comfortable and discreet waiting area.
- Appropriate equipment, test kits and supplies for testing.
- 1 trained Counselor on site.
- 1 health worker certified in HIV testing.
- Record keeping, monitoring and evaluation systems.
- Printed health education materials and condom stocks.

d) Target Group for VCT Services

Clients may refer themselves for VCT (walk-ins) or can be referred by other agencies, including health providers, hotline services, the National AIDS Program (NAP), non-governmental and private facilities, etc. Clients who are most likely to benefit from the service and who should be actively targeted through service promotion and outreach include:

- Clients with known sexual or needle sharing exposure to an HIV infected person.
- Client groups who are known to be at risk of HIV infection through past or present practices or potential exposure e.g. injecting drug users (IDUs), commercial sex workers (CSWs) and men who have sex with men (MSM).
- Clients who have clinical symptoms suggesting HIV infection (e.g. fever of unknown origin, opportunistic infection including active tuberculosis without known reason for immune suppression).
- Clients who have diagnoses suggesting increased risk of HIV infection (e.g. another STI or blood borne infection).
- Clients exposed to contaminated equipment.
- Sexual partners of HIV infected persons.

2. Ethical Practices for VCT

a) Informed Consent

All clients undertaking VCT do so only with their own informed consent. Consent will be provided verbally and a witnessed informed consent form will be completed by the Counselor. The Witnessed Consent Form, which facilitates the anonymous nature of testing, is located in the *Monitoring and Evaluation (M&E) Plan for Voluntary HIV Counseling and Testing*. No client will be tested under the coercion of another individual or agency.

b) Anonymity and Confidentiality

VCT will be done in a private, anonymous setting. Anonymity must be guaranteed for all clients. Anonymity forbids any discussion of a client or a test result, except within a professional relationship that is beneficial to the client, and even then only with the consent of the client. In these cases, the client moves from receiving anonymous service, to one where confidentiality is maintained.

The following are the only circumstances under which confidentiality may be breached, will only apply in rare cases, when all other avenues have been explored and must be made known to the individual client or couple prior to commencement of counseling:

- Where an individual is at risk of inflicting harm to him/herself (e.g. self destructive behavior, suicidal tendencies, etc.).
- Where an individual is at risk of inflicting harm on others (e.g. violent behavior, knowingly planning to infect or expose another individual to HIV, etc.).
- Where an individual is unable to make competent decisions for him or herself.

In these circumstances the client must be informed of the Counselors “duty of care” and intention to notify another party e.g. psychiatric services or a potential partner at risk.

c) Disclosure of HIV Test Results to Sexual Partners

It is the role of the Counselor to encourage clients to disclose positive test results to their spouse. Partner notification by a provider or Counselor should only be considered if all other avenues have failed, and should allow clients the opportunity to address this on their own or in the presence of the Counselor.

Strategies for encouraging beneficial disclosure by the client include:

- Promote VCT of partners together so that both are informed at the same time of their HIV status.
- Encourage people with HIV infection to inform their partners of their HIV status and to use barrier methods to protect each other from infection and re-infection.
- Promote education, information and communication to change people’s attitudes about disclosing their HIV status to those who have critical reasons to know.

d) Age of Consent

Anonymous VCT is available to any client aged 16 years and above with individual consent. Parental consent is not required for those aged 16 and above.

Under the following circumstances, confidential HIV testing may be of benefit to minors:

- Children (15 years and below) with clinical indications of HIV/AIDS.
- Children at increased risk of HIV infection (e.g. street children who engage in prostitution, injecting drug use, and/or other high-risk behaviors).
- Children who have been sexually abused.

In these circumstances, the Counselor will explore with individuals and/or their parent/guardian:

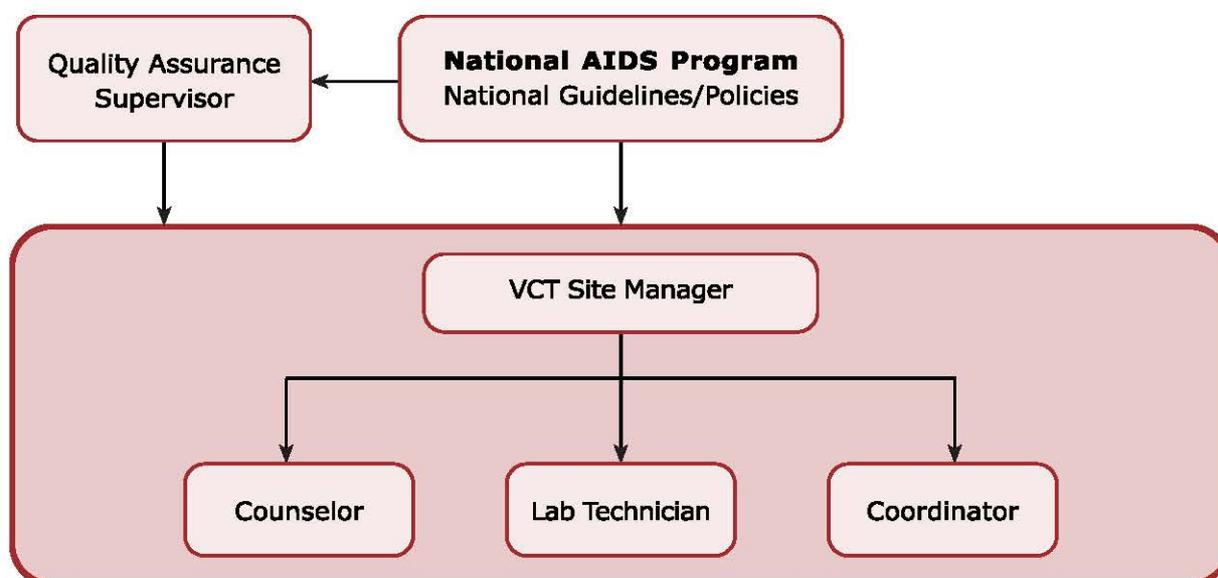
- Is it in the best interest of the child to be tested for HIV.
- Whether the child and/or parent/guardian would benefit from counseling.
- Who will provide consent for the child to be tested.
- Whether the child will be informed of the result, when and how.

Each case will need to be assessed by the individual health professional and a decision reached on the basis of what is ultimately in the best interest of the child.

3. Suggested Administrative Structure and Operational Procedures

a) Administrative Structure for VCT

As depicted in the diagram below, the NAP provides the overall responsibility for the site. The site operates under the leadership of the Site Manager, to whom all employed site staff are accountable. There are regular lines of liaison between the Site Manager and NAP, which should include reporting of demographic data of detected HIV/AIDS cases.



b) Site Security and Confidentiality Requirements

- All client records will be maintained in locked cabinets.
- Access to client records is restricted to Counselors, the Coordinator and the Site Manager.
- Access to testing supplies and consumables is restricted to Laboratory Technicians and the Site Manager.
- All testing supplies and consumables will be kept within locked premises with only the laboratory technician/s and Site Manager having access to keys.
- IEC materials and condoms will be kept in locked cupboards, with only the Coordinator and the Site Manager having access to keys.

4. Staffing

a) Staffing Requirements

All Counseling Staff at the site will meet the following requirements:

Counselors for VCT will be recruited and selected from amongst health graduates and workers including Laboratory Technicians or graduates in the fields of social work, psychology and nursing. Selection criteria will also include personal attributes conducive to HIV counseling including empathy, understanding, warmth, maturity, patience, the capacity to be non judgmental and demonstrable comfort speaking about “taboo topics” explicitly – such as sexual practices, prostitution and drug use – or explaining condom use.

All recruited counseling staff must undergo a VCT counseling skills training program.

All Counselors will be in possession of:

- National VCT Guidelines
- Site Specific Operating Procedures
- VCT Reference Guide for Counselors
- Monitoring and Evaluation Plan for VCT

Laboratory Technicians for the site will meet the following requirements:

- Be trained in the use of all current HIV endorsed testing technology
- Be trained in how to monitor all necessary testing supplies and equipment
- Be trained in how to undertake quality assurance on test samples

All laboratory technicians will be in possession of:

- National VCT Guidelines
- Site Specific Operating Procedures

b) Oath of Confidentiality

After receiving training in VCT, all VCT staff are required to read and sign an oath of confidentiality. The signed oaths are maintained in the staff personnel files. Suggested format of the oath is included below.

I understand that, in the course of my duties in this service, I will come in contact with sensitive, personal information about clients attending VCT. I understand that this information is confidential and pledge to protect the anonymity/confidentiality of all clients attending the service by not disclosing or discussing any information about them to an unauthorized person, including the fact that they attended this service. Unauthorized persons may include but are not limited to, my family, friends, co-workers, and community leaders. I understand that test results are also confidential documents. I understand the potential harm that may come to clients whose test results are disclosed to unauthorized persons. I understand that willful disclosure of any information about any client to unauthorized persons could result in termination of my employment and/or result in legal action against me.

Name:

Position:

Signature:

Witness:

Date:

5. The VCT Process

VCT consists of pre-test counseling, testing, post-test counseling and follow-up support. Counseling should be adapted to the needs of the client. Approaches to counseling may include:

- Face to face individual sessions
- Couple counseling
- Telephone sessions and other means of communication

a) Client Registration

Each client is allocated a code number and a code name (unique identifier picked by the client), to enhance their awareness regarding the anonymity of the service they are requesting. Clients can be given cards with their unique code number and identifier which they should provide when they return for their results or for an additional visit. These steps must be taken to ensure the anonymity of each client and that the nature of the service provided is kept confidential.

b) Pre-Test Counseling Protocol

Pre-test counseling is a prerequisite for all clients who present for VCT.

Basic points to be covered in Pre-test counseling:

- The clients' reason/motivation for testing.
- The clients' understanding of HIV transmission and the meaning of an HIV test.
- Individual risk assessment and a personalized risk reduction plan.
- Ensure the client understands the risks and benefits of knowing his/her HIV sero-status.
- What the test results mean (positive, negative, indeterminate) and the window period. Clients who have potentially been exposed or have engaged in a risk practice within three months of presenting for HIV testing will need to be advised to return for a repeat test after the three month period following the potential exposure has elapsed. In the interim, they must be encouraged to practice safer sex, to reduce other high-risk practices and not to donate blood.
- Assess the client's capacity to cope with the HIV test result.
- Discuss support systems and available resources.
- Discuss disclosure issues (whom the client might tell about their test result e.g. spouse/relative).
- Conduct a condom demonstration as appropriate.
- Obtain witnessed consent for HIV testing.
- Provide an opportunity for the client to ask questions.
- Make a follow-up appointment for post-test counseling, receipt of test results, or other issues as required.

Pre-Test Counseling Introduction Protocol	Duration (5 minutes approximately)
Introduce self to client	<p><i>Hello. My name is _____. I am a Counselor here. I'll be talking with you today about what has brought you here and any related concerns you may have.</i></p>
Describe your role as Counselor	<p><i>My role as your Counselor is to assist you in exploring your HIV risks, the process of VCT and issues related to your HIV risks.</i></p>
Explain confidentiality and anonymous testing	<p><i>I want you to know that what we are going to talk about today will be kept private. That means that your personal information will be absolutely confidential and will not be discussed with anyone.</i></p> <p><i>The testing process and your result are anonymous. Only your code number, which remains anonymous, will link your test and results to you.</i></p>
Review the test process: <ul style="list-style-type: none"> • If negative, not infected as of three months earlier • If positive, infected with HIV • Results available in next few days • Results are highly accurate 	<p><i>If you decide to be tested, the test is an HIV test that detects if you are infected with the virus that causes AIDS. If the test is negative, it means you are not infected with HIV. However, if you were exposed within the last three months this exposure may not have been detected yet. If the test is positive, it means you are infected with HIV. It does not mean you are sick or will soon become ill.</i></p> <p><i>Your test results would be available to you in the coming few days. The test is very accurate and all positive test results samples are reconfirmed using a confirmatory test.</i></p>
Outline content of session: <ul style="list-style-type: none"> • Exploration of HIV risk • Discuss test and meaning of results • Options for risk reduction • Risk reduction planning and referral 	<p><i>We will talk about your risk for HIV and how you have tried to reduce your risk. We will talk about changes you could make to further reduce risks and make a plan for how to do this. I may also be able to assist with referrals for specific needs.</i></p>

Pre-Test Counseling Introduction Protocol (cont.)	Duration (5 minutes approximately)
Outline process for VCT	<i>We will chat for about 25 minutes here and then if you decide to test you will pay the HIV testing fee and then have your blood drawn. You can then return in the next few days and we will look at your results and discuss them. Is this clear?</i>
Address immediate questions and concerns	<i>Before we go further do you have any concerns or questions?</i>

Counselor proceeds to pre-test protocol

Pre-Test Counseling Protocol Component	Duration (25 – 35 minutes)
Situational Assessment	<i>Motivating reasons for testing and current understanding of HIV/AIDS 5 minutes</i>
Risk Assessment (see table below)	<i>5-10 minutes</i>
Risk Reduction: includes condom demonstration	<i>Modes of transmission which apply. How to reduce their risk. 5-10 minutes</i>
Test Decision Counseling: includes intentions after learning sero-status, coping with results (if negative or positive), support systems and disclosure. Obtain informed consent	<i>5-10 minutes</i>

Examples of Risk Assessment Screening Questions

“What are you doing now or what have you done in the past that you think may put you at risk for HIV infection?”

“Since your last HIV test (if previously tested) have you ever:

- Injected drugs and shared equipment (needles, syringes, cotton) with others?”
- Had unprotected intercourse with someone that you think might be infected (e.g. a partner who injected drugs, has been diagnosed or treated for a sexually transmitted disease or hepatitis, has had multiple or anonymous sex partners, or has exchanged sex for drugs, money or gifts?”
- Had unprotected vaginal or anal intercourse with more than one sexual partner?”
- Been diagnosed or treated for STIs, hepatitis or tuberculosis?”
- Had a fever or illness of unknown cause?”
- Been told you have an infection related to a weak immune system?”

**** Clients who respond affirmatively to one or more of these questions should be considered at increased risk for HIV.**

Once test results are completed, all test results are matched back by code to the individual client file.

c) Condom Demonstration and Availability

- Condom demonstrations to clients are an integral part of pre-test and sometimes post-test counseling. All Counselors should provide condom demonstrations to VCT clients as appropriate and with the clients’ permission.
- Condoms should be available at each VCT site.
- Information on where to purchase condoms can also be given to clients as appropriate.

Additional Procedures for VCT with Couples

- Ensure that both individuals are accessing VCT truly voluntarily and there is informed consent from each individual.
- Each individual is made aware that they will be expected to disclose their test results to their partner during VCT.
- In the pre-test session each member of the couple are given the opportunity to assess their risk behaviors individually with the Counselor (without the spouse present).
- In the post-test session results may be given either together or individually with the Counselor facilitating sharing of disclosure depending on couple preference.
- After disclosure of test results, post-test counseling proceeds with both partners present.

d) Post-Test Counseling Protocol

The main goal of this session is to inform the client of their test result and to help clients understand and cope with the results.

Post-Test Counseling Protocol (Is exactly the same regardless of the test result)	Duration (25- 50 minutes)
Test result counseling: <ul style="list-style-type: none"> • Assess client's readiness to receive the result • Provide the test result and remind the client of the meaning of the test result • Ensure the client understands what the results mean and address immediate emotional concerns 	<i>5-10 minutes</i>
Negotiate risk-reduction	<i>5-10 minutes</i>
Disclosure to partner/plans for disclosure	<i>5-10 minutes</i>
Identify clients needs and make appropriate referral/s	<i>5-10 minutes</i>
Provide time to ask questions, address concerns and make a follow-up appointment	<i>5-10 minutes</i>

e) Strategies for Risk Reduction during Post-Test Counseling

Global Risk Reduction steps which are unlikely to be effective in changing behavior	Specific Risk Reduction steps which are likely to be more effective in changing behavior
Always use condoms	<ul style="list-style-type: none"> * <i>Buy a condom tomorrow and try it on</i> * <i>Carry a condom next time you go out</i> * <i>Starting today put condoms beside the bed</i> * <i>Starting tonight request your partner/s to use a condom or tell them you will not have (vaginal/anal) sex</i>
Have fewer or less risky partners	<ul style="list-style-type: none"> * <i>Stop seeing (specific partner) who is seeing other people</i> * <i>Break up with (specific partner) before getting together with someone new</i>

Global Risk Reduction steps which are unlikely to be effective in changing behavior (cont.)	Specific Risk Reduction steps which are likely to be more effective in changing behavior
Have safer sex	<ul style="list-style-type: none"> * <i>Talk honestly about your HIV status with (specific partner) and ask about his/her HIV status</i> * <i>Next time you are out with friends and may have sex, avoid getting "high" on drugs or alcohol</i> * <i>Only kissing, etc. with (specific partner)</i> * <i>Tomorrow, ask (specific partner) if he/she has had a recent HIV test and has been tested for other sexually transmitted diseases</i>
Stop injecting drugs	<ul style="list-style-type: none"> * <i>Contact a drug treatment center and make an appointment</i> * <i>Obtain clean equipment tomorrow so you can use it next time</i> * <i>Make sure each time you "use" it is with clean equipment and do not share your equipment (needles, syringes, cotton, etc.)</i>

When exploring risk reduction strategies with a client, time must be taken to address potential barriers to implementing such strategies and to develop personalized ways of overcoming such barriers.

f) Quality Assurance Measures for Counseling

All VCT sites and counseling services must ensure that the counseling provided to clients is of high quality. The following strategies should be applied at all VCT sites to maintain quality assurance:

- Foundation training, refresher training and training updates for counseling staff.
- Regular formalized supervision and support for counseling staff (by a psychologist or social worker). Supervision may include case presentations, observation of counseling sessions (with client consent), taped counseling sessions (with client consent), application of quality assurance tools (checklists and reflection forms), etc.
- Peer support between Counselors as required.
- Feedback from clients on their levels of satisfaction, via one page anonymous surveys to random clients or brief interviews of clients after receiving services (conducted by Site Managers or supervisors).

6. Alternatives to VCT

Upon entering the VCT center, clients have three options of services to choose from, which include:

- Information/Brochures only
- Counseling only
- Full VCT

Clients may fear being tested upon their first visit to the VCT site, and should therefore be encouraged to obtain information about VCT and return for full VCT services in the future.

a) Counseling without Testing

Upon the request of clients, counseling services can be provided for people with symptomatic HIV and their families, and those with HIV/AIDS related concerns. Hotline services (where psychologists and physicians are employed) and clinical care providers (e.g. physicians/nurses) in these circumstances should:

- Review knowledge of HIV, including transmission and prevention.
- Conduct a personal risk assessment with the client.
- Discuss the possibility of an HIV related diagnosis, combining risk profile, symptoms and clinical state (only within clinical settings).
- Review the client's understanding.
- Discuss personal risk reduction.
- Discuss personal and family implications if infected.
- Discuss strategies/options for referral and testing and/or further care and support.
- Provide condoms or referral as appropriate.

b) Testing without Counseling

Where a health care facility lacks the capacity to provide pre- or post-test counseling, a referral to a VCT site or other counseling service should be arranged before an HIV test is performed, and when an HIV test result is given.

7. Referral

Clients, with their consent, will be referred to available services that are responsive to their priority needs. Hence, clients will be moving from an anonymous structure, to one where confidentiality is maintained.

Potential services to be included:

- **Partner counseling:** to address risk reduction issues (with sexual and/or injecting partners) or to assist clients to facilitate beneficial disclosure.
- **Psychological/Mental health services:** Clients who have mental illnesses, developmental disability or ongoing difficulty coping with HIV diagnosis or conditions should be referred to appropriate mental health services.
- **Support groups:** assistance for HIV positive individuals, their spouses and families where appropriate and available.
- **Reproductive health services:** Female clients who are pregnant or of childbearing age should be referred to reproductive health services.
- **Drug or alcohol prevention and treatment:** Clients who abuse drugs or alcohol should be referred to substance abuse services.
- **Medical care and treatment:** e.g. screening, diagnosis and/or treatment of opportunistic infections (including TB), sexually transmitted diseases, hepatitis, assistance for nutritional guidance, home care, etc.

Facilitation of referral will be documented on the Client Intake Form, the VCT Logbook and other ongoing records as appropriate. Facilitation of the referral will be done verbally, by phone, or in writing by a referral letter that the client carries with him/her to the referral agency (subject to the client's preference).

All Counselors will maintain and update a comprehensive standard list of referral agencies and contact details. Where possible, Counselors will follow-up on referrals to ensure high-quality client care and service provision.

8. Record Keeping

Client records are confidential and are stored in secured locked cabinets. At a minimum, recorded information on each client should include:

- Client code
- Client demographics
- Reasons for seeking VCT
- Client risk behavior or exposure
- Date of pre-test counseling
- Laboratory result
- Date of post-test counseling and result notification
- Any referral and follow-up provided

Data collection instruments used in VCT can include:

- VCT Logbook (this register is also used when compiling statistical information for the site and NAP; along with the Client Intake Form)
- Witnessed Consent Form for HIV Testing
- Client Intake Form (more in-depth record of clients details, needs and services provided)
- HIV Laboratory Request Form
- Inventory Forms
- VCT Service Request for Referral (to be used when written referrals are required)
- Client Exit Questionnaire
- Checklist for Direct Observation of Counseling Session
- VCT Monthly Report

All of the above data collection instruments can be found in the *Monitoring and Evaluation Plan for Voluntary HIV Counseling and Testing*.

Counselors should be required to compile monthly, quarterly and annual reports which are submitted to the Site Manager. Quarterly and annual reports should also be sent to the NAP. Site Managers should ensure that there is no double reporting of clients.

9. Notification of HIV Positive Case Statistics to the National AIDS Program

All VCT sites are required to submit demographic data on all newly detected HIV positive cases (that have not previously tested positive) to the NAP. It is the role of the Site Manager to provide the NAP with this data.

The data reported to the NAP should include (but is not limited to):

- Age
- Gender
- Marital Status
- Educational Level
- Province
- Mode of HIV transmission if known
- Reason for testing

No identifying information will be required by the NAP beyond case reporting of demographic information. The purpose of such case reporting is to monitor the trends of HIV infection and to assess the impact of prevention and control interventions over time in line with the mandate of the NAP.

10. HIV Testing

a) Fees for Testing

A modest fee will be charged for HIV testing (screening and confirmatory tests). Each site and referral agency has the capacity to waive the testing fee where clients have limited ability to pay and would benefit from HIV testing. Counseling is provided as a free service that is part of the VCT package.

b) HIV Testing for Certification Purposes

All clients requiring official certification of their HIV status should report to the Ministry of Health and Population's Central Laboratory located at 19 Sheikh Rehan Street, in front of the American University, Bab El Louk, Cairo - Egypt.

c) Issuing of HIV Test Results

- Test results are to be provided during post-test counseling. As much as possible, this should be done by the same Counselor who provided the pre-test counseling.
- Face to face issuing of test results through post-test counseling is strongly encouraged.
- All clients are provided with the opportunity of viewing their test result documents.
- To avoid misuse of test results, test results documentation remain the property of the testing site.

d) When should a person who tests negative have a subsequent test?

Because of the window period, a person who is HIV infected will require up to three months in many cases until sero-conversion takes place. This will be communicated during pre-test counseling to assist in test decision making. Persons exposed to potential risk practices (e.g. unsafe sex or contaminated blood) recently will be encouraged to test and/or re-test after three months of the most recent risk exposure to ensure an accurate test result. This message should be repeated during post-test counseling for clients who test negative. Clients with exposure to ongoing risk practice may also benefit from referral to other services because their current risk practices might be reinforced by repeated negative HIV tests or they might view HIV testing as "protective".

Counselors will consider the following factors when recommending timing and frequency for follow-up testing:

- Timing of the last potential exposure
- Probability of HIV infection given type of exposure
- Presence or likelihood of ongoing risk behavior
- Likelihood of returning for follow-up VCT
- Client anxiety
- Provider and client relationship

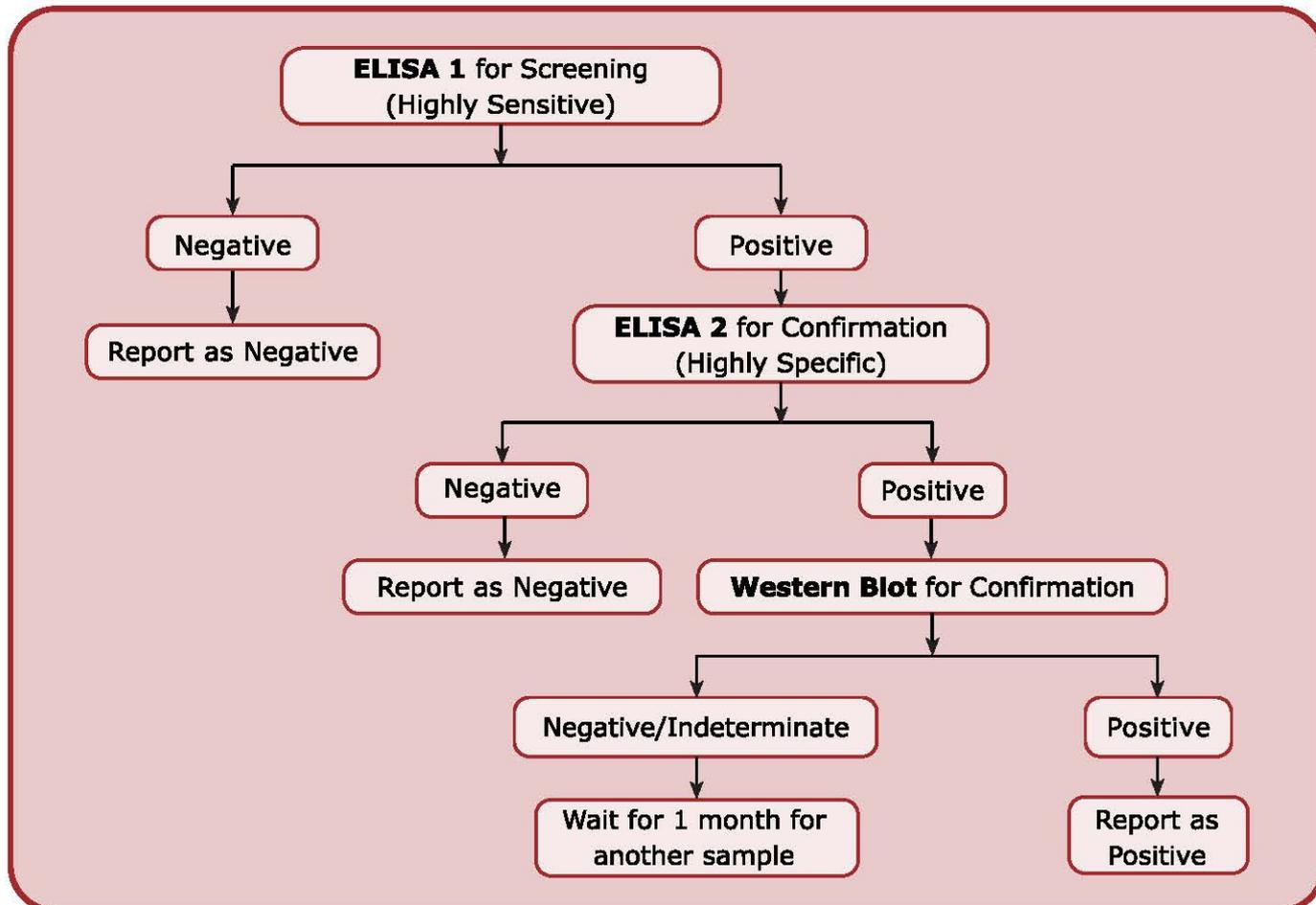
e) Proposed Testing Algorithm

At present ELISA testing is the predominant screening method of testing in Egypt. ELISA testing is suitable only for established reference laboratories in Egypt. The MOHP recommends the use of two different ELISA tests for those blood samples that test positive (see Test Algorithm diagram below). Western Blot is used as the confirmatory test. VCT sites should use identified test kits endorsed by the MOHP and WHO.

Below is an explanation of how the test algorithm should be interpreted:

1. All specimens are first tested with one assay ELISA 1 which is highly sensitive.
2. Specimens that are negative are reported to be negative.
3. Any specimen found positive on ELISA 1 is retested with a second highly specific ELISA 2.
4. Specimens that are negative on ELISA 2 are reported to be negative.
5. Specimens that are positive on ELISA 1 and ELISA 2 will require a Western Blot test for confirmation.
6. A specimen that is negative or indeterminate on Western Blot is reported as negative/indeterminate. In this case, the client should be advised to return for a re-test in one month.
7. Specimens that are positive on Western Blot are reported to be positive.

Interpreting the Test Algorithm



f) Rapid Testing

If external VCT sites are to be established in the future, rapid testing methods should be introduced. Evaluations by the World Health Organization (WHO) and the Centers for Disease Control (CDC) have demonstrated that rapid tests perform as well as ELISA tests (in terms of sensitivity and specificity). However, care needs to be taken to determine which rapid test kits are appropriate for Egyptian settings.

Reasons for Selection of Rapid Tests

The various benefits of using rapid test kits include the fact that:

- They can be used in situations where small numbers of tests are performed per day, because of their cost-effectiveness.
- They do not require sophisticated/expensive equipment and maintenance.
- They do not require highly-qualified laboratory technicians.
- They can be interpreted with less chance of error.
- Many types of rapid test kits do not require a power supply and can be stored at room temperature.
- They can offer same day results.

Criteria for Selection of Specific Rapid Test Kits

Rapid test kits should be selected based on the following criteria:

- High sensitivity (99% or more) and specificity (more than 95%)
- Long shelf life at ambient temperatures
- Reasonable cost
- Ease of performance
- Rapidity of performance

Use of Endorsed Test Kits and How to Procure Them

- All VCT sites will use test kits endorsed by the MOHP and WHO.
- The HIV test kits bulk purchase program established by WHO, in collaboration with UNAIDS, provides the NAP with tests giving the most accurate results at the lowest possible cost.
- All Ministry of Health affiliated sites will receive test kits via standard application to the MOHP.
- Private health facilities and non-governmental organizations (NGOs) can procure HIV test kits directly from the manufacturers. However, these sites must also ensure they procure only those kits endorsed by the MOHP and WHO.

g) Quality Assurance of Testing

The following measures will be followed in order to guarantee a high standard of testing at all VCT sites:

- All positive samples tested during screening will be retested for confirmation using a test kit with different antigens and principles.
- The Central Laboratory operates as the official External Quality Assurance agency for all HIV testing in Egypt.
- Internal quality control of all HIV test samples maintained onsite will be conducted on a daily basis.
- Test kits will be stored properly and cannot be used following the date of expiration.

Guidelines for Quality Assurance Among Health Workers Performing Testing

- Welcome the client and explain that a small amount of blood will be drawn.
- Draw a blood sample from the client.
- Ensure that the sample is marked with the client's code number corresponding to the laboratory request form and client's VCT card. Show this to the client so that they are reassured that the blood sample matches their code.
- Ensure the client has made an appointment with the VCT Site Coordinator on when to return for their test results and that the result will be given during post-test counseling.
- Do not draw blood from another client until you have completed testing procedures and documentation for the current client.
- When results are available, record additional documentation on client records.
- Report if there are any test kits that have expired or are almost expired.

11. Infection Control Measures and Post-Exposure Prophylaxis (PEP)

Infection Control Procedures will follow the guidelines of the National Infection Control Program.

Post-Exposure Prophylaxis

At present, no antiretroviral (ARV) drugs are available at VCT sites. Provision of antiretroviral drugs for post-exposure prophylaxis (PEP) for all phlebotomy staff is important in case of any potential exposures, such as needle stick injuries.

Immediately following any exposure – whether or not the source is known to pose a risk of infection – the site of exposure (e.g. wound or intact skin) should be washed liberally with soap and water, but without scrubbing. Free bleeding of puncture wounds should be encouraged gently, but wounds should not be sucked. Exposed mucous membranes, including conjunctivae, should be irrigated copiously with water, before and after removing any contact lenses.

The issuing of PEP should be considered after an exposure with the potential to transmit HIV, and hepatitis, based on the type of body fluid or substance involved, and the route and severity of exposure.

PEP should be started as soon as possible after potential exposure to HIV. The medications used in PEP depend on certain aspects of the exposure to HIV.

The following situations are considered serious exposure:

- Exposure to a large amount of blood
- Blood coming in contact with cuts or open sores on the skin
- Blood visible on a needle that stuck someone
- Exposure to blood from someone who is HIV positive

For serious exposures it is recommended to use a drug combination of more than two approved ARV drugs for four weeks.

For less serious exposure, four weeks of treatment with two ARV drugs is recommended.

Side Effects of ARV

The most common side effects from PEP medications are nausea and generally not feeling well. Other possible side effects include headaches, fatigue, vomiting and diarrhea. Thus, health care workers taking PEP medications do require support due to the side effects of ARVs, as many health care workers do not complete the treatment.

12. Monitoring of VCT

The M&E of programmatic efforts is crucial if a program's goals and objectives are to be achieved and expenditure of resources is to be justified. Monitoring and evaluation of program efforts also enhances the standard of service delivery.

Site Supervisors or Managers should accomplish the following:

- Ensure that VCT sites operate during hours suitable to their clientele and with minimal delay in providing services.
- Ensure adequate stocks of authorized materials and equipment are available on site (test kits, gloves, educational materials, condoms, etc.).
- Establish systems to ensure that anonymity/confidentiality is maintained for all VCT clients.
- Target VCT to persons who may engage in high risk behaviors.
- New Counselors should be observed during counseling (with the client's consent) by a trained supervisor, until proficiency is assured.
- Ensure that counseling is tailored to the individual or couples needs, and involves clients in identifying their own risk behaviors.
- Ensure that there is regular quality control and supervision for counseling and testing.
- Ensure training and re-training of Counselors and laboratory staff as required.
- Ensure appropriate written materials are available and distributed to clients.
- Ensure condoms are available and distributed as appropriate to clients.

VCT indicators that may be used for M&E of VCT and all required data collection forms are included in the *Monitoring and Evaluation Plan for Voluntary HIV Counseling and Testing*.

NOTES

A series of horizontal dashed lines for taking notes.