



Testing services for HIV, hepatitis C, hepatitis B, and tuberculosis

RECOMMENDED BEST PRACTICE POLICIES to increase clients' knowledge of their HIV, hepatitis C (HCV), hepatitis B (HBV), and tuberculosis (TB) infection status, and to prevent further transmission of infectious disease by facilitating access to testing and screening supports:

- Educate clients about the benefits of regular testing, early diagnosis, and treatment for HIV, HCV, HBV, and TB
- Educate clients about the types of testing available to facilitate informed choice
- Refer clients to testing and counselling service providers in the community
- Establish and maintain relationships with a variety of testing and counselling service providers, in particular those with experience working with people who use drugs
- Implement onsite counselling (pre and post) and voluntary testing services for HIV, HCV, HBV, and TB according to municipal, provincial, and federal regulations and guidelines
- Evaluate and publish any testing interventions undertaken

Key messages

Social factors and sexual and drug use behaviours (e.g., sharing equipment) combine to elevate the risk of infection and pathogen transmission for people who use drugs. Pathogens of particular concern are HIV, HCV, HBV, TB, syphilis, chlamydia, and gonorrhoea. (For guidance on STI testing, please refer to the Canadian Guidelines on Sexually Transmitted Infections available from the Public Health Agency of Canada, see www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php.) Inconsistent medical care and hesitations around disclosure of drug use can elevate infection risk. Since needle and syringe programs (NSPs) are often the only sources of preventive care for people who use drugs, these programs are important sites for offering testing and counselling services. However, there are a number of barriers to uptake of testing services, including: individual factors (e.g., fear of testing, fear of being stigmatized after testing positive); service provider factors (e.g., reluctance to assess need for testing, lack of rapport between service provider and client); and agency/institutional level factors (e.g., limited financial resources to provide comprehensive testing services, lack of anonymous testing).

Rates of testing and return for results can be increased by, for example, combining other tests and medical services, rapid testing, convenient locations, financial incentives, and anonymous testing. Testing and counselling services can also impact service user knowledge and practices to prevent pathogen transmission.