

The HIV testing process

Summary

This fact sheet reviews the process for getting a test done by a healthcare provider or community worker. It does not cover HIV self-testing. However, if a person gets a reactive result on a self-test, they need to confirm the result with a standard test (following the process outlined in this fact sheet). For information about self testing, see CATIE's fact sheet on [HIV self-testing](#).

There are several steps in the HIV testing process. To access an HIV test, people can request a test or they may be offered a test from a healthcare provider or community worker. There are three types of HIV testing options that may be available: nominal (identifying/name-based) testing, non-nominal (non-identifying) testing, or anonymous testing. In all cases, a person must give their consent before having an HIV test.

A person should be given information or counselling about HIV before the test. Depending on the tests that are available, a blood sample is either sent to a laboratory for testing ("standard testing") or it may be tested immediately at the testing site ("point-of-care testing"). If the blood is sent to a laboratory, the person may have to return at a later date to receive the result. With a point-of-care test, the person will receive the result within a few minutes.

HIV is a reportable disease in Canada so if someone tests positive for HIV, the result is reported to local public health authorities. Following an HIV test, a person can be linked to other services, including support, care, and prevention.

FACT SHEET

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This fact sheet outlines the general approach to HIV testing in Canada, although each region may have slightly different approaches to HIV testing.

How can someone get an HIV test from a healthcare provider or community worker?

People can either voluntarily request an HIV test (voluntary HIV testing) or they may be offered a test by a healthcare provider without asking for it (provider-initiated testing). Provider-initiated testing can happen in a variety of routine care settings, such as pre-natal care, hospitals and doctors' offices. In the case of an offer of a test, there are two approaches:

- **Opt-in testing:** a person is offered an HIV test and must actively accept testing before the test can occur.
- **Opt-out testing:** a person is notified that HIV testing is a part of normal care for everyone but they can decline. If they do not decline, consent to testing is assumed.

Many provinces and territories use both voluntary and provider-initiated approaches, varying the strategy based on the setting and population being served.

What kinds of HIV tests can a person get from a healthcare provider or community worker in Canada?

There are two primary approaches to HIV testing: 1) standard HIV testing and 2) rapid point-of-care testing (available in some provinces/territories). To test for HIV, a sample of a person's blood is taken (either a vial of blood from a vein or a couple of drops of blood from a finger prick). The blood is either sent to a laboratory to be tested for HIV or, with rapid point-of-care testing, the blood is tested immediately for HIV at the location it was taken.

If the blood is sent to a laboratory, the person being tested may have to return for a second visit to the place where they were tested to receive the result.

With point-of-care testing, the person receives the result within a few minutes. The result may be non-reactive (negative) or reactive (probably positive). If the test is non-reactive, no further testing is required and the person receives a negative result. However, if the test is reactive, then a second blood sample is taken and sent to the laboratory for confirmatory testing. The person will have to return for a second visit to receive the final result.

For more information on these approaches to testing, see the CATIE fact sheet [HIV testing technologies](#).

A word on the window period

The window period is the period of time from when a person is exposed to HIV to the time when an HIV test can tell for certain whether they have HIV. If the person has a negative test result but is in the window period, then they should be advised when to test again to get a definitive result. For more detailed information on the window period, see the [HIV testing technologies](#) fact sheet.

What information is collected when someone gets an HIV test from a healthcare provider or community worker?

Non-identifying information collected when a person has an HIV test may include age, sex, city of residence, name of the diagnosing healthcare provider, country of birth, ethnicity, and information detailing the HIV-related risk factors of the person being tested.

Whether the name of the person being tested is collected is determined by the testing option: **nominal (name-based)**, **non-nominal (non-identifying)**, or **anonymous testing**. Nominal and non-nominal testing are widely available in Canada. Anonymous HIV testing is available in some, but not all, provinces.

Nominal testing

Nominal testing, or name-based testing, is available across Canada and often takes place within clinics, offices of healthcare providers and hospitals.

When a person has a nominal HIV test, the HIV test is ordered using the person's name. If the test is positive, the result is reported to public health authorities using the person's name and the test result is also recorded in the healthcare record of the person being tested.

Non-nominal testing

Non-nominal, or non-identifying testing, is also available across Canada and often takes place within clinics and offices of healthcare providers. If a person has a non-nominal HIV test, the HIV test is ordered using a code or the person's initials or an alias (depending on the province/territory), not their full or partial name. If the test is positive, the result is reported to public health using the person's name in most (but not all) provinces. The test result is also recorded in the healthcare record of the person being tested.

Anonymous testing

Anonymous HIV testing is available in some provinces and territories, but not all. This form of HIV testing offers the highest degree of confidentiality for the person being tested. The person does not have to give their name and the HIV test is carried out using a code that is not linked to the person's identity. Anonymous testing usually takes place in specialised clinics or other community-based venues.

In most provinces or territories where anonymous testing is available, if an anonymous HIV test is positive, the testing laboratory notifies public health about the positive test result. The name and contact information for the individual being tested is not shared with public health (as they are not known). The HIV test result is not recorded on the healthcare record of the person being tested.

Is HIV testing confidential?

Yes, a person's decision to pursue HIV testing and their HIV status are both confidential pieces of information, except in very rare cases. The maintenance of confidentiality is an important consideration for a person who has decided to be tested for HIV. As with all medical information, it is

the responsibility of the provider (that is, the tester) to ensure that the confidentiality of the person being tested is maintained.

There are very limited circumstances in which confidentiality may be broken without consent. For example, the law may require your personal information to be released or some information may be required to be released to public health.

Does there have to be consent to have an HIV test?

HIV testing must only be performed after a person gives consent that is explicit, informed and voluntary.

It is understood in Canada that respecting and protecting people's rights needs to be central to HIV testing. HIV testing is voluntary in Canada, meaning that a person is free to accept or refuse an HIV test without threat or coercion. Under no circumstances should the person be pressured to receive an HIV test.

What is informed consent?

A person being tested for HIV must provide informed consent. To be able to provide informed consent, the person must be able to:

1. Understand the advantages and disadvantages of HIV testing;
2. Interpret the meaning of the test results; and,
3. Understand how HIV can be transmitted.

A pre-test discussion should ensure that the person being tested is able to provide informed consent. The Public Health Agency of Canada's *HIV Screening and Testing Guide* recommends that verbal informed consent be sufficient, as with other medical tests.

What information does someone receive when having an HIV test?

Before and after the test, the care provider should give the person being tested appropriate written or verbal information or counselling about HIV and how it is transmitted.

Pre-test counselling

Before an HIV test is given, people should receive appropriate information and/or counselling through a pre-test discussion.

During pre-test counselling the person is asked about their knowledge of HIV transmission and prevention and any sexual and/or drug use behaviours that may have put them at risk for HIV. The testing process may also be reviewed, particularly when point-of-care testing is being used and there is a possible need for confirmatory testing. Pre-test counselling may also include a discussion about testing for other sexually transmitted or blood-borne infections, such as chlamydia, gonorrhoea, syphilis, and hepatitis C. It may also include a conversation about the person's post-test support needs (such as risk reduction services, counselling, etc.).

However, because people with many different backgrounds, experiences, history with HIV testing, and risk profiles are tested for HIV, providers offering the HIV test often tailor the pre-test information or counselling they give to meet the context-specific requirements of the individual. For example, in some situations, a provider may offer extensive pre-test counselling, particularly to those individuals who have never tested for HIV. In other situations, a provider may give written information on HIV testing and prevention, particularly for repeat testers. In all cases, the provider must ensure that the person being tested is able to give informed consent.

Post-test counselling

After a person is tested for HIV, whether the person tests HIV positive or negative, the provider should offer post-test counselling or information. The provider should tailor the approach to meet the context-specific requirements of the individual. If a standard test is used, the person is asked to come back for a second visit to get the result and receive post-test counselling. In a limited number of provinces, this may take place over the phone if the result is HIV negative. If a rapid point-of-care test is used, post-test counselling occurs in the same visit after the negative or reactive result has been given to the person.

For more information on post-test counselling procedures, please see provincial, territorial, and national HIV testing and screening guidelines.

What happens if the result is positive?

The process can vary across the country but, generally speaking, when a test reveals that the individual is **HIV positive**, the post-test counselling is extensive (and may take place over time, depending on the needs of the person receiving the diagnosis). Typically, a provider gives a person time to absorb the results, discusses the impact of the positive test result, and provides the opportunity for the person to ask questions. Post-test counselling following a positive diagnosis usually includes support and extensive discussion and comprehensive linkage to other services, including HIV care.

If a rapid point-of-care test indicates a **reactive** result, the person is informed of the result and, after obtaining informed consent, the counsellor draws a blood sample, which is sent to a laboratory for confirmatory testing. The person is given post-test counselling immediately after receiving a reactive result and again when returning to pick up the result of the confirmatory test one to two weeks later.

What happens if the result is negative?

If a standard test reveals that the individual is **HIV negative**, the provider explains the result, ensures the person understands the result, and discusses any other questions about HIV testing, transmission, or prevention. They may also discuss the need for further safer sex or harm reduction education or other services, provide referral to other community services as appropriate, and discuss opportunities for other testing, such as sexually transmitted infections (STIs) or hepatitis C, if appropriate.

If a rapid point-of-care test is **non-reactive**, the person is given the result and post-test counselling as appropriate to their individual needs. This whole process can be completed in one 20-minute visit (although time can vary based on the person's pre- and post-test counselling needs).

People who test negative but are in the window period, may be advised to test again at an appropriate time to ensure the result is accurate. For those who test HIV negative, but are at continuing high risk for infection, efforts should be made to actively ensure that they are linked to and engaged in enhanced prevention services and risk-reduction counselling. They should also be encouraged to repeat testing as necessary.

What happens after a positive HIV test?

After a client receives a positive HIV test result, the result is reported to public health. A positive result initiates a series of processes to support the care of the client, to identify recent partners who may benefit from testing, and to prevent onward transmission.

Public Health notification

HIV is a reportable, or notifiable, illness in all Canadian provinces and territories except for Quebec (in Quebec, public health regulations require the collection of epidemiological and biological information, which is entered anonymously into a provincial database for surveillance purposes).

Being reportable or notifiable means that when an HIV infection is confirmed by a clinic, doctor or laboratory, it is reported to public health authorities (within their jurisdiction). Each province and territory has public health laws that stipulate specific requirements for reporting HIV diagnoses. HIV is a reportable disease because it is considered to be of significant importance to public health.

The amount of information collected and shared with public health (in the case of HIV-positive test results) varies according to each province or territory. However, all provinces and territories provide non-nominal (non-identifying) data on positive tests to the Public Health Agency of Canada, which facilitates the production of national-level reports on the state of the HIV epidemic in Canada.

Partner notification

HIV partner notification, or contact tracing, is the practice of identifying, locating and informing someone that a partner they have had sex or used drugs with has been diagnosed with HIV. Contact tracing is meant to encourage the partners to test for HIV to identify new HIV infections as early as possible.

When someone has a confirmed HIV diagnosis, they are asked by the healthcare provider or public health nurse to contact or provide contact information for all their sexual or drug-sharing partners since their last HIV test. If the person chooses to not contact their partners themselves, the healthcare provider or public health nurse attempts to contact the partners and encourage them to test for HIV. All efforts are made to protect their anonymity, such as not providing the name of the person to partners when they are contacted. However, in some circumstances, such as when the person being contacted only has had one sexual partner, it may not be possible to maintain their anonymity.

Many provinces and territories have laws associated with partner notification. Some require that partner notification be carried out, while others allow it to be carried out. In some provinces and territories there is no specific laws mandating contact tracing, but health officials conduct contact tracing based on available Canadian guidelines.

Linkage to prevention and care

HIV testing is an important entry point for people into other services, such as HIV care, treatment, and prevention, as well as other services such as harm reduction and housing.

For people who test HIV positive, attempts should be made to ensure they are linked to, engaged in, and retained in HIV care and treatment, as well as to ensure they are linked to information and services related to prevention, to help avoid the onward transmission of HIV.

For people who test HIV negative, but may continue to be at risk of acquiring HIV, attempts should be made to ensure that they are linked to prevention

services, such as pre-exposure prophylaxis (PrEP) and risk-reduction counselling, and repeat testing.

CATIE resources for service providers

[HIV testing technologies](#) – fact sheet

[HIV self-testing](#) – fact sheet

CATIE resources for clients

[HIV Testing – I know my HIV status](#) – client brochure

[HIV Testing: Everything you need to know](#) – booklet

[HIV Testing: What you need to know](#) – video

Testing guidelines

National

[HIV screening and testing guide](#) – Public Health Agency of Canada (PHAC)

British Columbia

[HIV testing guidelines for the province of British Columbia](#)

[Guidelines for testing, follow up, and prevention of HIV](#)

Saskatchewan

[Saskatchewan HIV testing policy](#)

Ontario

[Ontario HIV testing frequency guidelines: Guidance for counselors and health professionals](#)

[Guidelines for HIV testing and counselling](#)

Quebec

[Guide québécois de dépistage des infections transmissibles sexuellement et par le sang](#) (available in French only)

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Disclaimer

Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV- and hepatitis C-related illness and the treatments in question.

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