Ontario HIV Testing Frequency Guidelines:

Guidance for Counselors and Health Professionals

AIDS Bureau,
Ministry of Health and Long-Term Care
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HIV Testing Frequency Guidelines

HIV counseling and testing is an important component of Ontario's HIV prevention programs. Diagnosing HIV as soon as possible after an infection is important both for managing the health of the individual and preventing further transmission.

This document focuses on Ontarians who are at greatest risk of acquiring HIV and is inclusive of the following groups:

- gay, bisexual and men having sex with men (MSM)[1],
- people using injection and non-injection drugs and sharing drug equipment (IDU)
- heterosexual men and women from African or Caribbean countries
- heterosexual men and women from Aboriginal populations, and
- heterosexual men and women whose partners are HIV-positive or at risk of HIV (e.g. one of the above populations)

How often should people be tested for HIV is a question asked by clients and health care providers. This document is intended to provide guidance for counselors and other health professionals offering HIV counseling and testing and is intended for use by organizations and individuals providing all types of HIV testing in Ontario: including anonymous, non-nominal and nominal testing.

It is anticipated that those providing HIV testing will use their own judgment and knowledge of their clients behaviours and risk factors as well as in conjunction with Ontario's *Guidelines for HIV Counseling and Testing (2008)* available at: *http://www.health.gov.on.ca/english/providers/program/hivaids/general/com_materials.html*

[1] Ontario's Gay Men's Sexual Health Alliance (GMSH) defines gay, bisexual and other MSM to include but not limited to gay and bisexual men, transsexual or transgendered and heterosexual men who have sex with men, as well as men who live in urban and rural communities, men who use drugs and alcohol and men who have sex with men who enter gay community venues for sex but are otherwise unaffiliated with the gay community or who ascribe meaning to their sexual activity that is consistent with their cultural, religious or community norms and beliefs about sexuality and homosexuality. (*Re-invigorating HIV Prevention for Ontario Gay, Bisexual and Other Men Who Have Sex With Men: A Framework for Ontario's Gay Men's HIV Prevention Strategy, 2005)*

The guidelines were developed with the support of health care providers, administrators and researchers from Ontario, including:

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These guidelines are to be used based on the following assumptions:

- Clients have had a baseline HIV-negative test; if not, counselors should offer a baseline test in accordance with Ontario's *Guidelines for HIV Counseling and Testing (2008)*

- Counselors should be aware that there may be barriers to client disclosure of HIV risk activity for reasons such as mental health issues, drug/alcohol use, fear or shame, and poor recall. Ontario's *Guidelines for HIV Counseling and Testing (2008)* provide guidance on exploring clients' HIV risk.

- The likelihood of HIV infection is based both on the risk behaviour of the individual (that could expose them to HIV) AND the likelihood that they have engaged in that behaviour with a person who has HIV infection. The risk of HIV infection increases with the frequency of the risk behaviour and the number of partners who may have HIV infection.

- About 80% of individuals who acquire HIV infection will experience sero-conversion symptoms which may include fever, sore throat, rash and myalgia. The severity and duration of symptoms may vary and may be mistaken for other viral illnesses.

- While condoms offer excellent protection, there remains some level of risk due to condom breakage, leakage or slippage. Sometimes, leakage or slippage may not be recognized.

- Condom breakage represents an exposure equivalent to unprotected intercourse, as does dipping (penetration without ejaculation) and delayed application or premature removal of condoms due to exposure to vaginal or rectal fluids, or pre-ejaculate. Condom leakage or slippage that may have caused exposure to vaginal or rectal fluids or semen should also be considered an exposure equivalent to unprotected intercourse.

- Partners must be considered unknown HIV status unless the relationship remains mutually monogamous beyond the 3-month window period and both partners test HIV negative. This includes casual, new and non-monogamous regular partners.

- An HIV negative result at 3 months following a specific exposure incident means that specific exposure did not result in HIV infection, but does not rule out infection due to a subsequent exposure, which requires additional testing.

- HIV testing is recommended after every high risk exposure to promote early detection and the benefits of early access to care and treatment. However, in cases where risk activity occurs daily/weekly, the frequency of testing would be determined by what is acceptable to the client, and other practicalities.

- Every client counseling and testing experience is an opportunity for risk reduction education. STI history for both the client and their partners is an important component of counseling and STI testing should be offered in accordance with Ontario's STI guidelines: Sexually Transmitted Infections Case Management and Contact Tracing Best Practice Recommendations (PIDAC, 2009)
  http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/progstds/pdfs/bp_sti.pdf

- Clients currently diagnosed with an STI or named as a contact for an STI should be tested for HIV, and clients with genital herpes ulcers should be advised to test for HIV as well.

The charts below have been developed to consider both the HIV prevalence in the population and the risk behaviours that increase the likelihood of exposure to HIV.

HIV-negative Gay/MSM

These guidelines cover the continuum of no risk to high risk behaviours with other gay/MSM who are either known to be HIV-positive or have unknown HIV status. A decision to not use condoms by a couple should only be considered after both partners test HIV-negative three months after becoming mutually monogamous. These guidelines assume that apparently mutually monogamous relationships are in fact monogamous and that both partners remain HIV-negative. In this context, if an HIV-negative gay/MSM participates in activities with a confirmed HIV-negative partner, there is no risk of HIV infection.

Injection and Non-Injection Drug Users (IDU)

These guidelines cover the combined risks of sharing injection equipment and/or crack and crystal methamphetamine equipment as well as heterosexual sexual exposure. Either unprotected sexual intercourse or sharing of equipment puts an individual in the high risk category for testing frequency. To be considered low risk, safer drug use practices must be observed AND sexual intercourse must be protected.

Other at risk populations: African & Caribbean Ontarians (Men and Women), Aboriginal populations (men and women), heterosexual men and women engaging in HIV risk activities with high risk populations:

These groups are considered to be at risk for HIV infection, primarily because of higher prevalence of HIV in these communities. Heterosexuals from African-Caribbean countries and heterosexual Aboriginal populations in Ontario have higher rates for HIV infections, so unprotected sexual intercourse and other HIV risk activities with individuals from these communities increases the likelihood of exposure.

There are a number of factors that contribute to the epidemic in Ontario, and they include poverty and homelessness, gender inequities, stigma associated with race and sexuality,

among others. The factors, known as the social determinants of health, are known to put some people at increased risk for HIV. (See *A Proposed HIV/AIDS Strategy for Ontario 2008, Ontario Advisory Committee on HIV/AIDS)* Some women are at increased risk of HIV either because they are members of high risk populations or have partners who are at risk for HIV infection, and/or are disproportionately affected by the social determinants of health.

Heterosexuals (men and women) who have partners known to be HIV-positive or at risk for HIV (i.e. a member of any of the HIV high risk groups are at high risk for HIV). A decision to not use condoms by a couple should only be considered after both partners test HIV-negative three months after becoming mutually monogamous. These guidelines assume that apparently mutually monogamous relationships are in fact monogamous and that both partners remain HIV negative. In this context, if both partners are HIV-negative, there is no risk of HIV infection.

NOTE: Based on epidemiologic evidence, Ontario's HIV epidemic is concentrated in specific populations for which these guidelines have been developed. Heterosexuals who are not representative of Ontario's high risk populations or do not have partners known to be HIV-positive or at risk for HIV are not included in these guidelines, as they are at extremely low risk of acquiring HIV . Therefore, it is recommended that after baseline testing, counselors should assess the need for repeat testing based on the client's risk of exposure to HIV.

HIV Negative Gay/MSM

Risk Continuum	Behaviour	Symptoms	First Test	Follow-up - If negative
Highest Risk: unprotected anal intercourse	Unprotected anal intercourse with partner of unknown HIV status or known HIV-positive status or Condom breakage, leakage, or slippage with exposure to body fluids with partner of unknown HIV status or known HIV-positive status or Unprotected penetration without ejaculation including dipping, delayed application or premature removal of condom	**Yes** (flu-like symptoms: fever, fatigue, body rash)*	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing within the window period at discretion of client and counselor – recommend 6 weeks after risk activity. If HIV infection has not occurred the definitive negative test at 3 months after exposure Each new exposure requires additional testing
		No	21 days (3 weeks) after exposure event	Additional testing within the window period, on presentation of symptoms or at discretion of client and counselor – recommend 6 weeks after risk activity. If HIV infection has not occurred, the definitive negative test at 3 months after exposure. Each new exposure event requires additional testing
Lower Risk: protected anal intercourse	Protected anal intercourse with partner of unknown HIV status or known HIV-positive status (includes potential for unrecognized condom leakage or slippage)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor – recommend 4-6 weeks after symptoms. If HIV infection has not occurred, the definitive negative test at 3 months after symptoms. Ongoing testing every 12 months**
		No	N/A	HIV test every 12 months
Lowest Risk: oral sex	Low risk sexual activity with partner of unknown HIV status or known HIV-positive status (e.g. performing oral sex without barrier)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor – recommend 4-6 weeks after symptoms. If HIV infection has not occurred the definitive negative test at 3 months after symptoms Ongoing testing every 12 months
		No	N/A	HIV test every 12 months
No Risk	No need to test for HIV – unless risk level changes			

*HIV Seroconversion Illness: Implications for Promoting HIV Testing Among MSM in Ontario. Ontario HIV Treatment Network. 2009.

**Clients may be apprehensive or uncomfortable disclosing risk behaviour, and/or unaware of risk behaviour due to mental health issues, drug/alcohol use, or poor recall. In these cases, counselors may use their discretion and recommend more frequent testing (e..g. every six months)

HIV Negative Injection and Non-Injection Drug Users (IDU)

Risk Continuum	Behaviour	Symptoms	First Test	Follow-up – if Negative
Highest Risk: Sharing of Drug Using Equipment; Unprotected vaginal or anal intercourse	Sharing syringes or crack pipe equipment OR Unprotected vaginal or anal intercourse with partner of unknown HIV status or known HIV-positive status Or Condom breakage or leakage with exposure to body fluids with partner of unknown HIV status or known HIV-positive status Or Unprotected penetration without ejaculation including dipping, delayed application or premature removal of condom	**Yes** (flu-like symptoms: fever, fatigue, body rash)*	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing within the window period at discretion of client and counselor - recommend 6 weeks after risk activity. If HIV infection has not occurred, the definitive negative test at 3 months after exposure Each new exposure requires additional testing
		No	21 days (3 weeks) after exposure event	Additional testing within the window period on presentation of symptoms or at discretion of client and counselor - recommend 6 weeks after risk activity. If HIV infection has not occurred, the definitive negative test at 3 months after exposure Each new exposure requires additional testing
Lower Risk: No Sharing of Drug Using Equipment; Protected vaginal or anal intercourse	No sharing of syringes or crack pipe equipment AND Protected vaginal or anal intercourse with partner of unknown HIV status or known HIV-positive status (includes potential for unrecognized condom leakage or slippage)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor - recommend 4-6 weeks after symptoms. If HIV infection has not occurred, the definitive negative test at 3 months after symptoms Ongoing testing every 12 months**
		No	N/A	HIV test every 12 months
Lowest Risk: Oral Sex	Low risk sexual activity with partner of unknown HIV status or known HIV-positive status (e.g. performing oral sex without barrier)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor - recommend 4-6 weeks after symptoms. If HIV infection has not occurred, the definitive negative test at 3 months after the symptoms Ongoing testing every 12 months
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Other at risk populations: HIV Negative Heterosexual African & Caribbean Ontarians (Men and Women), Heterosexual Aboriginal populations (Men and Women), Other Heterosexuals (Men and Women) engaging in HIV risk activities with at-risk populations.

Behaviour		Symptoms	First Test	Follow-up– if Negative
Highest Risk: Unprotected vaginal or anal intercourse	Unprotected vaginal or anal intercourse with partner of unknown HIV status or known HIV-positive status from an HIV at-risk population Or Condom breakage, leakage, or slippage with exposure to body fluids with partner of unknown HIV status or known HIV-positive status Or Unprotected penetration without ejaculation including dipping or delayed application or premature removal of condom	**Yes** (flu-like symptoms: fever, fatigue, body rash)*	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing within the window period at discretion of client and counselor - recommend 6 weeks after risk activity. If HIV infection has not occurred, the definitive negative test at 3 months after exposure Each new exposure requires additional testing
		No	21 days (3 weeks) after unprotected exposure event	Additional testing within the window period, on presentation of symptoms or at discretion of client and counselor - recommend 6 weeks after risk activity. If HIV infection has not occurred, the definitive negative test at 3 months after exposure Each new exposure requires additional testing
Lower Risk: Protected vaginal or anal intercourse	Protected vaginal or anal intercourse with partner of unknown HIV status or known HIV-positive status(includes potential for unrecognized condom leakage or slippage)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor - recommend 4-6 weeks after symptoms. If HIV infection has not occurred, the definitive negative test at 3 months after symptoms Ongoing testing every 12 months**
		No	N/A	HIV test every 12 months
Lowest Risk: Oral Sex	Low risk sexual activity with partner of unknown HIV status or known HIV-positive status(e.g. performing oral sex without barrier)	**Yes** (flu-like symptoms: fever, fatigue, body rash)	On presentation of symptoms which generally occur 1 to 4 weeks after infection	Additional testing at discretion of client and counselor - recommend 4-6 weeks after symptoms. If HIV infection has not occurred, the definitive negative test at 3 months after symptoms Ongoing testing every 12 months
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References

The following references were used to guide the development of the Frequency Testing Guidelines:

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