



# HIV INDEX CONTACT TESTING

*Standard Operating Procedures (SOP) Version 1.*

**September 2019**

MOH

HIV/AIDS



*Eswatini National AIDS Program*

## FOREWORD

Eswatini adopted the 95-95-95 strategy as part of the National Strategic Plan to end HIV/AIDS by 2023 which calls for: identifying 95% of people living with HIV (PLHIV); initiating and retaining on antiretroviral therapy (ART) 95% of PLHIV identified; and achieving 95% viral suppression for ART patients. To achieve the first 95, the identification of PLHIV through HIV testing is key to the strategy's success. Adult HIV prevalence in Eswatini is 27% but the HIV-positivity rate of HIV tests (the proportion of HIV tests performed with an HIV-positive result) dropped from 8% in 2012 to 6% in 2017 (Ministry of Health Annual HIV report, 2018). The drop in the HIV yield prompted the Ministry of Health intensify case finding through targeted testing and link them to treatment. In index case testing, a person with confirmed HIV infection (index case) is asked to list all family members (Sexual partners, biological children, siblings, and parents) to invite them for an HIV test. In index testing, the priority will be given to direct sexual contacts and biological children of the index case. Index testing services can also be extended to other family members (e.g. siblings, parents, extended family members etc.) and social network/peers. The approach has proven to be a key intervention in diagnosing PLHIV and enrolling them on treatment.

HTS as well as universal access to ART are important strategies that underpin country efforts to identify and provide treatment for their citizens living with HIV, supporting their ability to meet the Joint UNAIDS HIV/AIDS 95-95-95 global HIV targets by 2023: 1) 95% of all people living with HIV will know their HIV status 2)95% of all people with diagnosed HIV infection will receive sustained ART and, 3)95% of all people receiving ART will have viral suppression.

Index contact testing showed that with a focused strategy in actively testing contacts of those already infected with HIV, the program can increase HIV case detection. Moreover, this strategy supports Eswatini in achieving equity in reaching the first 95 for males, children and adolescents through family testing. Overall, index contact testing is a promising strategy to maximize HIV case detection. The index contact testing approach will be using the different active notification strategies ( provider referral, contract referral and dual referral) to notify and invite the index case's sexual partners, needle sharing partners and biological children. Similar active notification strategies are used to reach siblings, parents, family members and associates/peers and assist them to go for HIV testing.

This SOP outlines the procedure for index contact testing, client education material, and monitoring and evaluation tools. The SOP targets all HIV Testing Services providers and ART providers in both private and public sector, NGOs, researchers and any other relevant service provider within the community and clinical settings.

All HTS providers are encouraged to continue to scale-up the adoption of index contact testing for identification of all PLHIV and link them to treatment. Clinic managers and programmers are encouraged to support the implementation and timely reporting of this crucial approach to ensure that we smoothly progress towards achieving the UNAIDS/WHO 95-95-95 targets.

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**DIRECTOR OF HEALTH SERVICES**

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**ACRONYMS**

**ANC:** Antenatal Care

**ART:** Antiretroviral Treatment

**CDC:** Centre for Disease Control and Prevention

**CMIS:** Client Management Information System

**HIV:** Human ImmunodeficiencyVirus

**HIVST:** HIV Self Testing

**HTS:** HIV Testing Services

**IPV:** Intimate Partner Violence

**MDT:** Multi-Disciplinary Team

**PLHIV:** People Living with HIV

**PNC:** Post Natal Care

**PrEP:** Pre Exposure Prophylaxis

**PVC:** Post Violence Care

**QI:** Quality Improvement

**SOP:** Standard Operation Procedure

**STI:** Sexually Transmitted Infection

**VMMC:** Voluntary Male Medical Circumcision

**WHO:** World Health Organization

## DEFINITION OF KEY TERMS

**HIV index case:** This is an individual diagnosed with HIV infection (either newly diagnosed or a known HIV infected individual).

**Index contact:** Individuals exposed to HIV by the index case, including sexual partners, needle-sharing partners, and biological children of HIV-positive women.

**Index Testing:** Index testing is a focused approach to HIV testing in which individuals exposed to HIV, including sexual partners, needle-sharing partners, and biological children of HIV-positive women are offered and receive HTS.

**Index contact testing:** Index contact testing describes the process of tracing and offering HIV testing services to sexual partners, needle-sharing partners, and biological children of HIV positive women below the age of 15 years of both newly identified HIV infected individuals and those of already known HIV positive status; with a goal to identify those infected with HIV but are not aware of their status.

**Partner notification services:** HIV partner notification is a voluntary process where trained health workers, including lay providers, ask people diagnosed with HIV about their sexual partners or drug injecting partners, and with the consent of the HIV-positive client, offer these partners voluntary HIV testing. Partner notification is provided using assisted or passive approaches. Assisted partner notification services (such as provider, contract or dual referral) increase the uptake of HIV testing among partners of HIV-positive clients, and high proportions of HIV-positive people are diagnosed and linked to treatment.

**Peer Driven service:** This refers to an approach led by HIV positive peer workers, who are trained to create and manage a “referral chain network.” The peer outreach workers (e.g. KP members), who is trained to engage new KP members in HIV testing and to identify other KP members to serve as “peer mobilizers.” Peer mobilizers have undergone HIV testing (and, if HIV positive, are enrolled in treatment); they pass referral slips for HIV testing to members of their social or sexual networks.

**Social Network:** Social networks are in physical as well as social spaces. Network members meet each other, live, and engage in risk behaviours in specific setting.

**Social Network Testing:** Is a recruitment strategy for reaching and providing HIV counseling, testing, and referral services (HTS) to persons who are unaware of their HIV infection by using social network connections to locate individuals at the highest risk for HIV. The strategy is based on the concept that individuals are linked together to form large social networks, and that infectious diseases often spread through these networks e.g. Key Populations.

**Sexual partner:** In the context of index contact testing, refers to a person that the index client has had sexual contact with in the past 12 months. A sexual partner includes one-night stands, casual sex partners, even a person one has had informal sex with.

Associate testing:

## CHAPTER 1: INTRODUCTION

The Kingdom of Eswatini adopted the 95-95-95 strategy as part of the National Multisectoral HIV and AIDS Strategic framework to End AIDS by 2022 which calls for: identifying 95% of people living with HIV (PLHIV) to know their HIV status. The drop in HIV incidence and HIV yield prompted the Eswatini



National AIDS Programme (ENAP) to intensify HIV case finding through targeted testing and link the identified HIV positive people to treatment.

This HIV Index Testing Standard Operating Procedure (SOP) presents critical components for effectively planning, implementation and monitoring of intensified HIV case finding through Index contact testing strategy. All index contact testing must comply with the 5Cs principles of HIV Testing Services (HTS). If the index client agrees, each listed partner and child will be:

- (1) Contacted using the preferred notification method
- (2) Offered HIV testing services and linked to appropriate services

**Goal:** The goal of index testing is to break the chain of HIV transmission by offering HTS to persons who have been exposed to HIV and linking them to: HIV treatment, if positive, or HIV Prevention services (e.g. VMMC, PrEP, condoms), if negative.

**Purpose:** The purpose of this manual is to provide conformity to common standards and procedures to healthcare workers on how to plan, implement and design support for PLHIV to test their contacts for HIV. All staff providing HIV index contact testing services should adhere to the standard operating procedures when delivering services to meet the set standards of quality.

**Target users:** This SOP targets Healthcare workers such as HTS providers: Expert Clients; Nurses; Doctors; Community health care workers to mention but a few. Health care workers will receive training on how to conduct index testing services.

#### **Benefits of HIV Index contact testing**

- Provide support to the index clients to assist them in getting their partner(s) and child(ren) tested for HIV
- Offers assisted disclosure to partner(s) and child(ren)
- Allows HIV-positive partner(s) and child(ren) to access HIV treatment to reduce HIV-related disease and mortality
- Reduces future rates of transmission by aiding in early diagnosis and treatment for partner(s) and child(ren) found to be HIV-positive
- Improved quality of life for the whole family and partner(s) as there will be fewer visits to health care facilities.

**Prioritize Index Testing for Known HIV positive Clients on ART with High Viral load or presenting with STIs should be done every 12 months**

## **CONSIDERATIONS FOR OFFERING INDEX TESTING SERVICES**

### **Priority for Index Testing**

Index testing should be offered to every individual newly diagnosed as HIV positive.

- Prioritize those newly diagnosed with a recent HIV infection

High priority should also be given to:

- A known HIV positive client on ART with a high viral load or presenting with STIs and other OIs
- A known HIV positive client, Not on ART
- HIV positive client at delivery and Post Natal Care (PNC)
- HIV-Positive pregnant and breastfeeding women due to the high risk of mother-to-child HIV transmission.
- Index client reports high risk sexual behavior e.g.
  - Recent unprotected sex with partner
  - Multiple concurrent partnerships
  - Intergenerational sex or transactional sex

Other considerations for prioritization included:

- Index client is an HIV positive adolescent
- Index client is an HIV positive man

#### When to offer Index Testing Services

Partner elicitation and testing is **NOT** a one time event but should be offered continually: Immediately after HIV diagnosis, at least annually as part of HIV treatment services, after a change in relationship status

- Introduce basic index testing services concepts and benefits at pre-test information or counseling
- During post-test counseling immediately after HIV diagnosis
- High Viral Load clients during the first SUAC session and ongoing sessions
- During HIV treatment services
- During clinical visits at all entry points

#### Where to offer Index Testing Services

- At all facility-based HIV testing service delivery or entry points
- At all facility-based HIV treatment sites
- At all community-based HIV testing programs and treatment sites

#### Settings

1. **Community-based testing:** Any testing done outside of a designated health facility. This approach can be done in a community-based setting (home-based, mobile, VCT, drop in centers, and other community platforms).
2. **Facility-based testing:** Any testing occurring inside a designated health facility

NB: Index case HIV testing can also be done using other HIV Case Finding strategies such as Social Network Testing and Peer-driven outreach.

#### Differences between Household testing and Index testing

Household HIV testing	Index Case testing
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NB: Index Testing Services are NOT a one-time event but should be offered continually

We test everyone in the home even if *not directly* exposed to HIV by the index case

HIV testing is offer to those *directly* exposed to HIV by the index case

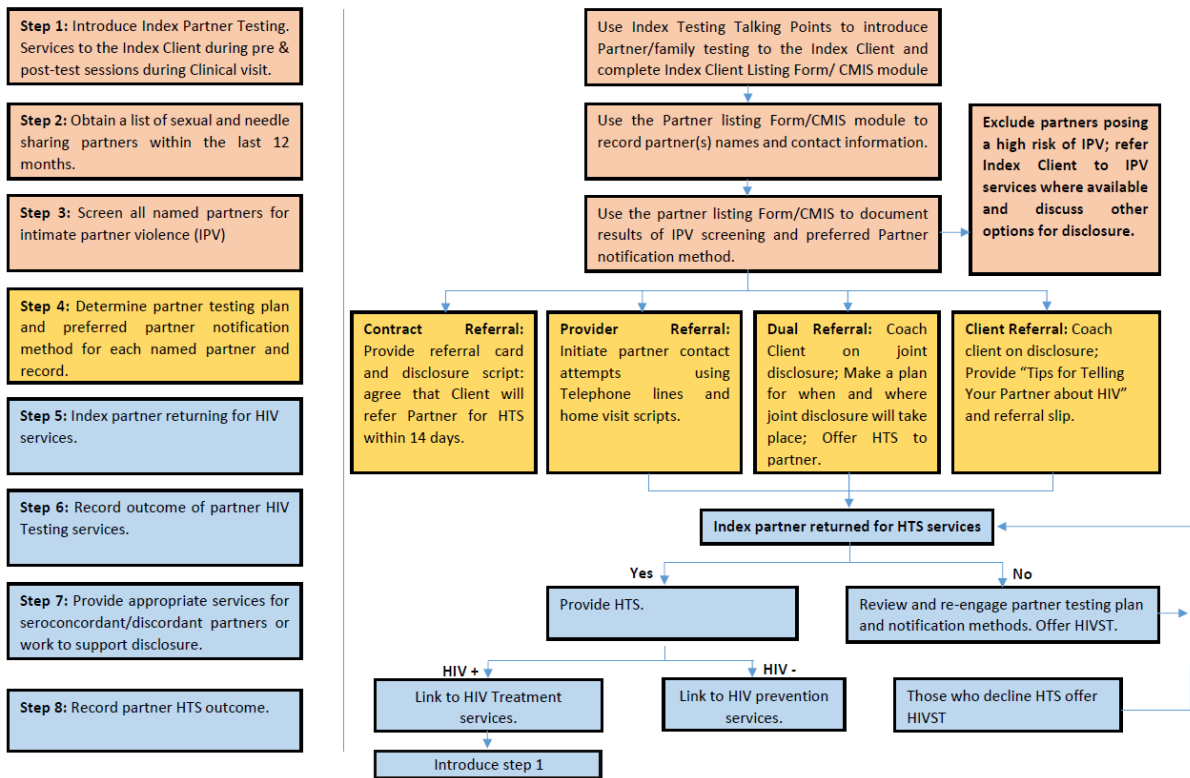
## CHAPTER 2: STEPS FOR INDEX CASE TESTING

This document has two (2) different steps for Index Case HIV testing. These index case testing steps can be applied in both facility and community-based setting.

- ✚ Steps for Partner/Adult Index testing services.
- ✚ Steps for Family/ Children Index testing services

### 1. STEPS FOR PARTNER/ADULT INDEX TESTING SERVICES

#### Steps for Partner Index Testing Services



### NARRATIVE FOR PARTNER/ADULT INDEX TESTING SERVICES

#### STEP 1: INTRODUCE INDEX TESTING SERVICES TO THE INDEX CLIENT

**Personnel:** HTS provider, Nurse, Expert client

**Location:** Counseling Room, HIV treatment

**When:** At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

**Tools:** Index testing logbook/Community Index Form/CMIS

**1. Inform the index client:**

- The clinic is offering index case testing services to assist the client to contact their partner (s) and biological child(ren) <15 with an unknown status to get tested for HIV
- During pre-test counselling/information giving, emphasise the benefits of index case testing and partner knowing his/her status. Start eliciting index contacts as you conduct risk assessment
- Inform the client that there are 4 partner notification options for contacting their partners. These are Provider referral Contract referral, Dual referral and Passive/Client referral. The most preferred method is Provider referral. Emphasize that the client can disclose their status to their “contacts”, but notification can also be done anonymously with the help of the provider.
- During post-test counselling for newly identified HIV positive and/or counselling for clients already on ART: Remind the client of the importance of partner/child(ren) testing

**2. Ensure confidentiality:**

- Assure the client that all information will be kept confidential. This means that:
  - Partners will NOT be told the index client’s name or HIV test results.
  - Testing services and results for children will not be shared with others.
  - You will NOT contact the partner/child(ren) without their permission.

**2. Assist the index case with disclosure**

- Review the **Disclosure Plan** with the index client:
- **Make a disclosure plan** for how and where you will tell your partner.
- Identify language you will use to **start the conversation** with your partner.
- **Anticipate the reactions** your partner might have and how you will respond.
- **Encourage your partner to be tested for HIV**, using the **Partner Referral Slip** and reminding them that treatment and prevention options are available based on their results.

**Practice** what you will say and do.

**3. Assure the client that they will continue to receive the same standard of care at this health facility regardless of whether they choose to participate in index partner/family testing services.**

**4. Answer any questions that the index client might have**

**5. Use the Index case testing register/Community Index Form/CMIS to record contact information for the index client.**

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**STEP 2: OBTAIN LIST OF SEXUAL/NEEDLE SHARING PARTNERS**

*Personnel:* HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

*Location:* Counseling Room, HIV treatment

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* Index testing Register, Community Index Form, CMIS, sexual partner elicitation job aid

1. **Ask the index client to give you the names and contact information of all the persons they have had sex with in the last 12 months (or more than 12months where feasible):**

- Use the sexual partner elicitation job aid
  - Ask the index client to name their main sex partner and other partner(s) they have had sex with in the last 12 months (or more than 12 months where feasible), even if they only had sex once or even if they used a condom every time
    - Asking about the most recent sex partner and working backwards in time (e.g. who is the last person you had sex with? Who was the person you had sex with before that?).
- **If client injects drugs, ask that they also give you the names and contact information for all persons they have shared needles with or “blue-toothed” with**
- 2. Document using the Index case testing Register/Community Index Form/CMIS to record all the partner(s) names.**
- 3. Use the Index testing Register/Community Index Form/CMIS to document the preferred partner notification method**

*NB: Do ensure you have correctly recorded the phone numbers and detailed current physical address (work and residential) of each contact listed. Document at least two functional phone numbers.*

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### STEP 3: SCREEN FOR INTIMATE PARTNER VIOLENCE

*Personnel:* HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

*Location:* Counseling Room, HIV treatment

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* IPV screening tool, index case testing register

Our first duty as health care providers is to do no harm. To protect the safety of the index client, partners who pose a risk of IPV may need to be excluded from partner notification services.

#### **1. Screen all listed sexual partners for intimate partner violence (IPV)**

- Each named partner should be screened for IPV using the 3 screening questions. These questions include:
  - Has [partner’s name] ever threatened to hurt you?
  - Has [partner’s name] ever hit, kicked, slapped, or otherwise physically hurt you?
  - Has [partner’s name] ever forced you to do something sexually that made you feel uncomfortable?

If the index case answers “yes” to any of the screening questions, index testing services are not recommended especially provider and contract notification method.

- 4. If the index case answers “yes” and the safety of the index client cannot be assured, it may not be appropriate to contact his/her partner at this time.**
- 5. If the index case answers “yes” and the Index case consent to index testing despite the potential IPV identified, discuss anonymous dual referral or provider referral with index client and link with community partners to offer targeted HTS.**
- 6. If the index case answers “yes” -Refer index client to social workers and Post Violence Care (PVC) services where available and discuss other options for notification and disclosure.**

## STEP 4: DETERMINE PARTNER TESTING PLAN AND PARTNER(S) NOTIFICATION

Personnel: HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

Location: Counseling Room, HIV treatment

When: At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

Tools: Index case testing Register/Community Index Form/CMIS.

### 1. Review the 3 options for active partner notification.

#### The 3 Partner notification options

- I. **Provider:** Using the opt-out approach, a trained provider agrees with the HIV-positive client that they (Health provider) will confidentially contact the HIV positive client's partner(s) directly and offer the partners voluntary HTS.  
**This is the preferred method of notification and should be prioritized**
- II. **Contract:** when an HIV positive client enters into a contract with trained provider to refer their partners to HTS within an agreed time period (14 days) after which the provider contacts the partners (with the client's permission) directly and offers voluntary HTS.
- III. **Dual:** when a trained provider accompanies HIV positive client when they disclose their HIV status to their partner(s). The provider also offers voluntary HTS to the partners.
- IV. **Client referral:** when a trained provider requests the client to disclose their HIV status to their partner(s).

### 2. Document the preferred method of partner notification for each named contacts and record on the Index testing register/Community Index Form/CMIS.

#### ✚ Note each of the partners that need partner invitation slip

#### ✚ Issue Index Case Testing Invitation slips

- Invitation slips will be issued following an agreed upon option for notification.
- Index Case testing Invitation slip will be for partners, child(ren) over 15 years or mature minors that comes for HTS
- COMPLETE ALL OF THE DETAILS IN THE INVITATION SLIP (e.g. serial number, facility name, Issue date, department, unique identifier)
- ✚ During your discussion with the index client, you notice that the sexual partner will not be able to come to the facility for HIV testing :Health care worker can make arrangements for community HTS
- When both testing options ( facility or community HTS) have been exhausted give HIV self-test kit to index case for distribution to partner (secondary distribution) and document in register

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## STEP 5: REACHING OUT TO INDEX CONTACTS (INITIAL CONTACT TO DETERMINE ELIGIBILITY FOR HTS)

Personnel: HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

Location: Counseling Room, HIV treatment

When: At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

Tools: Index case testing Register/Community Index Form/CMIS.

- Make the first contact to reach the index contacts and determine if the contact is eligible for testing.
  - Eligible clients: are those who status is unknown, known HIV negative status
- Not Eligible: known HIV positive status with documentation

Outcome	Action steps
For those eligible for HTS within your catchment area	Set a date for testing the contact (at facility or community setting) and test client within 3 days.
Eligible and outside your catchment area	Refer the contact to community testing partner immediately
Contacts outside the country	Reach out to the contact and set date for testing
Contact reporting known HIV negative status	Establish when their retesting date is and appoint the client for retesting. In a facility with CMIS, verify the contacts testing information <b>Refer to Step 6 for further details</b>
Contact refusing to be tested	Emphasize the benefits of knowing their HIV status (status is unknown) Refer the index contact to senior colleague to continue  Share your contact details with the index contact so that they can reach-out when they need information
Untraceable/unreachable through calling (Number out of network coverage or not picking up or no contact details)	Conduct home visit to offer HTS and document outcomes
Untraceable/unreachable through physical address	Close the case immediately

**HTS provider reaches out to all listed clients (3 calls should be made within 14 days with the initial call made within 0-1 days of listing) and test for HTS based on agreed upon time. Document initial call outcome, eligibility for HTS testing and schedule the date of appointment**

- For contacts eligible for HTS within your catchment area- encourage them to come to the health facility for HTS or make arrangements for community HTS
- For contacts eligible for HTS outside your catchment area-
  - Make the necessary arrangements for them to go to the nearest health facility. Do mention to the contact that you will call for feedback. Document name & date referred to and outcomes. **Proceed to step 6**
  - Refer for community HTS, if they are not able to go to nearest health facility
- Clients not eligible for HTS- if HIV positive on ART-document ART #; if HIV positive not on ART – facilitate linkages to ART; Recent HIV negative (within the past 8 weeks) - refer for HIV prevention services as appropriate (including access to condoms, PrEP and VMMC)
- **Contacts who decline index case testing offer and are eligible for HTS**
  - Emphasise the benefits of knowing HIV status. **Refer for community HTS.** Document name & date referred to and follow up outcomes. **Proceed to step 6**

- Contacts not reachable on phone after 3 calling attempts made within the 3 working days, immediately Refer for community HTS. Document name & date referred to and follow up outcomes. **Proceed to step 6**

## STEP 6: INDEX CONTACTS ACCESSING FOR HIV TESTING SERVICES

### Community Index testing steps

The cascade starts with the 8 known steps as defined in page 11 of the SOP

#### 1. Documentation and planning follow up

The listing of the index client contacts in the index testing logbook is followed by the active follow up where individual HTS counselors follow the contacts.



#### 2. Index client contacts type determination

The listed index client contacts are then aligned according to type of contact (Sexual partner, biological children, associate, family members) during the follow up .



#### 3. The appointment

The clients are then reached immediately telephonically and appointments are made so that they are reached with HTS.



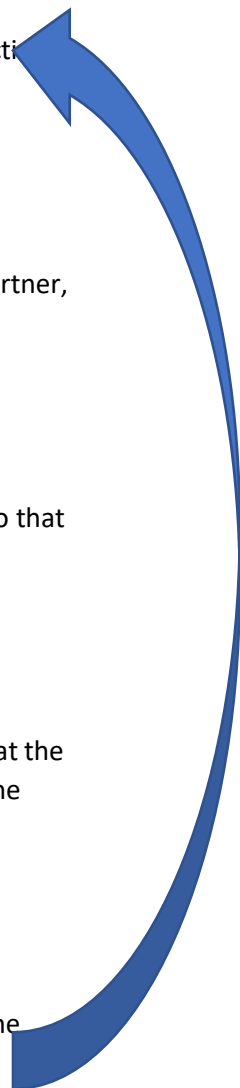
#### 4. The follow up

In 14 days all the contacts must have been reached and offered HTS in the community at the clients preferred location. Refusals are documented and another date is proposed by the counselor



#### 5. Contacts index listing of new contacts

The HTS are offered and another list is collected if the contact is tested HIV positive. The steps start all over gain .



*Personnel:* HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

*Location:* Counseling Room, HIV treatment

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* HTS Register, Index Testing Register, Invitation slips, CMIS, Community Index Form



## CONTACTS RETURNING

Contacts presenting for HIV testing; these contacts may include

- at intake ask all clients are their reason(s) for getting tested that day (This will assist in documenting contacts that may have been told to come in but don't have an invitation slip)
- those notified and invited by index cases,
- invitations made telephonically by HTS providers and or during home visits;
- those who have lost their invitation slips and those who were not issued invitation slips based on IPV assessment and
- those who received an SMS notification

How to process these contacts:

1. Fast track for HTS

2. Where possible, obtain index serial number

**N.B** this will assist to link the index contact to the index client using the index serial number

3. Proceed with the normal HTS procedures

4. After providing HTS, update outcomes in the index testing Register/community index form/CMIS (index testing module)

## RETESTING OF INDEX CONTACTS TESTED HIV NEGATIVE OR REPORTING A RECENT HIV NEGATIVE RESULT

Appoint all index contacts who test HIV negative and those reporting to have a recent HIV negative result for HIV retesting within 8 weeks

- Upon returning in 8 weeks proceed with HIV testing (there's no risk assessment required for this test)
- After which, client is eligible for retesting based on HIV
- For contacts who test HIV negative, emphasize and refer for HIV prevention services (VMMC, PrEP, STIs, condoms) and those testing HIV positive, immediately link to ART
- exposure

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## STEP 7: RECORD FOLLOW UPS AND OUTCOME OF PARTNER TESTING SERVICES

*Personnel:* HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

*Location:* Counseling Room, HIV treatment consultation room

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* HTS Register, Index Testing Register, Community Index Form, CMIS, Referral and linkages logbook

### 1. If the contact showed up and tested for HIV

- **In the facility:** document contact's final outcome and HIV testing results in Index case testing Register, Community Index Form, CMIS,

- **In another facility** - follow up final contact's final outcome and document HIV testing results in Index case testing Register, Community Index Form, CMIS
- **In Community HTS partner**- follow up final contact's final outcome and document HIV testing results in Index case testing Register, Community Index Form, CMIS

**2. If the contact does not honour agreement and or misses an appointment**

- **1<sup>st</sup> Follow up immediately 0-1 day and arrange for testing within 3 days.** Document in follow up section of register and re- set new appointment date with a red pen.
- **One day prior to appointed day, remind client of appointment.** Document in in 2<sup>nd</sup> follow up section of register
- **If the contact misses the 2<sup>nd</sup> appointment (written in red), make the 3<sup>rd</sup> follow-up same day, document and proceed with provision of community HTS.**

**3. For those contacts who were issued with HIVST for sexual contacts/secondary distribution**

- Based on the partner notification plan, follow up with index case/index contact, if contact has received test kit
- Based on the partner notification plan, follow up with index case/index contact, if HIVST has been used, document including HIVST results
- For contacts who have screened reactive with HIVST, follow up final HTS outcome and document

**4. Contacts who were referred for community HTS/facility HTS.** Within 2 weeks, follow up with the receiving HTS partner and update the outcomes in the index testing register and CMIS

**STEP 8: PROVIDE APPROPRIATE SERVICES FOR SEROCONCORDANT/DISCORDANT PARTNERS OR WORK TO SUPPORT DISCLOSURE**

*Personnel:* HTS provider, Nurse, Expert client, Specialized cadres (such as social workers, psychologists)

*Location:* Counseling Room, HIV treatment

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* HTS Register, Index Testing Logbook, Invitation slips

**1. Provide appropriate post-test services**

- For contacts testing HIV positive, link to treatment, discuss positive prevention (e.g. condom, FP), start index contact listing process from Step 1
- For contacts testing HIV negative, link to HIV prevention services (VMMC, PrEP, STIs, condoms)

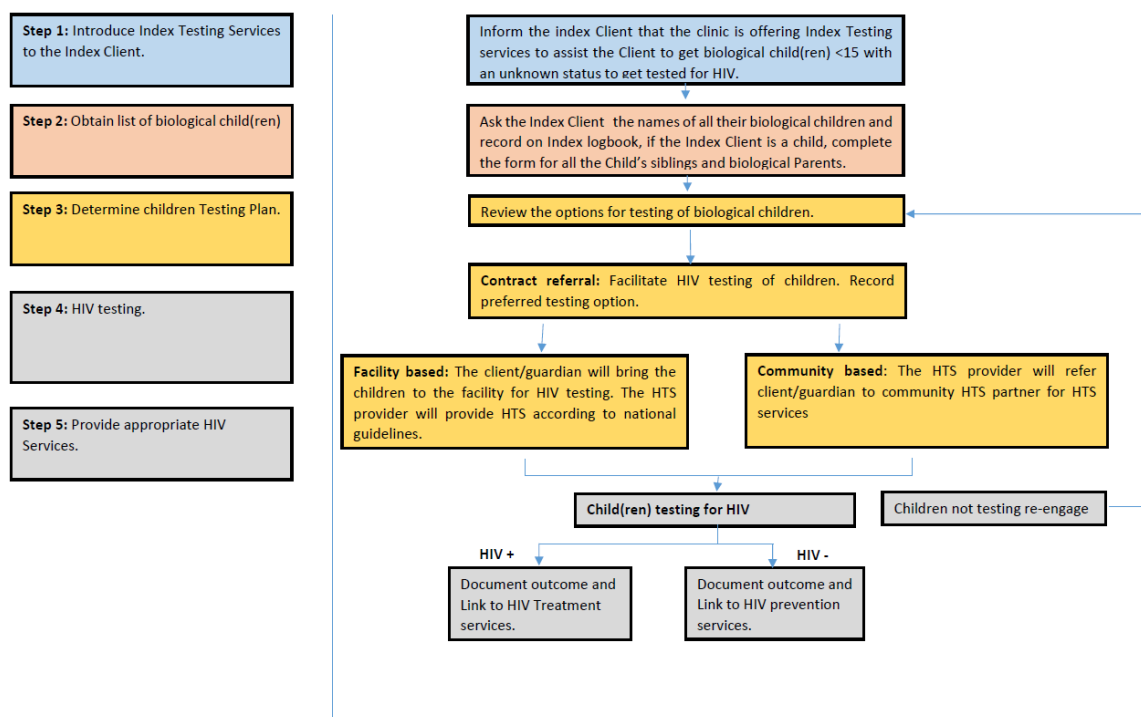
**2. Encourage disclosure of result to partner and additional contacts, if appropriate.**

**3. Document HIV status results in HTS register, Index testing Register, Community Index Form and CMIS.**



## 2. STEPS FOR FAMILY/ CHILDREN INDEX TESTING SERVICES

### Steps for Family/Children Index Testing Services



### NARRATIVE FOR FAMILY/CHILDREN INDEX TESTING SERVICES

#### STEP 1: INTRODUCE INDEX TESTING SERVICES TO THE INDEX CLIENT

**Personnel:** HTS provider, Nurse, Expert client

**Location:** Counseling Room, HIV treatment, at multiple entry points, including HTS, ANC/PMTCT, VMMC, <5 clinics, OPD, etc.

**When:** At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

**Tools:** HTS Register, Index Testing Register/Community Index Form/CMIS, Invitation slips

#### 1. Inform the index client:

- If the index case is an Adult: Inform that the clinic is offering index testing services to assist the index client to get *biological child(ren)* <15 with an unknown status to get tested for HIV and managed as appropriate
- If the index case is a child: inform the person accompanying that the facility is offering index testing services to assist the index client to get parents and sibling(s) <15 with an unknown status to get tested for HIV and managed as appropriate.

**Below are scenarios for biological mother and father HIV status**

**IF THE INDEX CLIENT IS A CHILD AND BIOLOGICAL MOTHER'S HIV STATUS: -**

HIV positive	HIV status negative	HIV status unknown/deceased
<ul style="list-style-type: none"> <li>• Confirm known HIV positive on ART, if not link to treatment</li> <li>• Obtain list of siblings below 15 years</li> <li>• Test all siblings (below 15 years) of index client with unknown HIV status</li> </ul>	<ul style="list-style-type: none"> <li>• Assess child for sexual abuse and management as appropriate</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• If mother's HIV status is unknown - mother should be tested for HIV</li> <li>• If child is brought in by guardian and mother deceased, follow testing procedures</li> <li>• Obtain list of siblings below 15 years</li> <li>• Test all siblings (below 15 years) follow testing procedures</li> </ul>
NB: if Mother is HIV positive and available on site, she assumes index client status and children are listed as biological children	NB: Promote testing of siblings	NB: Test mother for HIV; Promote testing of siblings

**IF THE INDEX CLIENT IS A CHILD AND BIOLOGICAL FATHER'S HIV STATUS: -**

<p>Children of male-index clients (fathers) should only be included when the biological mother is:-</p> <ul style="list-style-type: none"> <li>• HIV-positive</li> <li>• Deceased or</li> <li>• HIV status is not known or not documented.</li> </ul>
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**STEP 2: OBTAIN LIST OF BIOLOGIC CHILD(REN) AND SIBLINGS**

Personnel: HTS provider, Nurse, Expert client  
 Location: Counseling Room, HIV treatment  
 When: At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits  
 Tools: Index Testing Register, Community Index Form, CMIS

1. **If the index client is the parent** ask her/him to list all their biologic children below 15 years and record it on the Index Testing Register/Community Index Form/CMIS
2. **If the index client is a child**, list the child's biological parents and siblings in the Index Testing Register/Community Index Form/CMIS. *See scenarios for biological mother & father*

*NB: Do ensure you have correctly recorded the phone numbers and physical address of each contact listed.*

### STEPS 3: DETERMINE CHILD(REN) TESTING PLAN

*Personnel:* HTS provider, Nurse, Expert client

*Location:* Counseling Room, HIV treatment

*When:* At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

*Tools:* Index Testing Register/Community Index Form/CMIS

1. **Review the preferred notification methods for HIV Testing for Biological Child(ren)** 2 options  
For child notification contract referral is the preferred method:

**Contract Referral:** The client/guardian has 14 days to facilitate HIV testing of their child(ren) and siblings. After which, the HTS counsellor will follow the index case/ legal guardian to get outcomes of HIV testing for the children.

If the child is above 12 years and mother cannot come with child for HTS, the mother can send the child to facility for HTS. However, it is always advisable for the mother to accompany the child for HTS in context of index contact testing

2. **Make HTS testing arrangements.** Testing of the child(ren) and siblings can either be at:
- **Facility Based HTS:** The client/guardian agrees to bring their child(ren) to the facility for HIV testing. The counsellor/provider will sit with the client and their child(ren) and test the child(ren) for HIV using the national HIV testing algorithm.
  - For child(ren) and siblings contacts eligible for HTS within your catchment area- Make the necessary arrangements with the preferred nearest health facility.
  - Do mention to client/guardian that you will call for feedback. Document name & date referred to and outcomes.
  
  - **Community Based HTS:** A counsellor or other health care provider will visit the client and their child(ren) at home, explain the need for HIV testing, and test the child(ren) for HIV.
  - For child(ren) and siblings contacts eligible for HTS outside your catchment area- Refer to community HTS partner
  - For child(ren) and siblings contacts eligible for HTS within your catchment area- and the client chooses community-based testing- make the necessary arrangements with Community HTS partner

Do mention to client/guardian that you will call for feedback. Document name & date referred to and outcomes

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### STEP 3: CHILD(REN) AND SIBLINGS CONTACTS RETURNING FOR HIV TESTING SERVICES

- Fast track the client
- Provide HTS according to national HIV testing algorithm guidelines
- After completing HTS, update outcomes in the index testing Register/community index form/CMIS (index testing module)

**If the child contact does not show up for testing**

- **Follow up immediately and arrange for testing within 3 days.** Document in follow up section of register and re- set new appointment date.

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#### STEP 4: RECORD OUTCOME OF FAMILY TESTING SERVICES

**Personnel:** HTS provider, Nurse, Expert client

**Location:** Counseling Room, HIV treatment

**When:** At HTS points during pre-test and post-test sessions; At HIV treatment during HIV treatment clinical visits

**Tools:** HTS Register, Index Testing Register, CMIS

- 1. It is important to document the outcome of all child(ren) testing attempts on the Outcome of Family Testing for Biological Children Form.**
  - 2. Record the type of family testing services, date and method of contact attempts, and whether the child(ren) was successfully tested.**
  - 3. If the child(ren) received an HIV test, document his or her HIV test result.**
  - 4. If the child(ren) tested HIV-positive, record whether he or she has been initiated on ART.**
-

## ROLES AND RESPONSIBILITIES

Cadre	Roles and responsibilities
Nurse Supervisor	Oversees implementation of all HTS implementation including index testing. Allocates slot on updates and reporting at MDT meetings
Nurse	Facilitates Index testing implementation Provides Index testing services Supports and supervises the HTS counsellor and Expert Client Problem solver for index testing Provides mentoring for HTS counsellor and Expert Client Reviews index testing uptake data Facilitates QI projects for service quality and uptake
HTS counsellor	Identifies index clients Obtains and records contact list Facilitates escorting the index client to treatment point Follow up contacts through the different notification services Provides HTS to contacts Starts indexing newly identified positive clients and escort to treatment point For HIV negative clients refer for HIV prevention services Records and ensures security on all client's documents Compiles and shares list of unsuccessful contacts with community implementing partner and nearest health facility to the contact. Compiles and reviews reports and implements QI projects and shares at different platforms
Facility Expert Client	Identifies and records clients with high viral load for indexing during the Stepped-Up Adherence Counselling (SUAC) sessions. Identifies all clients on ART for annual indexing Handover contacts listed to HTS clients
Community Expert Client	Receives list of identified contacts from HTS counsellor Conducts active follow up of contacts in the community Shares feedback with HTS counsellors on contacts eligible for testing HTS counsellor conducts visit to offer testing of identified contacts

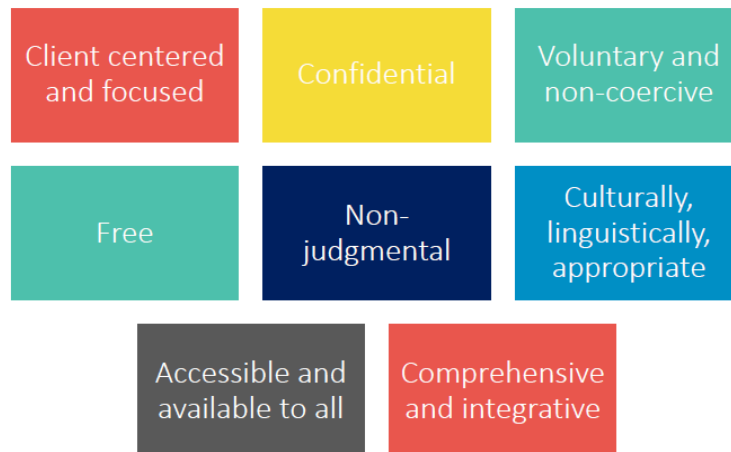


## CHAPTER 3: GUIDING PRINCIPLES FOR INDEX TESTING SERVICES

All index testing must meet the 5 Cs principles for HTS. These are consent, confidentiality, counselling, correct test results and connection to treatment or prevention services.

Furthermore, to the 5Cs principles are principles of partner services. The diagram below highlights principles of partner services.

### Principles of Partner Services



**Client centered and focused:** client is involved throughout the process and everything is done for the benefit of the clients.

#### Confidentiality

**What is Confidentiality?**

- Confidentiality = protection of personal information.
- You need to give your client an assurance that what is said will be in confidence because, unless you are able to do that, the client is unlikely to be open with you.
- It is our duty to never reveal the information that clients tell us
- Both the confidentiality of the index client and all named partners and children should be maintained at all times.

**CONFIDENTIAL**

The partner's HIV status should not be revealed to the index client

HIV-positive index client

Unless Explicit Consent is Obtained from All Parties

Sex or Drug Using Partner

The identity of the index client should never be revealed to the partner

The facility shall maintain confidentiality of patient information by ensuring:

- **Physically Secure Environment:** Partner services information and data shall be kept in the CCF's and kept in a physically secure environment (e.g. locked filing cabinets).
- **Technically Secure Environment:** Electronic partner services data shall be held in a technically secure environment, with the number of data storage and persons permitted access kept to a minimum (e.g. password protected computers).

### **Shared confidentiality**

- Sometimes, two organizations, a health facility and a community implementing partner may share a clients' personal information in order to provide care.
- For example, the facility may interview the index client to get the name of his or her partner. The facility then shares the name of this partner with the community organization who goes out to the partner's home and provides HIV testing services.
- Both the facility and community partner must "share the confidentiality" of the client's information.

### **To address stigma/ breach of confidentiality:**

- Confidentiality concerns and avoiding breach of confidentiality of the index client, consider offering HTS to all the households around the index client's household. Inform these households that you are offering home testing due to the high burden of HIV within the community

**Voluntary and non-coercive:** service is fully autonomous. Refusal of index case testing will not compromise access to other services client may need.

**Free:** service will be provided a no financial cost

**Nonjudgmental:** service will be provided without judgement or discrimination

**Culturally, linguistically appropriate:** service will be rendered in culturally sensitive and socially acceptable manner

**Accessible and available to all:** service will be easily available and accessible

**Comprehensive and integrative:** index testing service will be packaged and process done and integrated into all entry points

## COMMUNICATION IS KEY TO THE SUCCESS OF INDEX TESTING SERVICES

Interviewing is at the center of partner services, and effective interviewing can only happen when good communication skills are used.

### Good communication depends on:

1. Appropriate non-verbal messages
2. Appropriate verbal messages
3. Effective listening

Communicating Well with Our Clients	Communication Skills
<ul style="list-style-type: none"><li>• Welcome your clients</li><li>• Encourage your clients to talk</li><li>• Look at your clients</li><li>• Listen to your clients</li></ul>	<ul style="list-style-type: none"><li>• Demonstrate Professionalism</li><li>• Establish Rapport</li><li>• Listen Effectively</li><li>• Use Open-Ended Questions</li><li>• Communicate at the Patient's Level</li><li>• Give Factual Information</li><li>• Solicit Patient Feedback</li><li>• Use Reinforcement</li><li>• Offer Options, Not Directives</li><li>• Use Appropriate Nonverbal Communication</li></ul>

## CHAPTER4: INDEX CASE TESTING MONITORING AND EVALUATION

Facilities should ensure that index testing information is correctly captured into the system and data monitored regularly by reviewing the following indicators on monthly period intervals. Facilities are encouraged to monitor their own HIV index case testing cascade

- Number of eligible clients for index testing
  - E.g., Number of newly diagnosed HIV-positive adults (by facility, age and sex)
- Number of eligible clients offered index testing
- Number of clients accepting index testing offer
- **Disaggregated by : facility/community; age and sex; separate cascades for contacts & associates**
- Number of contacts elicited
- Number of contacts reached (Number of clients known positive) Number of contacts eligible for testing
- Number of contacts tested
- Number of clients tested HIV-
- Number of clients tested HIV +
- Number of HIV+ contacts initiated on ART
- Number of HIV- contacts referred for HIV prevention services (VMMC, PrEP)
- Number of clients linked to care(by facility, age and sex)
- Number of Clients linked to prevention services(by facility, age and sex)

Comments for box

### Monitoring and evaluation for Index Testing

This will be important in facilitating decision-making and support monitoring of implementation of this SOP. Documentation of index testing results shall be paper-based for the non CMIS sites while CMIS should be entered in the system. Data on index testing should be entered into the index testing log book and then captured in the captured in HTS register.

Each of the prescribed data collection tools and reporting summary tools shall have SOPs written carefully to provide explanation guidance on how each variable field ought to be used. All facilities shall be expected to use standard approved tools to collect and report the data on index testing. These tools shall be distributed to all testing sites.

#### Reporting and data access to stakeholder

Index testing data aggregates shall be summarized and reported monthly through CMIS. This data shall be reported through the health information systems prescribed by the MoH –SID unit as governed by the data management SOPs. Data on index testing shall be availed to all relevant stakeholders through the same prescribed MoH health information portals for dissemination.

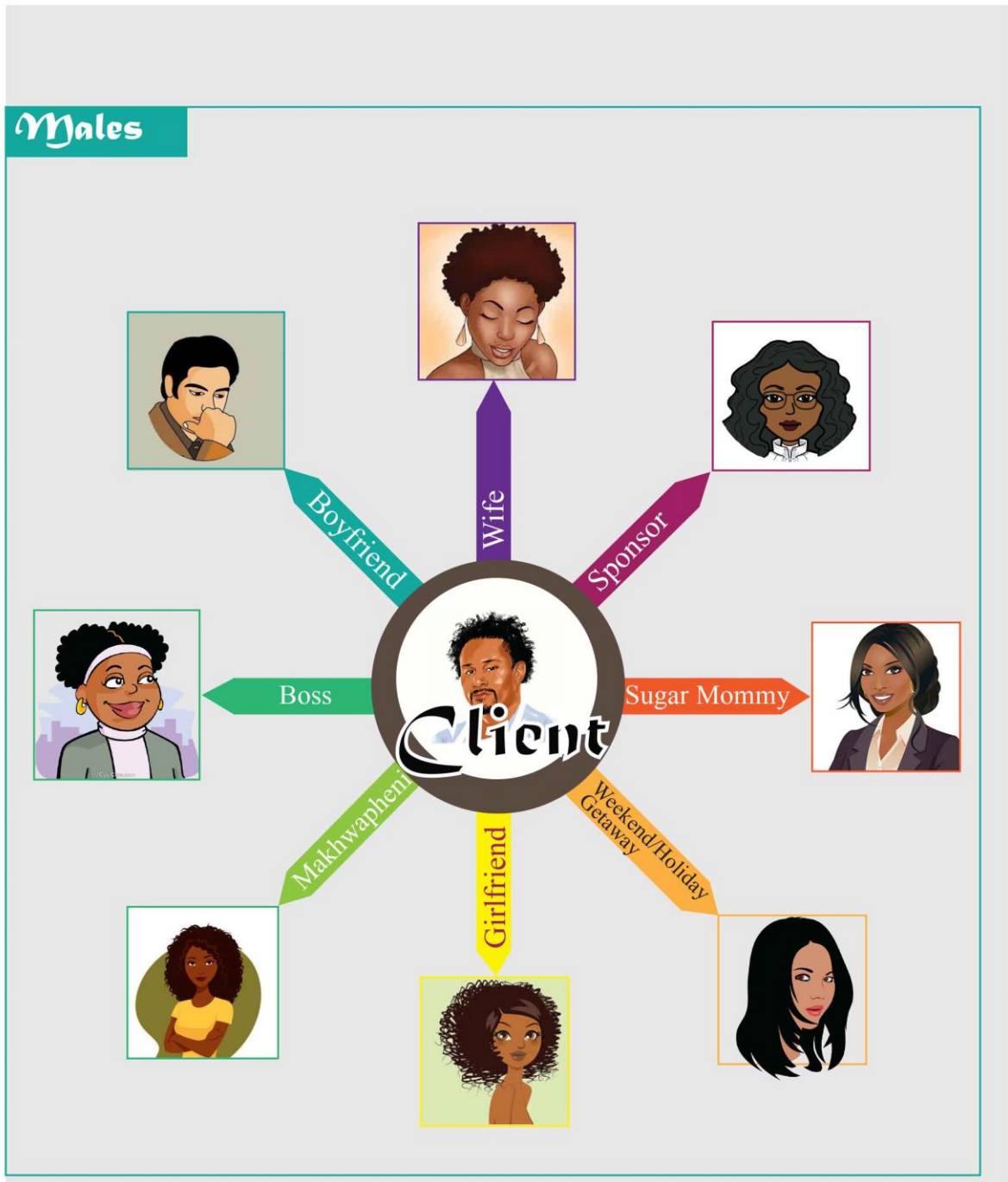
Data movement and flow shall follow the process of compilation of summaries from health facilities based on data from the index testing log books. Index testing monthly summaries shall then be sent to the region for capture in HIMS

**Remember:**

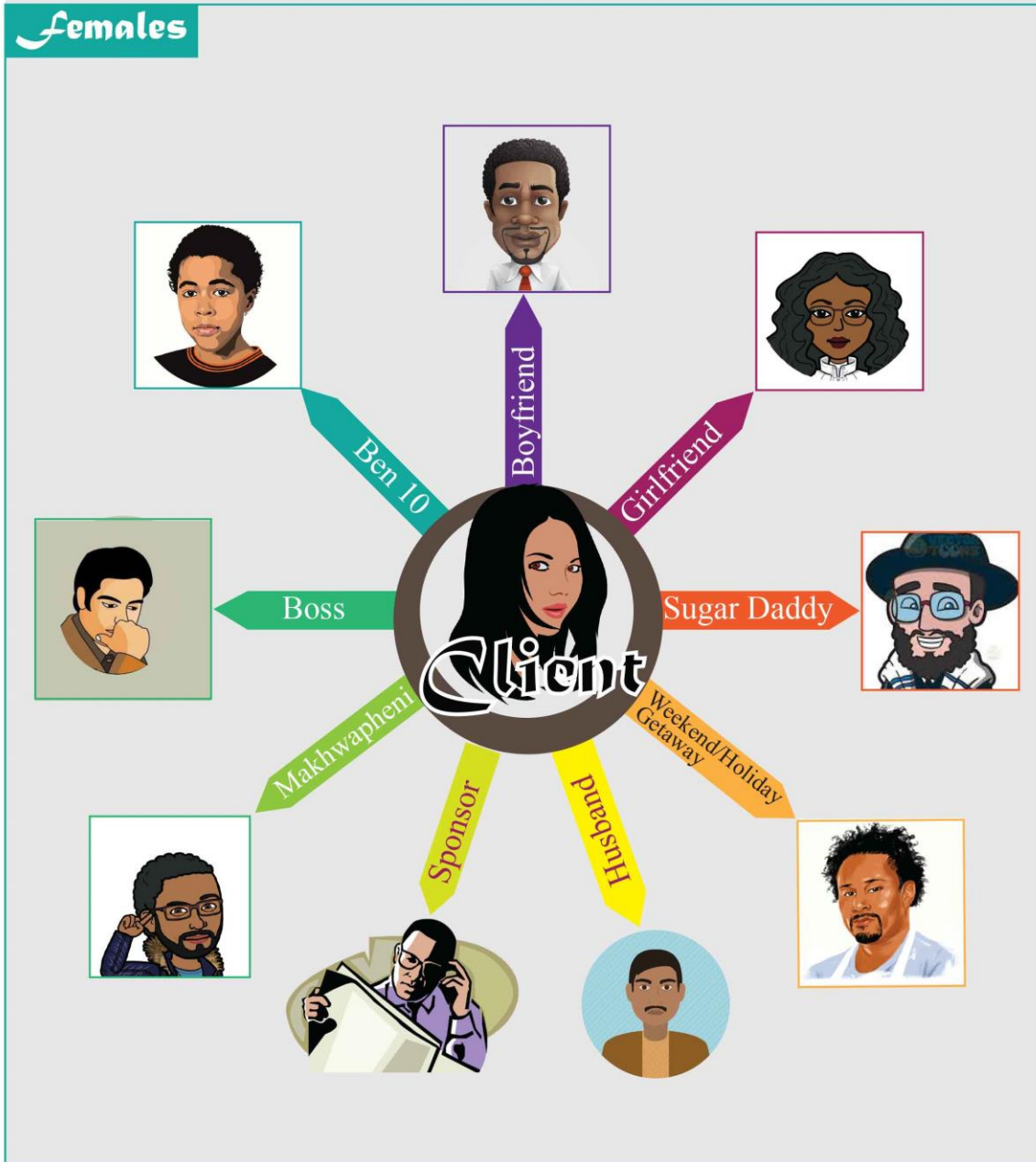
- Index testing only count individuals tested who had a known exposure to an index case (e.g. they are a sex or drug using partner or the biologic child of an HIV-positive woman)
- Testing of persons who have not had exposure through an index case, such as neighbours or family members not born to an index case should NOT be reported under Index testing.

(1)Sexual contacts job aids

JOB AID FOR PROBING SEXUAL CONTACTS



Females



## REFERENCES

- WHO (2016). Guidelines on HIV Self-Testing and Partner Notification: Supplement to Consolidated Guidelines on HIV Testing Services. Available at: <http://apps.who.int/iris/bitstream/10665/251655/1/9789241549868-eng.pdf?ua=1>
- CDC (2008). Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection. Available at: [https://www.cdc.gov/nchhstp/partners/docs/08\\_124108\\_Stuckey\\_QuickGuideInsides\\_1215\\_08\\_Update\\_WithCover-508C.pdf](https://www.cdc.gov/nchhstp/partners/docs/08_124108_Stuckey_QuickGuideInsides_1215_08_Update_WithCover-508C.pdf)
- WHO: Assisted Partner Services: World Health Organization. Available at: [www.who.int/hiv/pub/vct/Partner-Notification-SOP-slides.pptx](http://www.who.int/hiv/pub/vct/Partner-Notification-SOP-slides.pptx)
- Ministry of Health, Swaziland (2018): Swaziland Integrated HIV Management Guidelines, 2018. Available at: [http://swaziidsprogram.org/wp-content/uploads/2018/07/2018-Integrated-HIV-Management-Guidelines\\_final.pdf](http://swaziidsprogram.org/wp-content/uploads/2018/07/2018-Integrated-HIV-Management-Guidelines_final.pdf)

## Disclosure Plan

Review the **Disclosure Plan** with the index client:

- **Make a disclosure plan** for how and where you will tell your partner.
- Identify language you will use to **start the conversation** with your partner.
- **Anticipate the reactions** your partner might have and how you will respond.
- **Encourage your partner to be tested for HIV**, using the **Partner Referral Slip** and reminding them that treatment and prevention options are available based on their results.
- **Practice** what you will say and do.



Allow the index client to practice disclosing to their partner until they feel confident they can tell their partner:

- Role-play the client self-referral, prompting the index client if they get stuck.

