

Standard operating procedure for HIV screening using the Index-Testing approach

Introduction

Index testing is screening based on the index case. It is an approach to identification and looking for partners (sexual and/or injecting) and biological children of a person whose HIV status is positive, with a view to improving the performance of the screening rate. The **Index Case (or index client or index subject or index patient)** is any person newly tested positive for HIV or having a known positive status and followed or not in the cohort. And the **Contact Case or Contact Customer** is any person exposed to the risk of transmission of HIV from the index case: sexual partners, sharing of syringes for use drugs or being his biological child.

This is how this standard operating procedure (SOP) has been developed for the implementation implementation of the Index case detection approach by describing the tasks of the different actors with a view to having a harmonized approach.

I. Purpose

The standardized operating procedure ensures effective harmonization of the implementation of HIV screening based on index cases in Senegal.

II. Application domain

This procedure is applicable to all HIV care sites including the community level in Senegal and their different index cases, that is to say:

- Anyone newly diagnosed positive for HIV
- Any PLHIV with an unsuppressed viral load

- Any PLHIV in the active queue who have never benefited from index testing
 - o HIV-positive women with children under 15 years old
 - o The father is HIV positive and declares that the child's mother is HIV positive with HIV, deceased, or of unknown HIV serological status
 - o Biological brothers and sisters (if the index case is a child)

III. Responsibility and actors

All of these actors below are responsible for the proper execution of this procedure at different levels:

- o Doctor
- o Midwife and nurses
- o Social worker
- o On-site mediator
- o Community mediator

IV. Reference documents and tools

- ÿ Policy, standards and protocols for HIV testing services in Senegal
- ÿ Standard Operating Procedures (SOP) Guide for Implementation of the index case screening approach in PEPFAR sites in Senegal

V. Lists of abbreviations

PEC: Support

PvHIV: Person living with HIV

SOP: Standard Operating Procedures

TB: Tuberculosis

RNR: risk network referral (referral from networks)

VAD: Home Visit

GBV: Gender-Based Violence

HIV (or HIV in English): Human immunodeficiency virus

IPV: Intimate Partner Violence

VI. Procedure

has. Identification and recording of index cases

The identification and notification of index cases can be done by several actors at the level different health and community structures.

At the level of health structures (Hospital, Health Center, Health Post and Clinic community)

• Social service

The social service manager or any other trained and designated person including the Peer Navigator/Mediator on site) will be responsible for:

- ÿ Identify newly diagnosed index cases, cases monitored with viral load not deleted or not having received an index testing proposal
- ÿ Strengthen counseling of the index client
- ÿ Present the index testing services to the index client (including explanations on the benefits of contact tracing and confidentiality of the process)
- ÿ Obtain informed consent from the index client
- ÿ Systematically record the index case in the index testing register and in the Same day HIV tracker

• Medical consultation

The person responsible for the PEC of PLHIV will be responsible for:

- ÿ Identify newly diagnosed index cases, cases monitored with viral load not deleted or not having received an index testing proposal



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- ÿ Present the index case screening services to the index client (including explanations on the benefits of contact tracing and confidentiality of the process)
- ÿ Obtain informed consent from the index client
- ÿ Refer index cases to the social service for their registration in the case register index and in the HIV Tracker

• **Midwife consultation:**

The midwife responsible for monitoring will be responsible for:

- ÿ Identify newly screened pregnant women and pregnant women HIV-positive patients followed (old) or any other FAR who came for consultation
- ÿ Offer index testing services to the index client (including explanations on the benefits of contact tracing and confidentiality of the process)
- ÿ Obtain informed consent from the index client
- ÿ If PS, notify index testing cases in the index testing register ÿ Direct PS index cases to the social service for their registration in the register index case.

At the community level

The peer navigator or supervisor will be responsible for:

- ÿ Identify known and eligible PLHIV
- ÿ Present the index testing services to the index client (including explanations on the benefits of contact tracing and confidentiality of the process)
- ÿ Obtain informed consent from the index client
- ÿ Notify in the index case notification form and in the HIV Tracker

b. Proposals for index testing services for the index case

Hospital, health center and health post

The service provider must:

- ÿ Propose the index testing offer ÿ
- Notify the proposal in the register



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ÿ Refer to social services for a detailed interview

Social service manager or any other trained and designated person:

- ÿ Offer a user-friendly framework
- ÿ Guarantee the principle of confidentiality and security ÿ
- Explain the advantages of index testing ÿ Propose the index testing offer ÿ Respect the decision and choice of the index client
- ÿ Notify in the index case notification form and in the HIV Tracker

If the proposal is not accepted at the first interview, renew the request at each contact or seek support from another member of the PEC team. At the end of 3 unsuccessful contacts (i.e. on average once every 2 months) after 6 months of the process, consider the case as a refusal and notify it in the register as a case of refusal.

At the community level

The peer navigator or peer educator or supervisor will be responsible for:

- ÿ Offer a user-friendly framework
- ÿ Guarantee the principle of confidentiality and security ÿ
- Explain the advantages of index testing ÿ Propose the index testing offer ÿ Respect the decision and choice of the case
- ÿ Notify the proposal in the testing index sheet
- ÿ Enter the proposed offer in the register and in the HIV Tracker

If the proposal is not accepted at the first interview, renew the request at each contact or seek support from a service provider. After 3 unsuccessful contacts (i.e. on average once every 2 months) after 6 months of the process, consider the case as refusal.

vs. Establishment of the list of contact cases and identification of partners responsible for GBV For the

establishment of lists of contact and GBV cases, the tasks are described below according to the actors involved.

The index case is invited to:

- Provide the list of contact cases



- Identify contacts who could be perpetrators of IPV among the list of partners and clients

At the level of health structures, the social worker or peer navigator or PEC Manager must:

- Fill in customer contact information in the index testing register
- Follow up on customer contacts who have accepted the service offer
- Refer cases of IPV victims, according to the customer's wishes, to other support structures
PEC (refer to the service directory)
- Enter the IPV in the Index testing and VBG register by the service provider.

At the community level, the peer educator or the outreach mediator can support the implementation of the index testing after request from the service provider, the on-site mediator or the supervisor

d. Determination of the chosen reference method to reach the cases contacts

In the implementation of index testing, two reference approaches are used to reach contact cases, namely passive reference and active reference.

Passive referral : We

speak of passive referral when the index client is responsible for referring their partners (sexual, drug injecting) and biological children themselves.

In this reference model, the index case is the main actor, it is responsible for:

- Contact the contact case through VAD, telephone calls or electronic messages before making the referral using a coupon or a reference sheet and accompany them if necessary to a screening point. Contact with the customer can also be done virtually through the various electronic platforms (sms, WhatsApp, Facebook, Instagram, Lerlouwer etc.)
- Follow up on the referral through weekly telephone calls/reminders and VAD.



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Active reference:

The reference is active when a service provider or a peer intervenes in the contact reference of the index case. There are three types of active reference: contractual reference, reference by the service provider and the double reference.

Contractual reference :

The index case reaches an agreement with the service provider according to which it will guide its partners to HIV testing services within a time frame decided by consensus with the index client.

• The service provider/peer navigator must ensure compliance with the contract deadline set jointly agreement with the index client.

• The index case is invited to:

- Make the reference of the contact case by telephone or physical presence within the deadline agreed.
- Follow up through weekly telephone calls/reminders and VAD in the agreed deadline.



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Reference by the service provider :

The provider directly contacts the partners of the index case and offers them screening HIV volunteer. In this case, the main actor is the healthcare provider who may be the treating doctor, the social worker or the peer navigator or the supervisor in community.

Double reference:

In dual referral, the provider and the index case together contact the partner(s) of the latter and offers him (them) voluntary HIV testing.

e. Carrying out the contact screening test

In the implementation of index testing, three screening methods are used: demedicalized screening, screening in community clinics (fixed or mobile) and screening at the health structure level (see corresponding SOPs).



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VII. Procedure mailing list

Structure	Staff	Signature	Date

Need to add the implementation steps of the tusting indies

This is the diagram in the guide or put it in the appendix



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