

# Delivering a positive HIV result in the Kimberley

## Aims

- Support staff in the delivery of the diagnosis of HIV.
- Help prevent transmission of HIV in the Kimberley by enabling prompt appropriate management of HIV.

## Initial appointment

### 1. Planning

- This result must be given in person.
- Check the test result – do all the identifying details match?
- Assess the information provided when the test was done, especially about preparing the patient for a positive test result and particularly if you were not the doctor who ordered the test.
- If the patient is Aboriginal please take in to account the need to provide a culturally safe service. Seek support to do this if your experience working with Aboriginal people is limited; however, be mindful of upholding confidentiality.
- If relevant, offer the use of an interpreter from the Kimberley Interpreting Service or the Translating Interpreting Service (TIS) National <https://www.tisnational.gov.au/> depending on the patient's preferred language.
- Schedule adequate time for explanation and questions. More than one consultation is required.
- Have written information available (is the patient literate and what resources are needed and available?). Contact the Kimberley Population Health Unit (KPHU) BBV nurse on 9194 1630 for assistance.
- Consider what emotional support will be available to the patient after diagnosis (e.g., family, friends, & health service staff).
- Consider your availability to discuss issues over the next few days, including after hours and face-to face. Ensure there is a review appointment within one week to follow up with the patient. Discuss initial assessment and referral pathways with the Regional Physician (via Broome Hospital 9194 2222) or Royal Perth Hospital (RPH) Immunology (9224 2899).

- Consider referral options to local &/or accessible services (e.g. counseling services, Mental Health Team, Social Emotional Wellbeing (SEWB) workers).
  - GP registrars are to inform their supervising GP, who is required to assist in the consultation.
- ### 2. Giving the result
- Review with the patient the pre-test information that was provided.
  - If the positive result is the first HIV test, explain that a second confirmatory test is required and arrange for this test to be done. Be sure to offer support while waiting to second confirmatory test.
  - Check their health literacy; what does your patient understand a positive test result to mean? What does having HIV mean to them? If negative, be sure to challenge negative self-stigma by referring to HIV facts as listed through out this protocol.
  - Conveying a positive HIV test result can evoke a range of emotions in the patient. Much of the information you provide may be forgotten in this initial period and will need to be reinforced in other ways and/or at other times.
- ### 3. Issues during appointment
- Assess & follow up on psychological wellbeing.
  - There are very few situations where people living with HIV (PLHIV) are legally required to disclose their HIV status. Recommend that disclosures are made very carefully.
  - While we may be tempted to encourage the patient to disclose to family or friends for support PLHIV should only disclose if they feel safe to do so. Ensure the patient understands that there is no obligation to disclose their HIV status to family & friends. Although you may feel this is not ideal, many PLHIV's sole support is provided by external services & it is their right to choose who to disclose to.
  - Link the patient in with local counselling services for ongoing support if required, particularly if there is no, or minimal support from family & friends.

- Do they need time off work? They may need a medical certificate whilst they are coming to terms with the diagnosis. Do not include HIV on the medical certificate.
  - Generally a HIV positive person is not obliged to tell an employer or prospective employer that they are HIV positive. There are some exceptions to this. Check their occupation & inform them of their obligations accordingly. Further info can be found here: [Disclosing your HIV status](#).
  - Ensure that the patient has a clear understanding of how HIV can be transmitted & discuss harm reduction strategies.
- ### 4. Discussing further management & prognosis
- This diagnosis is not a death sentence: discuss prognosis including identical life expectancy with medication adherence to HIV-negative population.
  - Outline that treatments are available that can control the virus & keep people healthy if taken consistently long term.
  - If the patient is diagnosed with AIDS, highlight that with treatment, their prognosis will improve back to HIV.
  - Explain that with support & medication adherence, it is possible for a person living with HIV to have HIV negative children.
  - Explain that they will need regular & ongoing review with clinical assessments & blood tests.
  - The Regional Physician/RPH Immunology can guide you on what the next steps are to arrange specialist assessment & management. They will advise you on what blood tests are needed for further work up, & help you assess for HIV related illnesses that may need treatment.
- ### 5. Harm reduction
- Ensure the patient understands how HIV is transmitted & how to prevent transmission in their own situation. This should include information on:
    - safe sex practices including vaginal, anal & oral sex
    - Demonstrate how to use a condom & lubricant in the safe sex discussion, including correct disposal of a used condom
    - safe injecting practices
    - management of blood spills &
    - education on treatment as prevention (TasP) by

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reinforcing the importance of medication adherence. Ensure not to diminish the importance of using condoms when talking about TasP.

## 6. Contact tracing

- Ensure the patient understands the importance of contact tracing. Obtain consent.
- Discuss the confidential nature of contact tracing in the Kimberley (for example, identity of the index case is never disclosed).
- Include any information about who else might be involved in contact tracing (e.g. KPHU BBV Nurse as below).
- You may require help from the KPHU BBV nurse for contact tracing (9194 1630).

## 6. Legal rights & obligations

The following information is from: [Disclosing your HIV status](#)

- The initial consultation may not be the most appropriate time to discuss the following information. Discuss the patient's legal obligations when appropriate to do so.
- Legally in WA PLHIV do not have to disclose their HIV status to sexual or drug injecting partners if PLHIV take reasonable care & use precautions to avoid transmission. This includes using condoms & not sharing their used injecting equipment with others. However, it is wise to ensure that their sexual or drug injecting partners are aware of their status because, if they transmit HIV, they may face either a civil claim or criminal charges.
- If PLHIV negligently allow another person to become HIV positive, they may be at risk of their sexual partner taking a civil claim against them under Negligence or Personal Injury.
- If PLHIV intentionally transmits, or intend to transmit, HIV to another person, they can be charged with an offence under the WA Criminal Code.
- Ensure PLHIV are aware that the law regarding disclosure & HIV transmission is different in each state & territory.

- Discuss their rights to confidentiality as there are very few situations where a person has a "duty of care" to disclose their HIV status, even to medical practitioners. However, it is wise to disclose before undergoing medical/dental care since HIV medications may interact with other medications or the progression or treatment of other conditions may be affected by HIV infection.
- Let them know that discrimination relating to their HIV status is unlawful except in the above mentioned case of knowingly transmitting HIV to another person.
- For further information about how to access legal information & services, please contact WA AIDS Council on 9482 0000.

## Roles & Responsibilities

The medical officer who requested the HIV test will be informed by PathWest of a positive result & is responsible for informing the patient of this positive HIV result. Registrars/RMOs should inform their supervisor, who is then responsible for managing the patient.

Kimberley Regional Physician Team (via Broome Hospital 9194 2222) & Royal Perth Hospital Immunology (9224 2899) provide advice about the initial consult, (including required blood tests & assessment for HIV related illness) & arranging specialist follow up.

The Kimberley Population Health Unit (9194 1630) will organize a multi-agency case meeting after a new diagnosis including primary care providers, regional physicians, RPH Immunology & KPHU. KPHU also can help provide patient information resources, & can be contacted if assistance with contact tracing is required.

The Kimberley Mental Health team can be contacted to arrange further psychological & psychiatric care.

## Resources

In addition to the human resources listed above, the Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine (ASHM) has a number of resources available through their website [www.ashm.org.au](http://www.ashm.org.au) including:

- [HIV Starter Pack \(for GPs dealing with newly diagnosed people\)](#)
- [General Practitioners & HIV](#)
- [HIV Management in Australasia](#)

The Communicable Disease Control directorate in Perth (9388 4849) can also provide further advice on HIV.

## Patient resources

WA AIDS Council (WAAC)  
9482 0000 | [www.waids.com](http://www.waids.com)

HIV/AIDS Legal Centre Inc.  
02 92062060 | [www.halc.org.au](http://www.halc.org.au) | [Disclosing your HIV status](#).

National Association of People with HIV/AIDS  
1800184527 | <http://napwa.org.au/>.

Australian Federation of AIDS Organisations (AFAO)  
<http://www.afao.org.au>  
'Us Mob & HIV' booklet for ATISI people.

Department of Health  
[Sexual health multicultural fact sheets](#).  
[Choices & Responsibilities for HIV Positive People](#).

## Definitions

AIDS – Acquired Immune Deficiency Syndrome.

ASHM- Australasian Society for HIV, Viral Hepatitis & Sexual Health Medicine.

BBV – Blood Borne Virus.

Confidentiality- ensuring that information discussed between the clinician & patient is not shared with a third party without the patient's consent.

HIV- Human Immunodeficiency Virus.

KAMS – Kimberley Aboriginal Medical Services Ltd.

KPHU- Kimberley Population Health Unit.

PLHIV- People living with HIV