

# Counselling for HIV Test in Hospital Integrated Counselling Testing Centers

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## Abstract

Counselling is a confidential dialogue between an individual and a counsellor. It aims to provide information on HIV/AIDS and bring about behaviour change in the individual. It also enables the individual to take a decision regarding HIV testing and to understand the implications of the test results. Counselling includes the assessment of an individual's risk of acquisition and transmission of HIV, facilitation of preventive behaviour, and coping mechanisms in case an individual is found to be HIV positive. More importantly, counselling is intended to address the physical, social, psychological and spiritual needs of the individual availing integrated Counselling Testing Centers. Counselling is an integral part of HIV screening as well as confirmatory facilities under HCTS. It ensures audio-visual privacy and confidentiality of information shared by the individual, including HIV test results. All records and registers should be securely stored. In this research paper I have discuss the types of counselling for HIV testing in Hospital Integrated Counselling Testing Centers and also analysis the Standard operating procedures & maintain the records.

**Keywords:** information, consent form, privacy, confidential, mentally prepare and testing report

## 1. Introduction

More importantly, counselling is intended to address the physical, social, psychological and spiritual needs of the individual availing integrated Counselling Testing Centres. Counselling is an integral part of HIV screening as well as confirmatory facilities under HCTS. It ensures audio-visual privacy and confidentiality of information shared by the individual, including HIV test results. All records and registers should be securely stored.

**Following should be ensured during**

## counselling

- a) Audio-visual privacy and confidentiality.
- b) Counsel each individual separately — do not take a history when another person is present unless consent has been sought and given.
- c) The individual is comfortable and at ease.
- d) Do not allow your personal values or beliefs to influence the history-taking procedure.
- e) Employ communication skills in:
  - i. listening

- ii. questioning
- iii. non-verbal skills or body language
- f) Use clear and simple language
- g) Use models or drawings if needed
- h) Use neutral language– no colloquial, offensive or technical terms

## 2. Pre-Test Counselling

Pre-test counselling is provided to the individual before HIV testing using posters, flip charts, brochures and short video clips so as to prepare him/her for the HIV test and to address myths and misconceptions regarding HIV/AIDS.

This can be done in two ways – (a) one-on-one counselling and (b) group counselling. One-on-one counselling should be done for all individuals accessing HCTS services. Group counselling can be done when the counsellor is addressing a group such as pregnant women at ANC clinics.

**Table 1.** Contents of Pre-Test Counselling

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| <ul style="list-style-type: none"> <li>a) Provide information on HIV and AIDS: what is HIV, what is AIDS, window period, route of transmission, prevention message, care, support and treatment services.</li> <li>b) Explain the benefits of HIV testing.</li> <li>c) Assure the individual that the test result and any information shared will be kept confidential.</li> <li>d) Explain that the individual has the right to opt out of HIV testing and this will not affect their access to any other health-related services.</li> <li>e) Obtain informed consent and document it in the relevant register (refer to 3.2).</li> <li>f) Carry out a risk assessment of the individual.</li> <li>g) Provide information on genital, menstrual and sexual hygiene.</li> <li>h) Demonstrate the use of a condom using a model.</li> <li>i) Provide information on spouse/sexual partner testing.</li> <li>j) Conduct symptomatic screening for STI/RTI: Genital discharge/genital ulceration/swelling or growth in the genital area; itching in the pubic area; burning sensation while passing urine; lower abdominal pain; menstrual irregularities; poor obstetric history.</li> </ul> |
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| <ul style="list-style-type: none"> <li>k) Conduct verbal screening (4 Symptom Screening) for tuberculosis (TB), use 10 point Counselling Tool for TB.</li> <li>l) Extend the opportunity to the individual to ask and clarify doubts.</li> </ul> |
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**Note:** *The information may be delivered in a local language and tailored to the specific audience.*

### Ensure that:

- a) The individual found reactive for HIV on screening is promptly linked to SA-ICTC for confirmation of HIV diagnosis.
- b) For individuals found reactive for HIV on screening, the following pre-test counselling points are emphasized at HCTS confirmatory facilities (SA-ICTC):

Explain the test result of screening test and emphasize the need for confirmatory test to correctly assess the HIV status.

Explain the process followed at the SA-ICTC for test confirmation.

In addition to the details given in Box 3.2, explain to all pregnant/breastfeeding women regarding –

Potential risk of transmitting HIV to the infant

Benefits of early HIV diagnosis and treatment for mother and infant

Infant-feeding practices

## 3. Informed Consent

Informed consent remains one of the essential 5Cs and should always be obtained individually and in private. Even if pre-test counselling is provided in a group setting, each individual should give informed consent for testing with an opt-out option.

### 3.1 Consent for Individuals Below the Age of 18 Years

In case of individuals below 18 years of age, informed consent has to be obtained from their parents/ guardians/care-taking institutions or non-governmental organization (NGO). If there is no parent/guardian, then the local legal authorities may grant permission for testing. In case there is a difference of opinion on consent for testing between the parents/guardians and the individual below 18 years of age, the counsellor may further counsel the

individual/parent/guardian to prepare for testing. In case such individuals are unwilling to involve parents/guardians in their HIV testing process, they should be counselled again.

### 3.2 Consent for Non-Ambulatory Individuals

In some situations, within the public health-care facility, there may be a non-ambulatory in-patient who requires HIV testing and is not in a position to visit the HIV testing site. The blood sample of such a patient should be sent to the nearest HCTS facility and the health-care provider should sign the register in lieu of the patient, after obtaining verbal informed consent.

### 3.3 Consent for Patients in Coma

In case of individuals in a coma, informed consent has to be obtained from their family/parents/guardians/ care-taking institution, or non-governmental organization (NGO). If there is no parent/guardian, then the local legal authorities may grant permission for testing. The relevant person/organization providing consent will also be responsible for signing the counselling register.

In certain circumstances where HIV testing is warranted, the decision to test lies with the concerned medical health-care provider.

## 4. Post-Test Counselling

All efforts must be made to provide same day test results and post-test counselling to all those accessing HIV services at the HCTS facilities.

Post-test counselling helps the individual to understand and cope with the HIV test result. Individual post-test counselling must be conducted irrespective of whether the result is HIV non-reactive (screening facility), HIV-negative, HIV-Indeterminate or HIV-positive (confirmatory facility).

*Post-test counselling for individuals who have been screened for HIV.*

*Post-test counselling for individuals found non-reactive for HIV at screening facility.*

**Table 2.** Contents for post-test counselling for individuals found non-reactive for HIV on screening

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| <ul style="list-style-type: none"> <li>a) An explanation of the test result.</li> <li>b) Risk education counselling, condom demonstration and provision of condoms.</li> <li>c) Emphasis on the importance of knowing the status of sexual partner(s) and information</li> </ul> |
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about the availability of partner and couples testing and counselling services.

d) Information about the window period and retesting (Retesting is needed only for HIV-non-reactive individuals who report recent or on-going risk of exposure).

e) An opportunity for additional counselling of the individual, clarification on myths and misconceptions.

f) Information on genital, menstrual and sexual hygiene.

g) Linkages to tuberculosis (TB), sexually transmitted infection (STI), antenatal care (ANC), TI, etc.

*Post-test counselling for individuals found reactive for HIV at screening facility.*

**Table 3.** Contents for post-test counselling for individuals found non-reactive for HIV on screening

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| <ul style="list-style-type: none"> <li>a) An explanation of the test result.</li> <li>b) Risk education counselling, condom demonstration and provision of condoms.</li> <li>c) Emphasis on the importance of knowing the status of sexual partner(s) and information about the availability of partner and couples testing and counselling services.</li> <li>d) Information about the window period and retesting (Retesting is needed only for HIV-non-reactive individuals who report recent or on-going risk of exposure).</li> <li>e) An opportunity for additional counselling of the individual, clarification on myths and misconceptions.</li> <li>f) Information on genital, menstrual and sexual hygiene.</li> <li>g) Linkages to tuberculosis (TB), sexually transmitted infection (STI), antenatal care (ANC), TI, etc.</li> </ul> <p><i>Post-test counselling for individuals found reactive for HIV at screening facility.</i></p> |
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**Table 4.** Contents for post-test counselling for individuals found reactive for HIV on screening

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| <ul style="list-style-type: none"> <li>a) This is only a screening test for HIV.</li> <li>b) With this result, it is not possible to confirm the HIV status.</li> <li>c) Explain the need for confirmation of HIV</li> </ul> |
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diagnosis at an SA-ICTC.

- d) Explain the process followed at the SA-ICTC for test confirmation.
- e) Fill the linkage form and provide directions for reaching the nearest SA-ICTC.
- f) Provide risk education, counselling, condom demonstration and provision of condoms.
- g) Provide information on genital, menstrual and sexual hygiene.
- h) Emphasize the importance of knowing the status of the sexual partner(s), and provide information about the availability of partner and couples testing and counselling services.
- i) Provide an opportunity to the individual for additional counselling, clarification of myths and misconceptions.
- j) Provide linkages to facility providing TB, STI, ANC services etc. as applicable.

*Post-test counselling for individuals with confirmed results at SA-ICTC.*

*Post-test counselling for individuals found positive for HIV.*

**An HIV-positive diagnosis is a life-changing event. Post-test counselling should always be responsive and tailored to the unique situation of each individual or couple.**

**Table 5.** Contents for post-test counselling for individuals found positive for HIV at SA-ICTC

- a) Explain the test results and diagnosis.
- b) Give sufficient time to the individual to consider the results and help him/her cope with emotions arising from the diagnosis of HIV infection.
- c) Discuss immediate concerns and help the individual to identify who in his/her social network may be able to provide immediate requisite support.
- d) Provide clear information on free ART (where it is offered, when ART will start, for how long it has to be taken, how many times it has to be taken, who will provide ART, what tests are required for starting ART, side-effects and benefits of ART, available social benefit schemes, importance of adherence to ART, role of nutrition and exercise, need to abstain from smoking, drinking and unprotected sex, how to

overcome stigma and discrimination, a brief about opportunistic infections, etc.) and reducing the risk of HIV transmission.

- e) Ensure linkage with an ART centre while addressing any specific barrier.
- f) Demonstrate condom use and provide condoms.
- g) Discuss possible disclosure of the result and the risks and benefits of disclosure, particularly among couples and partners.
- h) Offer counselling to couples to support mutual disclosure.
- i) Encourage and offer HIV testing for untested sexual partner(s)/spouse and children (age upto 14 years) of HIV-positive women.
- j) Assess the risk of violence by sexual partner/spouse and discuss existing support systems to help such individuals, particularly women, who are diagnosed HIV-positive.
- k) Assess the risk of suicide, depression and other mental health consequences of a diagnosis of HIV infection.
- l) Provide information on genital, menstrual and sexual hygiene.
- m) Provide additional referrals for prevention, counselling, support and other services as appropriate (e.g., TB diagnosis and treatment, prophylaxis for opportunistic infections, STI screening and treatment, contraception, ANC, opioid substitution therapy [OST], access to sterile needles and syringes, and brief counselling on sexual health).
- n) Encourage and provide time for the individual to ask additional questions, clarify myths and misconceptions.

*Post-test counselling for individuals with HIV indeterminate result.*

**Table 6.** Contents for post-test counselling of individuals with an HIV-indeterminate test result, i.e., where the test results vary between the three tests

- a) Explain the test results and diagnosis.
- b) All individuals with an indeterminate test result should be encouraged to undergo follow-up testing in two weeks to confirm their HIV status. Emphasize the need for and ensure follow-up testing.

- c) Discuss immediate concerns and help the individual.
- d) Demonstrate condom use and provide condoms.
- e) Encourage and offer HIV testing for untested sexual partners, and children of the individual.
- f) Assess the risk of suicide, depression and other mental health consequences of a diagnosis of HIV infection.
- g) Provide additional referrals for prevention, counselling, support and other services as appropriate (e.g., TB diagnosis and treatment, prophylaxis for opportunistic infections, STI screening and treatment, contraception, ANC, OST and access to sterile needles and syringes, and brief counselling on sexual and reproductive health).
- h) Provide information on the window period, risk reduction and safe sexual behaviour.
- i) Encourage and provide time for the individual to ask additional questions; clarify myths and misconceptions.

***Post Test Counselling for Individuals found Negative for HIV***

**Table 7.** Contents for post-test counselling of an HIV-negative individual confirmed at SA-ICTC

a) An explanation of the test result.
b) Risk education counselling, condom demonstration and provision of condoms.
c) Emphasis on the importance of knowing the status of sexual partner(s), and information about the availability of partner and couples testing and counselling services.
d) Information about the window period and retesting. (Retesting is needed only for HIV-non-reactive individuals who report recent or on-going risk of exposure.) Details of follow up testing must be shared.
e) An opportunity for additional counselling of the individual, clarification on myths and misconceptions.
f) Information on genital, menstrual and sexual hygiene.
Linkages to tuberculosis (TB), sexually transmitted infection (STI), antenatal care (ANC), TI, etc.

**5. Follow-up Counselling and HIV Testing**

Follow-up counselling is a form of repeat counselling where certain key actions are reinforced with the objective of getting an individual to understand and practice them. Follow-up counselling sessions may be conducted as and when required.

1) Follow up counselling and HIV testing is recommended for the below mentioned individuals as per the timelines provided. The counsellors are recommended to use the Follow-up HIV Testing Card (*Annexure D5*) to provide the follow up testing dates to the individuals. For discordant couples, follow-up testing details are provided on the reverse side of the discordant card. In addition to this, a follow up HIV testing card can be issued to an individual for his/her record.

**Table 8.**

Follow up testing timeline from the baseline HIV Testing	Individuals who require follow-up counselling and HIV testing
After 2 weeks	<ul style="list-style-type: none"> <li>• Donors found HIV reactive in the Blood Bank and found non-reactive at SA-ICTC</li> <li>• Individuals found HIV reactive by screening test and found non-reactive at SA-ICTC</li> <li>• Any individual with indeterminate HIV test result at SA-ICTC</li> </ul>
After 3 months	<ul style="list-style-type: none"> <li>• Individual on post exposure prophylaxis</li> <li>• Individual faced with sexual assault</li> <li>• Individuals with high risk behaviour (to exclude the possibility of window period)</li> <li>• HIV negative partner of a known HIV positive individual</li> </ul>
Every 6 months	<ul style="list-style-type: none"> <li>• HIV negative partner of a known HIV positive individual</li> </ul>



	<ul style="list-style-type: none"> <li>• Priority population groups: <ul style="list-style-type: none"> <li>a) Child less than 18 months of age born to HIV positive mother (as per EID algorithm)</li> <li>b) Individuals with continued high risk behaviour</li> <li>c) FSW</li> <li>d) MSM</li> <li>e) TG</li> <li>f) IDU</li> </ul> </li> </ul>	<p>counselling are as follows:</p> <p>Individuals who have not accepted their HIV-positive report.</p> <p>Individuals who have not been linked to care, support &amp; treatment services.</p> <p>Individuals in need of services from support structures such as legal, socio-economic welfare, etc.</p> <p>The contents of follow-up counselling are the same as detailed in this chapter and should be followed as applicable.</p>
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### 6. Additional Counselling

2) Individuals who need follow-up Additional content for counselling specific priority populations is given in Table 9.

**Table 9.**

S. No.	Priority population	Description	Additional counselling content
1.	Infants and children (outside the PPTCT cohort)	Symptomatic children referred by medical officer	<ul style="list-style-type: none"> <li>▪ Need to test the mother for HIV</li> <li>▪ Infant feeding</li> <li>▪ Nutrition</li> <li>▪ Immunization</li> </ul>
		Orphans and vulnerable children	<ul style="list-style-type: none"> <li>▪ Nutrition</li> <li>▪ Immunization</li> <li>▪ Follow-up testing (if applicable)</li> </ul>
		Sexually abused children	<ul style="list-style-type: none"> <li>▪ Screen for other STIs</li> <li>▪ Post-exposure prophylaxis (PEP)</li> <li>▪ Follow-up testing (if applicable)</li> </ul>
2.	Adolescents	10–19 years' age group	<ul style="list-style-type: none"> <li>▪ PLHIV adolescents should be counselled on positive prevention, nutrition, adherence to ART, coping peer pressure and adapting safer behaviours</li> <li>▪ Adolescents should be counselled on the need of pre-marital HIV testing and safe sex practices</li> <li>▪ Customized tailored risk reduction counselling – boys, girls and trans-sexual/trans-gender (TS/TG)</li> <li>▪ Linkages with the Rashtriya Kishore Swasthya Karyakram (RKSK)</li> </ul>
3.	Sero-discordant Couple	One from a couple is HIV-positive while the other is HIV-non-reactive	<ul style="list-style-type: none"> <li>▪ Promote mutual disclosure of HIV status and adoption of prevention measures</li> <li>▪ When a couple receives their results together, there can be mutual disclosure of HIV status, and the couple can receive appropriate support</li> </ul>

			<ul style="list-style-type: none"> <li>During the pre-test counselling session for a couple, the counsellor should not explore sexual and or any other risk behaviour. These aspects are to be explored individually/ Separately</li> <li>Both, testing and post-test counselling can be provided individually, if either partner prefers</li> <li>Promote safer sexual behavior</li> </ul>
4.	Sero-concordant Couple	Both partners are HIV-positive	<ul style="list-style-type: none"> <li>Consistent condom use</li> <li>Nutrition</li> <li>ART adherence (if applicable)</li> </ul>
5.	Prison inmates		<ul style="list-style-type: none"> <li>Customized risk-reduction counseling</li> <li>Symptomatic screening for TB and STI</li> <li>Follow-up HIV counselling and testing (if applicable)</li> </ul>
6.	Victims of sexual Assault		<ul style="list-style-type: none"> <li>Counselled on the need for baseline HIV, pregnancy testing, and for other STIs</li> <li>Post-exposure prophylaxis (PEP) for HIV and STI, and counselling for its adherence</li> <li>Follow-up HIV counselling and testing after 3 months and 6 months (as applicable)</li> </ul>
7.	Pregnant women	All pregnant women	<ul style="list-style-type: none"> <li>Explain the need to initiate ART and the importance of Adherence</li> <li>Explain the need for regular ANC check-up and institutional Delivery</li> <li>Explain the need for antiretroviral (ARV) and co-trimoxazole prophylaxis for the child</li> <li>Explain the importance of exclusive breastfeeding for 6 Months</li> <li>Counsel on adequate maternal nutrition, including iron and folic acid supplementation</li> </ul>
8.	High-risk group (HRG)/bridge Population	Female Sex workers (FSWs)	<ul style="list-style-type: none"> <li>On stigma and discrimination related issues</li> <li>An individual may have more than one type of risk behavior and counselling should explore and address them</li> <li>Need for follow-up counselling (if applicable)</li> <li>Social protection schemes and services from support structures as applicable, e.g., crisis response team, legal support, etc., when needed</li> </ul>
		Men who have sex with men (MSM)	
		Injecting drug users (IDUs)	
		TG	
		Migrants/Truckers	

### 7. Sharing of HIV Test Results

It is important to maintain utmost confidentiality of personal information shared

by individuals accessing HCTS, including his/her HIV test results.

However, in the following circumstances, the

HIV test results of an individual may be shared:

#### 7.1 Sharing of Spouse/Sexual Partner HIV Test and Partner Notification

In order to protect the health of a partner, the counsellor may share a person's HIV test result with the person's partner, or partners. This may occur with or without the expressed consent of the index partner. An HIV-positive person should be encouraged through counselling and tools such as role-play to share the positive test result with his/her spouse, sexual or needle-sharing partner(s), and bring the spouse or partner for counselling to an integrated counselling and testing centre (ICTC). This process of helping the individual share the test result might take more than one visit. If after repeated visits the counsellor feels that the individual is not ready to share his/her status, and the regular sexual partner of the individual is deemed to be at risk, the partner can be notified of the person's positive status. This communication with the partner should be, without exception, in a face-to-face setting. Wherever possible, the counsellor could contact positive network groups to facilitate the disclosure. The notified partner(s) should be counselled and tested for HIV and other STIs.

#### 7.2 Shared Confidentiality and Medical Disclosure

Wherever warranted, in the medical interest of an individual, their HIV status may be shared with other health-care provider(s) involved in the treatment and care of that individual. The purpose of sharing information is to ensure that the individual receives better treatment and care. Confidentiality should be maintained during the process.

In a health-care setting, the staff directly involved in caring for the HIV-positive patient may be informed about the patient's HIV status by the counsellor after seeking the person's consent. This is to protect the right of the individual to confidentiality as well as the right of health-care staff to a safe work environment. The disclosed information must be kept confidential by the attending health-care staff.

#### 7.3 Disclosure

The person with HIV has the right to privacy and also the right to exercise informed consent in all decisions about disclosure in respect of his/her status. However, in certain circumstances when disclosure of an individual's HIV status to another person is required by law or ethical considerations, the HIV test results may be shared.

### 8. Standard Operating Procedures

**Table 10.** Standard operating procedure for a counsellor at HCTS screening facility

1	Document information of the individual with unique 23-digit ICTC person identification digit (PID) in the counselling register ( <i>Annexure A1</i> ) / ( <i>Annexure A12</i> )
2	Provide pre-test counselling to the individual and document the details in the counselling register Contents for pre-test counselling are listed in Box 3.2
3	Take informed consent of individual for HIV testing with signature/ thumb impression in the counselling register
4	If individual <b>opts for HIV testing</b> , provide information related to testing procedure If individual <b>opts out</b> , provide further counselling to the individual on the benefits of knowing his/ her HIV status
5	Conduct HIV screening testing as per applicable procedures listed in <b>Chapter 4</b> If the result is invalid, repeat the test
6	Document the results of HIV screening test in the counselling register
7A	For individuals screened reactive, provide post-test counselling Box 3.4 and link them to SA-ICTC using duly filled Linkage Form ( <i>Annexure B1</i> )
7B	For individuals <b>screened non-reactive</b> , provide post-test counselling as per box 3.3 and share the laboratory report signed by medical officer/officer-in-charge ( <i>Annexure C3</i> ). Emphasize the need of follow up testing, if required. Use Follow up HIV testing Card ( <i>Annexure D5</i> ) if required.
8	Conduct verbal screening of all individuals accessing HCTS for TB, STI and other co-infections
9	If required, link the individuals to ANC, STI, RNTCP programs, etc. as applicable using Linkage



	Form
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**Records (Registers /Forms/ Reports) to be maintained**

The following records and reports must be maintained at HCTS screening facilities:

- 1) Counselling register
- 2) Linkage form in triplicate
- 3) Laboratory report for screened non-reactive

- 4) Stock register
- 5) Follow up HIV Testing Card
- 6) Temperature Log Book
- 7) Indent for HCTS Commodities
- 8) SIMS reporting format
- 9) Dashboard Indicators at HCTS Screening Facilities

**Table 11.** Standard operating procedure for a counsellor at HCTS confirmatory facility (SA-ICTC)

1	<p>Document information of individual with unique 23-digit Patient Identification Digit (PID) in the counselling register (<i>Annexure A2</i>) for general individual and (<i>Annexure A3</i>) for pregnant women)</p> <p>If an individual has accessed screening HCTS facilities, then use the same PID number as generated on the first visit at screening facility. Similarly, if an individual has accessed confirmatory HCTS facilities, then use the same PID number as generated on the first visit at confirmatory facility.</p> <p>If an individual screened reactive at screening site and referred to confirmatory facility, a new PID number should be generated at confirmatory facility.</p> <p>All efforts should be made to ensure that only one unique PID is issued to an individual at every follow up test at either screening or confirmatory HCTS facility.</p>
2	<p>Provide pre-test counselling to the individual and document the details in the counselling register</p> <p>Refer to Box 3.2 for contents of pre-test counseling</p>
3	Take informed consent of individual for HIV testing with signature/ thumb impression in the counselling register
4	<p>If individual <b>opts for HIV</b> testing, provide information related to testing procedure</p> <p>If individual <b>opts out</b>, provide further counselling to emphasize the need for follow-up testing</p>
5	Link the individual to SA-ICTC laboratory technician for HIV testing by using referral slip to Lab Technician ( <i>Annexure E7</i> )
6	Receive signed laboratory reports from the Lab Technician
7A	For individuals found <b>HIV positive</b> , provide lab report, conduct post-test counselling and link the individual to ART centre using Linkage form ( <i>Annexure B1</i> )
7B	For individuals found <b>HIV negative</b> , provide lab report, conduct post-test counselling and emphasize the need for follow up testing (as applicable)
7C	For individuals with <b>indeterminate test result</b> , provide post-test counselling and emphasize the need for follow up testing (as applicable, using the Follow up HIV Testing Card in <i>Annexure D5</i> )

Screen all patients accessing HCTS for TB and other co-infections and link to applicable facility  
The following records and reports must be

maintained at HCTS confirmatory facility (ICTC):

**Records (Registers /Forms/ Reports) to be maintained**

Registers:	Forms:	Reports:	Cards:
1. Counselling register for general individuals 2. Counselling register for pregnant women 3. HIV–TB line list 4. HIV–TB register 5. ICTC HIV exposed Infant/Child Register 6. HIV Positive Pregnant Women Delivery Register 7. Outreach Activity Register	8. Linkage form in Triplicate 9. RNTCP form for referral for Diagnosis	10. SIMS monthly report 11. Laboratory reports 12. Dashboard Indicators 13. SIMS quarterly report	14. PLHIV card for General Individuals 15. PPTCT Beneficiary card 16. EIC card 17. Discordant partner card 18. Follow up HIV Testing Card

### 9. Conclusion

The infrastructure necessary to maintain the privacy of the clients was lacking in few ICTCs. ICTCs services such as referrals, IEC utilization in the center and laboratory quality control were found to be adequate. ICTC should have a better infrastructure in terms of designated counseling space and proper waiting area for the clients so that the confidentiality of the clients could be maintained. Recruitment of both male and female counselors and additional laboratory technicians in the centers where the client load is high. Some of the components both in terms of quality and content of the counseling at the ICTC needs improvement.

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