



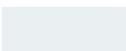
MINISTRY OF HEALTH  
Republic of Trinidad and Tobago

national  
HIV  
testing  
and  
counselling

policy

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## foreword

HIV testing, using blood samples to determine the presence of HIV antibodies and yielding a positive or negative result, usually within days, is a critical component of the public health strategy to prevent and control the spread of HIV. HIV testing has been available since 1985 and is used primarily for screening the national blood supplies, and in the diagnosis of HIV and AIDS. With the advent of improved diagnosis, methods of treatment and availability of antiretroviral medicines at affordable prices, governments have established policies and programmes supporting universal access to testing.

Policies and programmes that establish Universal Access to HIV Testing ensure that all members of society have access to HIV testing facilities, information about testing and the choice to be tested. This enables persons who are HIV-positive to know their status and protect their health by accessing care and treatment.

HIV testing policies provide a framework for effective action to facilitate access to safe and ethical testing services for the population. Having the majority of people living with HIV/AIDS receiving treatment and care will reduce the negative impacts on the individual, the family and country as a whole, by decreasing the frequency and severity of illness and curbing transmission.

## acknowledgements

This HIV Testing Policy is the end result of a participatory process involving numerous stakeholders from various Ministries/Units/Organisations including:

- The Ministry of Health
- Tobago House of Assembly
- National AIDS Coordinating Committee
- The Tobago AIDS Coordinating Committee
- The North West Regional Health Authority
- The North Central Regional Health Authority
- The Eastern Regional Health Authority
- The South West Regional Health Authority
- CAREC-SPSTI/PAHO/WHO
- Family Planning Association of Trinidad and Tobago

We gratefully acknowledge and appreciate the outstanding contribution of all the workshop participants.

## signatories to the policy

This revised Policy replaces all other existing HIV Testing and Counselling Policies.

This Policy becomes effective from the date of signature by the duly authorized persons.

It is proposed that this Policy should be reviewed every two (2) years from the effective date.

Signature: \_\_\_\_\_  
Programme Director, HIV/AIDS Coordinating Unit

Signature: \_\_\_\_\_  
Director, Health Policy, Research and Planning

Signature: \_\_\_\_\_  
Chief Medical Officer

Signature: \_\_\_\_\_  
Permanent Secretary

Signature: \_\_\_\_\_  
Minister of Health

## definition of terms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ART	Anti-Retroviral Therapy
CAREC	Caribbean Epidemiology Centre
EPP	Exposure-Prone Procedure
HIV	Human Immunodeficiency Virus
MCH	Maternal and Child Health
MIS	Management Information System
MOH	Ministry of Health
MSM	Men who have Sex with Men
PAHO	Pan American Health Organization
PITC	Provider Initiated Testing and Counselling
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

## background

The HIV epidemic in Trinidad and Tobago, since the first reported case in 1983, continues to affect primarily the most productive age group of the population and a disproportionate and increasing percentage of females. Among the reported cases of HIV in this period, young people in the productive age groups have been increasingly affected by the epidemic, with the 25-34 age group recording the highest numbers of new HIV infections each year, followed by the 15-24 age group.

Females continue to represent the group with higher incidence of HIV in the 15-24 age group when compared to males. Sexual exposure is the primary mode of transmission of HIV in Trinidad and Tobago, with over 95% of cases in the period 2000-2006 reporting this mode, as opposed to intravenous drug use or blood transfusion.

HIV testing has proven to be an effective public health intervention for the following reasons:

1. It enables persons to know their HIV status and gives them the opportunity to take action to prevent the spread of HIV.
2. It identifies persons with HIV, enabling access to treatment, care, support and prevention of transmission within the population.

## policy | statement

The Ministry of Health shall ensure the existence of a barrier-free health care environment in which all citizens and nationals have access to quality, free HIV testing and counselling services with support services consistent with HIV test results.

### Policy Objectives

The objectives of this HIV Testing and Counselling Policy are as follows:

1. To define the roles, responsibilities, and rights of patients and healthcare providers in achieving Universal Access to HIV testing and counselling.
2. To provide a platform for guiding HIV testing and counselling services, programme development and delivery.
3. To remove the existing barriers to citizens and nationals having free access to quality HIV testing and counselling services;
4. To promote Provider Initiated Testing and Counselling (PITC) for all patients accessing health care services.
5. To ensure uniformity in the testing and counselling services offered at the various health facilities.

### Guiding Principles

The National HIV testing policy for Trinidad and Tobago will be guided by the following principles – “the Three Cs”: These are:

- **Confidentiality**

In keeping within the accepted code of confidentiality that governs

patient care and rights, information regarding a client's use of HIV testing services should remain confidential.

- **Pre-test Information and Post-test Counselling**

All clients who are recommended to test or who seek testing will be provided with information about the HIV test. This includes information on transmission, the importance of obtaining test results, and the meaning of test results. All clients, once the test is complete and results obtained, will receive information on test results, disclosure and referral for appropriate care, treatment and support.

- **Informed Consent**

HIV testing should be voluntary and free of coercion. Informed consent before HIV testing is essential and should be a prerequisite before the test is done. Information regarding consent must be provided using language that the client can understand. Accepting or refusing testing is a right that must be respected and must not have detrimental consequences to the quality of support offered to clients.

## Expected Policy Outcomes

The Ministry of Health expects that this Policy will have the following outcomes:

1. Increase HIV testing and counselling (PITC and VCT);
2. Support and care will be provided for those who are infected and affected;
3. Citizens are empowered to lead long, healthy lives and have adequate access to an efficient health care delivery system;
4. Positive risk reduction behaviour changes among clients;
5. Decrease expenditure on HIV/AIDS institutional care; Decrease morbidity and mortality from HIV/AIDS related conditions;
6. The HIV/AIDS epidemic will be contained.

# policy | scope and coverage

In accordance with UNAIDS/WHO recommendations, Trinidad and Tobago recognises four (4) types of HIV testing and counselling strategies.

## 1. Provider-Initiated Testing and Counselling (PITC)

Health care providers in both the public and private sectors should routinely offer HIV testing to all patients. Providers should initiate testing in health facilities and with patient groups, including:

- All primary and secondary care health settings should make HIV testing widely available.
- All health settings where the health condition is associated with HIV, such as STI and TB clinics.
- All health services which offer specific opportunity to prevent transmission, such as antenatal and postnatal clinics (PMTCT), reproductive health service facilities and MCH facilities.
- Services and Programmes targeting vulnerable populations, including youth, sex workers, men who have sex with men (MSM), drug users, prison inmates, and migrant workers.
- Persons exposed to HIV, including those exposed through occupational activities (e.g., health care provider) and non-occupational activities (e.g., sexual abuse victims).

## 2. Diagnostic HIV Testing

Diagnostic HIV testing is also provider initiated: an HIV test is recommended when signs and symptoms suggest that HIV infection may be the cause of the client's health condition.

### 3. Voluntary Counselling and Testing (VCT)

This is client-initiated and voluntary. A person may proactively access HIV testing services to learn his/her HIV status.

### 4. Mandatory HIV Testing

Trinidad and Tobago does not support mandatory testing on public health grounds. In addition, in accordance with the International Labour Organization's convention for "Testing in the World of Work," Trinidad and Tobago does not support testing for employment purposes such as recruitment, access to benefits (health insurance, pension, etc.), and promotion.

As Trinidad and Tobago continues to pursue the goals of Universal Access to Treatment and reducing the transmission of HIV in the community, this Policy identifies the use of PITC as pivotal to the scaling up of HIV testing and counselling and to the achievement of universal access to HIV prevention, care and treatment programmes in the public and private sectors.

The client-initiated VCT has contributed to many persons knowing their HIV status and continues to contribute to the scaling up of HIV testing and counselling.

The PITC method allows healthcare providers to offer HIV testing and counselling at health facilities. This method lends itself to routine testing, thereby increasing the number of persons tested as well as increasing access to treatment and prevention services. Increased access to both testing methods is critical to reducing the impact of the HIV/AIDS epidemic on the society. The scope and coverage of this Policy therefore includes the use of PITC and VCT at all public and private health care facilities and covers all persons seeking health care at these facilities.

## specific policy | statements and policy | guidelines

### 1. Patient Confidentiality

*All HIV Testing shall be confidential.* Nevertheless, authorized health care professionals may decide on the basis of each individual case and ethical considerations, to inform their patients or sexual partner(s) of their HIV status. Such a decision shall only be made in accordance with the following criteria:

- I. The HIV-positive person in question has been thoroughly counselled
- II. Counselling of the HIV-positive person has failed to achieve appropriate behavioural changes.
- III. The HIV-positive person has refused to notify, or consent to the notification of his/her partner.

### 2. Informed Consent

- I. Informed consent following adequate counselling shall be obtained from the person before HIV testing can be done.
- II. In cases where the patient is unable to give consent such as patients in semi-conscious states and those deemed to be of unsound mind, consent may be given by the next of kin or a close relative. If neither is available, the health care provider, acting in the best interest of the patient, may provide consent on behalf of the patient.
- III. In cases where the patient is unable to understand the information provided in counselling, such as patients in a semiconscious

state and those deemed to be of unsound mind, counselling shall be provided to the next of kin or close relative.

### 3. Mandatory Reporting

Mandatory reporting of HIV/AIDS shall conform to the guidelines outlined for the reporting of communicable diseases as stated in the Public Health Act.

### 4. Contact Tracing

#### *Partner Notification*

Physicians and other health workers are not allowed to notify or inform any person, other than the individual tested, of the test results without his or her consent. Counselling shall emphasize the duty to inform sexual partner(s), and married couples will be encouraged to be tested together.

In the event of refusal of the person tested to inform their sexual partner(s), the decision to inform the third party shall adhere to the criteria laid down in the section on *Confidentiality*.

Partners who cannot be involved in the same counselling session with the tested person, shall be persuaded to go for counselling before they can be notified of the tested person's HIV test results.

### 5. Stigma and Discrimination

The practice of stigmatization and/or discrimination against all persons seeking HIV testing and/or counselling is unacceptable.

### 6. Anonymous Testing

Anonymous testing shall be strongly discouraged at all testing sites both public and private.

### 7. Pre-marital HIV Testing

Pre-marital testing shall be promoted and made accessible and affordable all over the country. Like all other testing, it should be voluntary with available pre- and post-testing and support.

### 8. HIV Testing During Pregnancy

Voluntary counselling and HIV testing services shall be promoted and made available to pregnant mothers for the purpose of prevention of mother to child transmission (PMTCT) of HIV infection.

### 9. Testing of Minors

*The epidemic profile of Trinidad and Tobago indicates that minors are vulnerable to HIV infection. In this context this Policy seeks to facilitate minors' access to testing. This should be done in accordance with accepted practices for offering health services to minors.*

1. Clients less than 14 years of age will not be tested without consent from a parent or guardian.
2. Clients 14 years and older but less than 18 years of age will be tested only if the health care provider deems the client emotionally mature and able to understand the testing process and the implications of the result.

### 10. Persons With Disabilities

All HIV testing services are to be designed to accommodate the special needs of disabled persons.

### 11. Persons in State Institutions (juvenile centres, prisons)

All persons entering prison shall be routinely offered HIV testing and counselling services.

- Testing services shall be readily available and accessible for all inmates, service providers and administrative staff of institutions.

### 12. Protection of Persons Undergoing Clinical Procedures

All blood, blood products and organs will be tested for HIV before being used for any medical procedure.

- Procedures that involve transfer of blood, body fluids, or organs from one person to another should be protected from transmission through screening.

### 13. Health Care Workers

All health care workers who perform exposure-prone procedures (EPPs) must know their HIV status.

- Health care workers who have a confirmed positive HIV antibody test must not perform EPPs.
- Testing, and if appropriate, post-exposure prophylaxis shall be

offered to health care workers following occupational exposure to blood or body substances, for example through needle stick injury.

#### 14. Research Involving HIV Testing

All research proposals shall seek ethical clearance from the Research and Ethics Committee of the hosting institution or sector, and preserve the confidentiality of the patients involved.

- Research involving international collaborators shall obtain ethical clearance from the Institutions from which the foreign collaborators are based and also from the relevant national research institutions and sectors. All authors shall give consent, in writing, to the publication of the research report.

#### 15. Quality Assurance

*All HIV/AIDS testing and counselling sites shall meet and/or exceed universally accepted quality standards. Testing and counselling shall be performed according to universally accepted quality standards.*

- Quality audits must be periodically conducted to ensure adherence to stipulated quality standards;
- All health care professionals involved in HIV/AIDS testing and counselling must possess the required certification, training and experience;
- Universal precautions must be strictly adhered to by all health care professionals involved in HIV/AIDS testing;
- All HIV/AIDS testing kits must be periodically validated;
- All quality control data should be regularly reviewed by the site manager with responsibility for the testing site.

## roles and responsibilities

### 1. Ministry of Health

*The Ministry of Health is the Authority that provides the regulatory framework for the provision of all health services. All HIV testing sites must be certified and approved by the Ministry of Health in accordance with the HIV Testing Site Readiness Guidelines.*

- All HIV testing must be offered within the guidelines expressed in the Ministry of Health protocols. (Appendix 1)
- All staff providing HIV testing services must be trained and certified by the Ministry of Health.
- All testing sites must adhere to the Ministry of Health's Quality Assurance protocols.

### 2. HIV Testing Sites

- Deliver services within the context of approved national protocols and guidelines for testing, counselling, quality control, and monitoring.
- Provide information on the clinical and prevention benefits of testing prior to performing the test.
- Provide referral services for treatment and risk reduction to all clients regardless of HIV status.
- Respect the right of the client to refuse the test at any point in the process.
- Provide support for the client in partner notification.

- Inform health care providers of his/her right to withhold testing if the client refuses to comply with the basic principles of HIV testing (confidentiality, pre- and post-test counselling, and consent) or the provider deems the client to be incapable of understanding the ramifications of the procedure or the result.
- Comply with the Ministry of Health's policy regarding the testing of unconscious patients.

### 3. Health Care Workers

- Comply with all stated policies, rules and regulations with respect to HIV testing, counselling and referral.
- All health care workers must adhere to universal precautions when conducting HIV testing.
- All health care workers must adhere to guidelines as stated in the *Patient's Charter Of Rights And Obligations*.

### 4. Individuals

- To supply correct and complete information to the health care professional;
- To communicate to the health care professional if they understand the course of action to be undertaken;
- To be considerate of the rights of other patients and persons at the health facility;
- To obtain follow up counselling and/or treatment as recommended by the health care professional.

## Conclusions

This Policy is expected to provide a platform for increased access to HIV Testing and Counselling within the context of the Ministry of Health's Standards and Guidelines for Quality Care.

# Appendices

## Appendix 1



## MEMORANDUM

From: Chief Medical Officer  
 To: ALL Chief Executive Officers of the Region  
 ALL HIV/AIDS Points of the Region  
 Date: April 4, 2006  
 Subject: Same Visit HIV Rapid Testing

The Ministry of Health has approved the attached protocol for implementation of same-visit-on-site HIV Rapid testing algorithm. *{Please note that the protocol for pmct and other HIV diagnostic testing remains the same}. (Annex 1 attached).*

The Ministry of Health is committed to increasing access to HIV counselling and testing and a national VCT plan is being implemented which will include the use of this same-visit on-site rapid test protocol. This protocol will be implemented on a phased basis at proposed sites and following the adequate training and the introduction of quality assurance systems both for HIV counselling and testing sites will be certified as Ministry of Health as approved voluntary counseling and testing (VCT) sites.

- All testers will be trained in the rapid HIV testing methods and will participate in a short practicum performing a minimum of 50 rapid HIV tests before certification. Each tester will be recertified on an annual basis.
- All sites providing same-visit on site testing must implement a system for quality assurance and will be monitored on a regular basis to ensure adherence. Each site must achieve a minimum standard and will also be certified annually by the Ministry of Health.

- The Ministry of Health will provide training to persons who are already trained as HIV counsellors (using the Ministry of Health approved training programme) and who will provide service at the sites for scale-up of VCT services.

This letter and a copy of the protocol are being sent to you as your site/ clinic is being considered for the scale-up of VCT services utilizing the same-visit on-site rapid HIV testing.

Dr. Rohit Doon  
 Chief Medical Officer





Caribbean RT Implementations/Trinidad and Tobago

## Appendix 6

### Uni-Gold™ HIV SOP

Summary of the manufacturer's working protocol for Uni-Gold™ HIV Rapid Tests.

#### Procedure

1. Check the expiration date. Do not use expired kits.
2. Remove the protective kit cover from test device.
3. Label test device with the appropriate patient/client identification.
4. Apply two drops of whole blood to the sample well.
5. Apply 2 drops of Wash Reagent to the sample well.
6. Read results after 10 minutes (up to 20 minutes).
7. Record results on the worksheet.

Interpretation of Test Results (Only three results are possible with this test)

#### Positive (Two bands)

Red bands appear in both the control area (labeled 'C') and the test area (labeled T) of the device. Any visible red color in the test area should be interpreted as positive.

#### Negative (One Band)

One red band appears in the control area of the device (labeled 'C') and no red band appears in the test area of the device (labeled 'T').

#### Invalid (No Band)

If there is no band in the control area of the device, the test is invalid. Even if a red band is present in the test area of the device, the result is invalid *and should be repeated*.

Caribbean RT Implementations/Trinidad and Tobago

## Appendix 7

### HIV 1/2 Stat Pak SOP

Summary of the manufacturer's working protocol for HIV1/2 Stat-Pak Rapid Tests.

#### Procedure

1. Check the expiration date. Do not use expired kits.
2. Remove the protective kit cover from the device.
3. Label the device with the appropriate patient/client identification.
4. Collect blood sample with the 5 pi loop provided.
5. Touch the loop to the center of the sample well and wait 3 seconds.
6. Slowly add three drops of buffer to the sample well.
7. Read results after 10 minutes (up to 20 minutes).
8. Record results on the worksheet.

Interpretation of Test Results (Only three results are possible with this test)

#### Positive (Two Bands)

Red bands appear in both the control window (labeled 'C') and the patient window (labeled 'P') of the strip. Any visible red color in the patient window should be interpreted as positive.

#### Negative (One Band)

One red band appears in the control window of the strip (labeled 'C') and no red band appears in the patient window of the strip (labeled 'P').

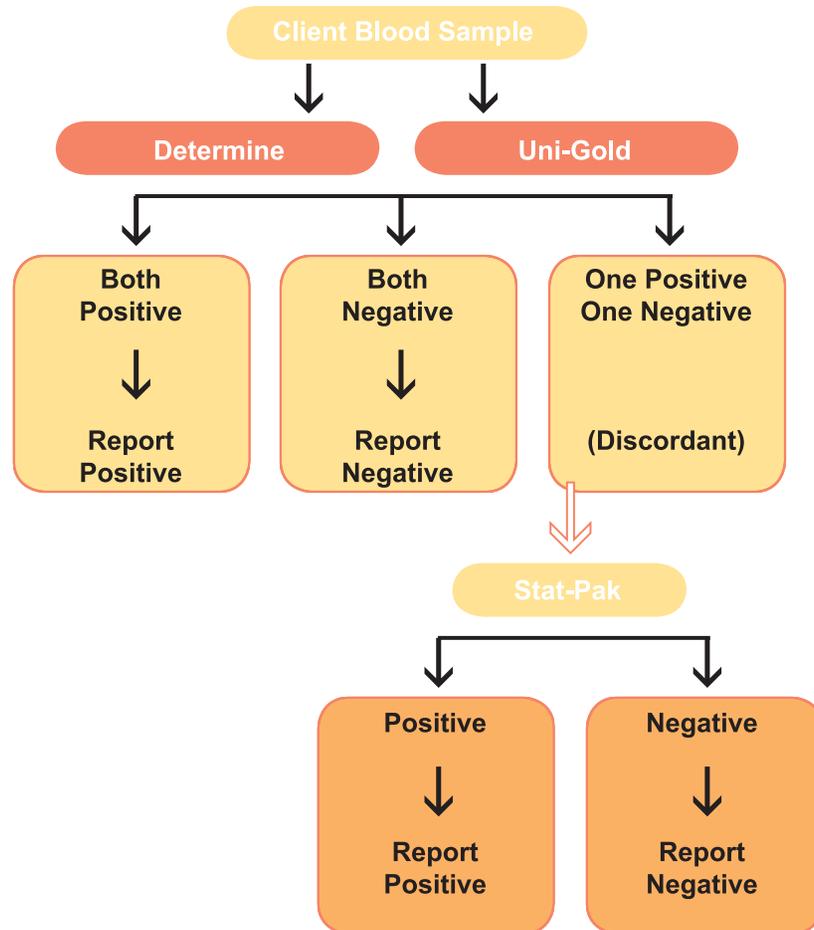
#### Invalid (No Band)

If there is no band in the control window of the strip the test is invalid. Even if a red band is present in the patient window of the strip, the result is invalid *and should be repeated*.



## Appendix 10

## MOH HIV RAPID TEST ALGORITHM



## Appendix 11



This "Same Visit HIV Rapid Testing" protocol is approved by the Chief Medical Officer, Ministry of Health in all certified same visit HIV rapid testing sites.

April 3, 2006

## Appendix 12

**CARIBBEAN EPIDEMIOLOGY CENTRE (CAREC)**

REF: 044/06 (SPSTI)

DATE: 14<sup>th</sup> March, 2006

Dr. Rohit Doon  
Chief Medical Officer  
Ministry of Health  
53 Park Street  
Port of Spain  
Trinidad and Tobago



Dear Dr. Doon,

CAREC is pleased to present to you a validated protocol for testing for HIV in Trinidad and Tobago. Upon the request of your Ministry CAREC developed this protocol and validated the HIV testing algorithm recommended. This protocol utilizes the use of rapid tests in field, provision of counseling and confidentiality and ongoing quality monitoring and assurance by the MOH. The final Protocol document is attached with the results of the process of validation of tests.

Critical to the implementation of HIV testing and further scale up, is the role of the MOH in monitoring the quality of the overall service and the testing itself. CAREC is eager to increase its efforts with the MOH in strengthening its capacity to monitor sites and ensure the quality of testing provided to the public.

It is also important to provide for certification of sites and testers on an annual basis, ongoing monitoring of sites and the integration of these sites into the system of surveillance of HIV in the country. CAREC has already trained thirty-eight persons to do rapid testing, some have been certified by the MOH and the others are in the process of completing their internship; a pre requisite for certification.

CAREC looks forward to continued partnership with the Trinidad and Tobago Ministry of Health in supporting its response to the HIV epidemic.

Sincerely

Dr. James Hosepdales  
Director



**MINISTRY OF HEALTH**  
Republic of Trinidad and Tobago