

# Central Adelaide Infectious Diseases Service

## Clinical Information Sheet

### HIV - Who to Test

**HIV antibody testing is indicated in the following circumstances:**

- Patient request
- Identification of clinical signs or symptoms of acute seroconversion illness (symptoms similar to glandular fever) or chronic fever, diarrhoea, weight loss or symptoms suggestive of AIDS defining illnesses including Tuberculosis
- Identification of risk factors in the patient history
- Part of a screening process, e.g. pregnancy
- Presentation for post-exposure prophylaxis (PEP) after occupational or non-occupational exposure to HIV
- Diagnosis of another STI. People infected with an STI, especially an ulcerative STI, are at increased risk of acquiring HIV and should be offered testing
- Risk factors from the patient history which would indicate HIV testing include:
  - MSM sexual contact. This is the most common mode of HIV transmission in Australia and unprotected anal male-male sex is a clear indication for HIV testing, as well as testing for other blood-borne viruses
  - Sharing of injecting equipment. This is also a strong reason for offering testing for blood-borne viruses
  - Being the sexual partner of a person with HIV infection
  - Being from a country or region with a high HIV prevalence, e.g. the Caribbean, Sub-Saharan Africa, South East Asia and PNG.
  - Recent overseas travel: travellers may be at risk of HIV through unprotected sex, injecting drugs and medical procedure

**Risk of HIV transmission (from a positive source):**

<b>Sexual contact</b>	
Unprotected anal (receptive)	Very high
Unprotected anal (insertive)	high
Unprotected vaginal <sup>a</sup>	high
Unprotected oral (cunnilingus and fellatio, receptive and insertive)	very low
<b>Mother to child (perinatal)</b>	
No intervention	20-45%
With intervention <sup>b</sup>	<5%
Occupational exposure (needle-stick)	0.3%
Sharing injecting equipment among injecting drug users	Very high
Occupational exposure (needle-stick)	0.3%
Sharing injecting equipment among injecting drug users	Very high
Unsterile tattooing and piercing	high
Unsterile medical and other procedures	high

a Some evidence of higher risk for male-to-female than female-to-male transmission.

b Proven interventions include antiretroviral therapy, caesarean section and avoidance of breastfeeding



### Discussion with the patient before ordering the test:

- Reason for testing and risk assessment
- Timing of risk and option of post-exposure prophylaxis (PEP)
- Need for other sexually transmissible infection (STI) and blood-borne virus testing
- History of previous HIV testing
- Confidentiality and privacy issues around testing
- Ensuring there is informed consent for the test
- Natural history and transmission information (if appropriate)
- Prevention of transmission and risk reduction through behaviour change
- Implication of a positive or indeterminate test result, including availability of treatment
- Implications of a negative test result
- Explanation of the window period
- General psychological assessment and assessment of social supports in the event of a positive result
- Logistics of the test: time taken for results to become available and the need to return for results

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### For more information

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