
Network-based testing toolkit training modules

Module 3: Ten steps of network-based
testing services

Learning objectives

By the end of this module, participants will be able to:

1. Describe the 10 steps of network-based testing
2. List tips for eliciting named contacts
3. Discuss the process to obtain informed consent for network-based testing services
4. Explain why and how an intimate partner violence (IPV) risk assessment is conducted for network-based testing services
5. Describe the importance of monitoring adverse events associated with network-based testing

What are the 10 steps of network-based testing?

1 Introduce concept of network-based testing at any visit, and determine readiness and timing

2 Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

3 Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)

4 Conduct an intimate partner violence (IPV) risk assessment

5 Determine the preferred method (partner services, social network testing, or family/household testing) for each contact

6 Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis)

7 Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution

8 Record outcomes of network-based testing services

9 Link partners, contacts, children and household members to appropriate treatment and/or prevention services

10 Follow-up with client to assess for any adverse events associated with network-based testing services

Step 1: Introduce the concept of network-based testing at any visit, and determine readiness and timing

1

Introduce concept of network-based testing at any visit, and determine readiness and timing

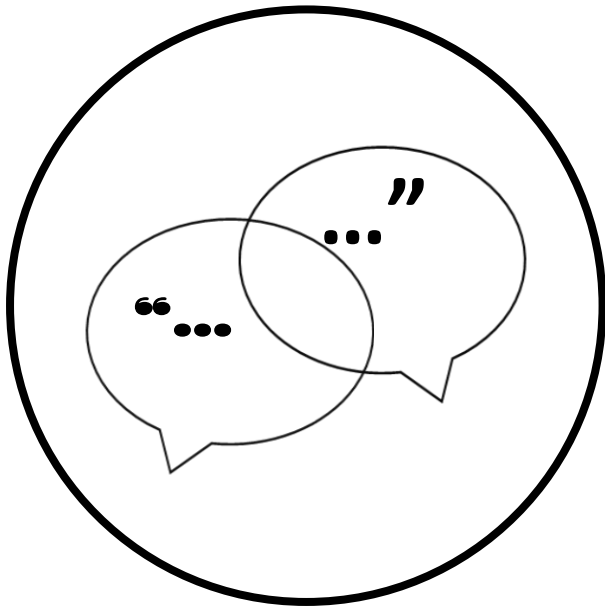
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Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

3

Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)

Discussion



When is the best time to introduce and discuss network-based testing with a client?

Step 1: Introduce the concept of network-based testing at any visit, and determine readiness and timing

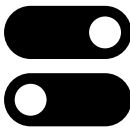
- Optimal timing for network-based testing will vary greatly, based on the individual client, the health system, and the nature of the relationships with partners and contacts.
- Network-based testing may be a process that takes place between a client and a provider over weeks, months, or even years.
- While introducing network-based testing early after diagnosis may help facilitate easier location of partners, other factors should also be considered:



Many clients report not feeling ready to engage in network-based testing at the time of diagnosis. It is important to allow clients time to process before starting NBT



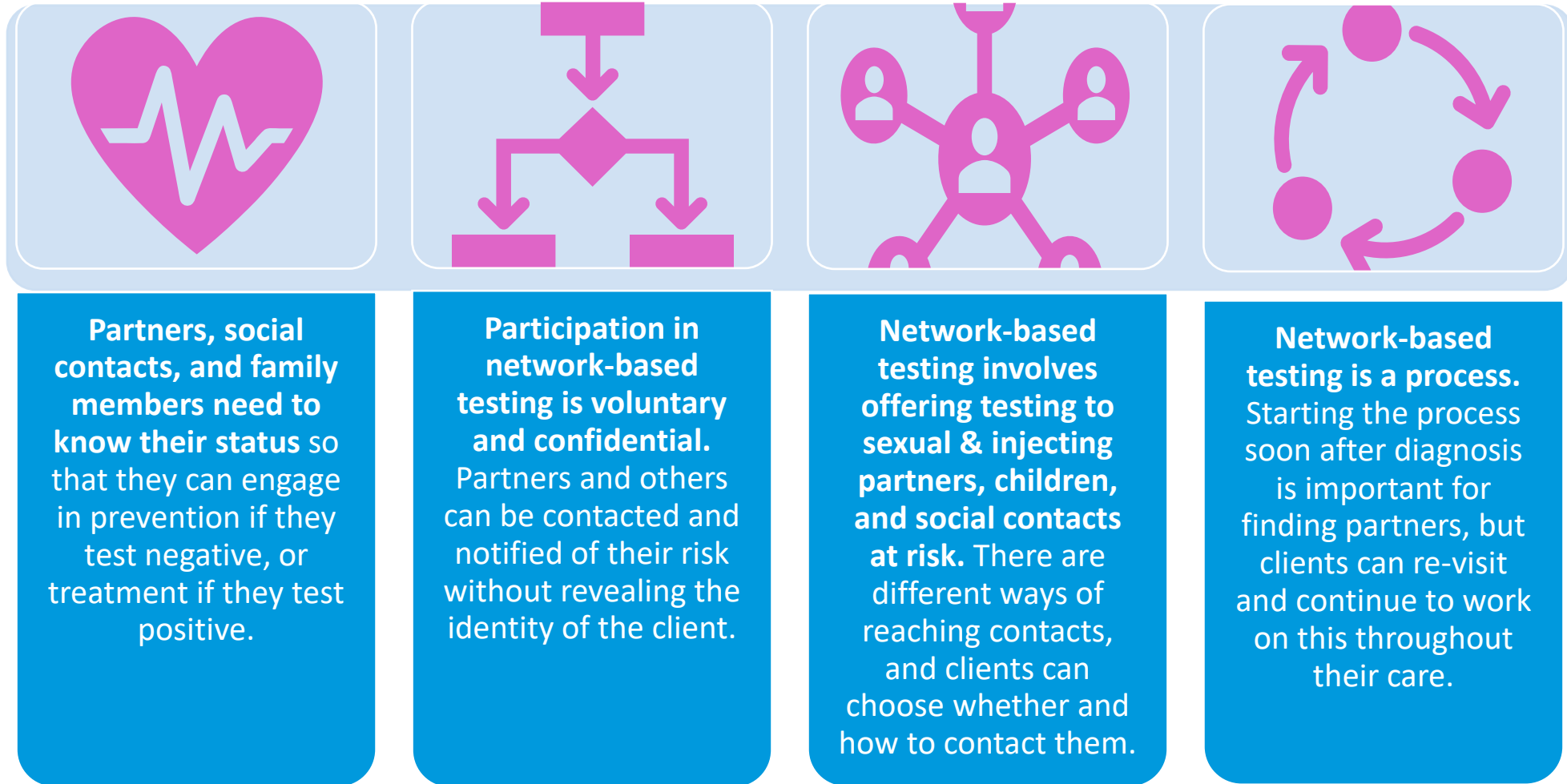
Research shows that subsequent rounds of both social network testing and partner services can have higher yield than initial rounds conducted at diagnosis



Clients may feel ready to engage in network-based testing for certain partners or contacts, but not for others. They should be given the option to engage in whatever form of NBT they choose, but should also be encouraged to complete the process with other contacts in the future.

Step 1: Introduce the concept of network-based testing at any visit, and determine readiness and timing

- Once the client expresses readiness, provide important information:



Step 1: Introduce the concept of network-based testing at any visit, and determine readiness and timing

- Inform the client that:
 - All information will be kept confidential. This means that:
 - Partners will NOT be told the client's name or test results.
 - The client will NOT be told the test results of their partner(s) or whether or not their partner(s) actually tested.
 - Testing services and results for children will not be shared with others.
 - You will NOT contact partner(s)/child(ren) without their permission.
 - They will continue to receive the same level of care at this health facility regardless of whether they choose to participate in network-based testing services.

*Exceptions to confidentiality include discussions of self-harm or harm to others, in which case mandatory reporting would come into play.

Knowledge check



What is an important thing to discuss with someone considering network-based testing?

Select the best answer:

- A. They need to decide now whether to engage in partner services, as there will be no opportunities in the future
- B. Network-based testing is a good idea because the client may learn who infected them.
- C. Network-based testing is voluntary and confidential, and the timing depends on the client's preferences and readiness.
- D. Network-based testing requires people to disclose their status to partners, contacts, and family members.

Step 2: Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

1

Introduce concept of network-based testing at any visit, and determine readiness and timing

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Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

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Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)

Step 2: Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

Who needs network-based testing?

- All individuals newly diagnosed with HIV, hepatitis B, hepatitis C, or an STI
- Individuals previously diagnosed with HIV, hepatitis B, hepatitis C, or an STI who have partners, contacts, or children in need of testing
- Pregnant and breastfeeding women
- Individuals with HIV, hepatitis B, hepatitis C, or an STI with interruptions in care
- Individuals at risk of HIV, hepatitis B, hepatitis C, or an STI may participate in social-network testing even if they have tested negative

Step 2: Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

- Informed consent must be obtained prior to eliciting the names of contacts and before contacting partner(s).
- As part of the consent process, review the risks and benefits of network-based testing, answer any questions that the client might have, and obtain their verbal consent to continue with the elicitation interview.
- We have sample consent scripts that you can adapt for your setting.
- If the client declines, do not continue with network-based testing services. Consider offering these services again at their next clinical visit.



Information to provide when obtaining verbal informed consent for NBT services

Instructions: Health care worker should use this script to obtain consent for network-based testing services

1. Provide definition of NBT services.
2. If they agree to participate, we will ask the names and contact information of their sexual partner(s), injecting partners, and child(ren), as well as inquire about social network contacts
3. They can choose from these options to get their partner(s), contacts, and child(ren) tested: partner services, social network testing, family & household testing
4. They can choose different options for different contacts. They can choose to engage some individuals and not others.
5. Network-based testing services are completely voluntary and confidential
6. Describe risks and benefits associated with NBT services
7. Provide an opportunity to ask questions
8. Obtain consent for participating in NBT services

Note: Consent can be verbal or written, depending upon your national guidelines

Activity: Is this consent process adequate?



GROUP DISCUSSION

Sarah: It is important that your partner(s) get tested for syphilis. If they are negative, we can provide them with information and services to keep them healthy. If they are positive, we can start them on treatment. If you agree to participate, I will ask you to give me the names and contact information of people you have had sex within the past year, including anyone you had sex with just one time, even if you used a condom. We will keep all information you tell us confidential. Do you agree to participate in NBT services?

Client: I'm not sure.

Sarah: Come on, don't you love your partner? If so, you really need to get him tested for syphilis. All the clients in this clinic have participated.

Client: Ok, I guess I'll participate.

Step 3: Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)

1

Introduce concept of network-based testing at any visit, and determine readiness and timing

2

Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent

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Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)

Step 3: Obtain list of sexual and injecting partners

Ask the index client to tell you the names and contact information of all the persons they have had sex with or injected drugs with in the last 3 years.

Start by asking if they have injected drugs in the past 3 years. If not, just focus on sexual partners.

- “I want you to think about all the people have you had sex with in the last 3 years even if it was just one time.”
 1. Ask by type of relationship:
 - What is the name of the person you mainly have sex with?
 - Are there any other people that you have had sex with in the past 3 years? (remember to use slang terms to probe further)
 2. Ask by chronological order in time: “Who is the last person you had sex with?”
 - Who was the person you had sex with before that?

If the client injects drugs, ask them to tell you the names and contact information for any persons they have injected with, even if they didn’t share needles.

Step 3: Obtain list of social network contacts

****This step is recommended for HIV, but evidence suggests it could be effective in other settings and epidemics (e.g. HCV testing among PWID). Consider context, population, and epidemiology.****

Ask the index client to consider other people in their network who might benefit from testing.

- “Now let’s think about other people in your social network who you think might be in need of testing. These could be friends, acquaintances, people at work, or others in your community.”
 1. Make a list by type of contact: friends, work contacts, other community members, etc.

Step 3: Obtain list of family & household contacts

****This step for HIV and HBV only (not recommended for other STIs or HCV)****

Ask the index client to consider people in their home who might benefit from testing.

- “Now let’s think about the people you live with and those that are in your family.”
 1. (For HIV & HBV) Please list all of your biological children under the age of 19. Have they been tested?
What is their status?
 2. (For HBV only) Please list any other individuals living in the household, even if they are not family or not your partners.
 - All household members should be tested for HBV

A few elicitation tips

- Refer to partners as ‘contacts’ or ‘individuals’ since ‘partner’ implies a more committed/regular relationship.
- Detailed information about identification or contacts for social network contacts are not necessary. If the client knows how to reliably reach the person, they can distribute tests or vouchers to that person.
- Use the integrated network-based testing tool!

Activity: How would you elicit this client's partner(s)?

Instructions: How you would ask this individual about their partners, social contacts, and/or family and household members? Think about potential barriers and how you would address them.

Client #1: A 37-year-old married woman who has been newly diagnosed with gonorrhea

Client #2: A 46-year-old male pastor of his church living with HIV who is attending an enhanced adherence counseling session due to high viral load

Client #3: An 18-year-old pregnant woman who has just been diagnosed with hepatitis B

Client #4: A 27-year-old gay man who was diagnosed with syphilis as part of mobile testing services

Client #5: A 32-year-old transgender woman who injects drugs and has tested positive for HCV

Step 4: Conduct an intimate partner violence (IPV) risk assessment

4

Conduct an intimate partner violence (IPV) risk assessment

5

Determine the preferred method (partner services, social network testing, or family/household testing) for each contact

What is intimate partner violence (IPV)?

- IPV is behavior by an intimate partner that causes **physical, sexual, or psychological harm**, including **acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors**. (WHO, 2013)
- Although studies repeatedly demonstrate the safety of network-based testing services, concerns remain that it could result in an increased risk of IPV.

Why Do We Conduct an IPV Risk Assessment?

- Screening for IPV risk and provision of immediate response to any disclosure of violence is a **standard operating procedure** for network-based testing services
- The **primary goal of the IPV risk assessment is to ensure no harm** comes to the index client, their partner(s), or family members as a result of network-based testing services
- The IPV risk assessment also allows us **to identify and link people experiencing violence to IPV response services**. This can help improve health outcomes among these clients



Step 4: Conducting the IPV risk assessment

- Start with an introductory script, such as “I want to ask you a few questions to make sure that network-based testing services will be safe for you.”
- Use a standard set of screening questions to identify any potential IPV risk that the client may have— see Module 6 for information about WHO-validated screening tools.
- Countries should feel empowered to develop and validate their own IPV screening questions based on their data and context.
- Ensure appropriate response and support systems are available for those who screen positive. This may include referral to IPV support centres.

Network-Based Testing Should NOT Be Offered if the Site Is Unable to Inquire about IPV and Respond Appropriately

- Minimum requirements for the IPV Risk Assessment include:
 - A private setting, where confidentiality is ensured
 - Trained providers who know how to ask about IPV and provide first-line support: Listening, Inquiring, Validating, and Enhancing safety and Support through referrals
 - A protocol or standard operating procedure which outlines the roles and responsibilities of site staff if an index client discloses violence
 - A standard set of questions for asking about IPV
 - A system for referrals for clients experiencing violence
- If any of these minimum requirements is not met, then the site does not have the ability to conduct the IPV risk assessment and respond appropriately.
- Network-based testing services should not be offered at these sites.

Step 5: Determine the preferred method (partner services, social network testing, or family/household testing) for each contact

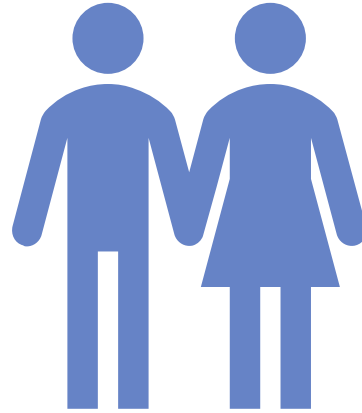
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Conduct an intimate partner violence (IPV) risk assessment

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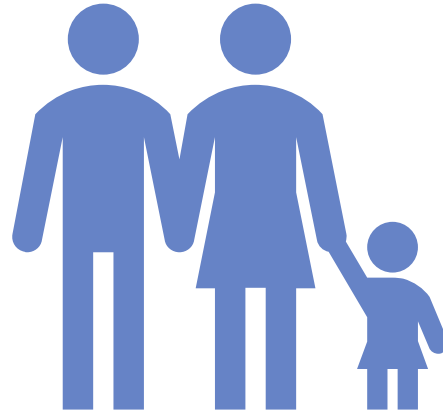
Determine the preferred method (partner services, social network testing, or family/household testing) for each contact

Partner services (HIV, other STIs, HBV, HCV)



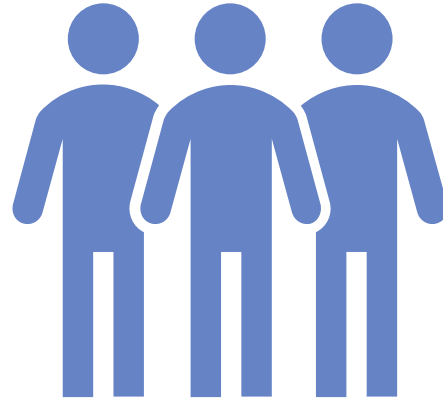
- Sexual and injection partners are informed of their potential exposure, and are offered testing and other services.
- There are both **active (provider-assisted)** and **passive (client-led)** modalities, and clients can choose different modalities for different partners.
- Programs can also provide clients with HIV, syphilis, and/or HCV self-test kits to take to their partners to facilitate partner testing.

Family and household testing (HIV & HBV)



- Providers offer biological children in the house testing and other services (HIV and HBV)
- Providers offer other household members testing (HBV) and vaccination if negative

Social network testing (HIV)



- Clients discuss and encourage testing among social network contacts.
- Referrals for testing can take place through the distribution of vouchers, e-vouchers, invitation cards, or self-testing kits.
- Index clients do not need to have an infection. Test promoters and peers are encouraged to engage in social network testing.
- Can consider for other populations and epidemics (e.g. HCV testing for PWID).

Disclosure within network-based testing services

- Disclosure to partners and family members can improve linkage to care and success in care. However, many people may not feel comfortable disclosing to partners or others.
- While disclosure should be encouraged and supported, it is not necessary for network-based testing services. All network-based testing options can be conducted without disclosure.

Examples of clients who may prefer provider-assisted partner services

- Adolescent girls with older married partners
- Married individuals with extra-marital partners
- Casual partners (e.g., one-night stands with individuals met at bars/while traveling)
- Sex workers and their male clients
- Men who have sex with men who have not disclosed their sexual behavior to others



Examples of counseling scripts for anonymous provider notification

Example Script 1: “Hello. My name is _____ and I am calling from _____ Health Centre. We have recently learned that you may have been exposed to HIV and would like to offer you an HIV test. You can receive this HIV test at home or at the health facility. Which option would you prefer?”

Example Script 2: “Hello. My name is _____ and I am calling from _____ Health Centre. The Ministry of Health is conducting a health campaign for men your age. As part of this campaign, we are offering free health services including blood pressure, weight, diabetes screening, and HIV testing. We would like you to come to the facility on Monday by 9am for your free health screening. When you get here, ask for me by name and I will help you avoid the queue.”

Knowledge check



Which referral approach is this?

The healthcare provider contacts the partner of an MSM over the phone, notifies him of potential gonorrhea exposure, and offers him testing for gonorrhea and HIV.

Answer: Partner services

Knowledge check



Which referral approach is this?

A female sex worker distributes vouchers for HIV and syphilis testing to people with perceived risk within her social network.

Answer: Social network testing

Knowledge check



Which referral approach is this?

The healthcare worker contacts people within a home to test household members for hepatitis B and offers hepatitis B vaccine to those who are negative.

Answer: Family & household testing

Choice and flexibility are key

- Clients may choose to engage in NBT services for some partners and contacts, but not others
- Clients may choose some NBT approaches for some partners and contacts, and other approaches for others.
- Clients may choose to delay NBT services, delay for some partners and contacts, or not to engage in NBT services at all

Successful NBT services give clients choice, flexibility, and options to engage in the timing and modality that works best for them & for each partner, contact, or family member

Step 6: Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis B and C)

6

Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis)

7

Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution

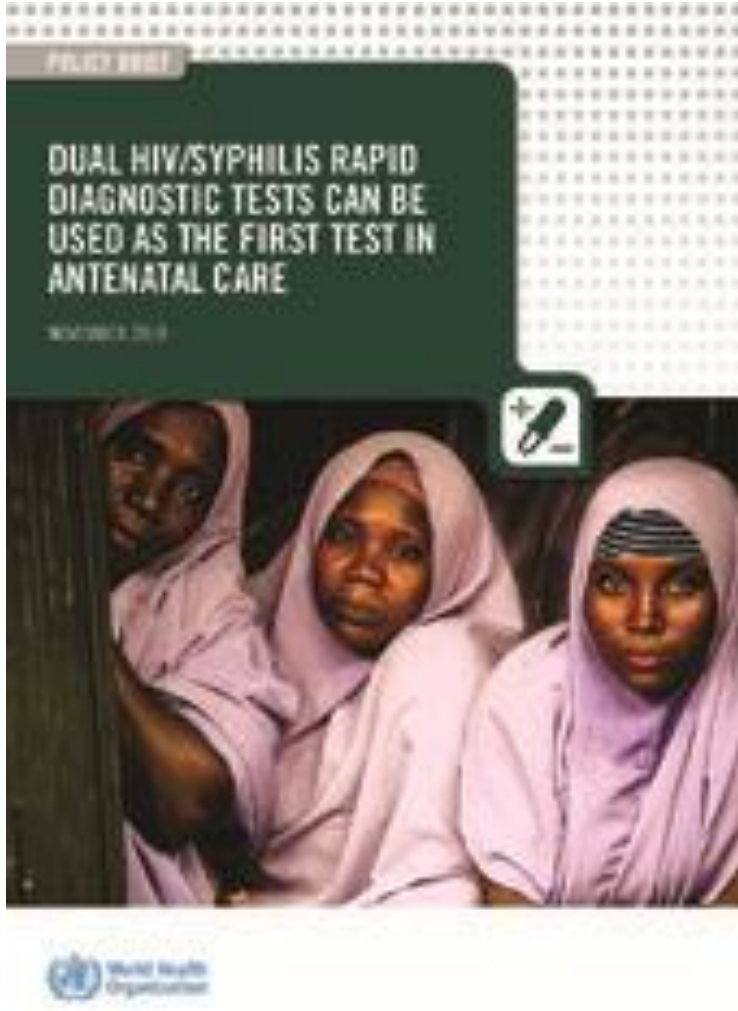
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Record outcomes of network-based testing services

Evidence on testing for HIV, hepatitis B, hepatitis C, and other STIs

HIV	Hepatitis B	Hepatitis C	Syphilis	Other STIs
Sexual and injection partners of people with HIV or STIs	Sexual and injection partners of people with HBV	Sexual and injection partners of people with HCV	Sexual partners of people with HIV or syphilis	Sexual partners of people with HIV or STIs
Children living in the home of people with HIV. Anyone living in the home of people with TB.	Any person living in the home of people with HBV	Injection partners of people with HIV	Male partners of pregnant women	
Key populations	Key populations	People who inject drugs, MSM	Key populations	Key populations
Social network contacts of people with risk of HIV	All biological first-degree family members of a person with HBV			

Dual HIV/syphilis testing



- Easy way to integrate syphilis testing with HIV testing
- Consider for anyone who:
 - Is a member of a key population
 - Is pregnant
 - Is a partner of a pregnant woman
 - Is a partner of someone with syphilis
- Can consider using or distributing as a self-test

Step 7: Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution

6

Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis)

7

Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution

8

Record outcomes of network-based testing services

Step 7: Contact all named partners, contacts, and children using preferred approach

- If the client chooses **partner services**:
 - Decide which approach to use for each partner (provider-assisted, delayed provider-assisted, or client-led approach). **WHO recommends provider-assisted partner services, which is more effective than client-led approaches.**

For client-led approach:

- Help the client make a plan (where, when, using what words)
- Provide conversation starters:
 - “I went to the clinic for a check-up the other day and the nurse was encouraging people to get tested for HIV. So, I got tested and learned that I have HIV. I wanted you to know so that you could also get an HIV test. There are medicines now for treating HIV that can help us live a long time.”
- Brainstorm some questions/reactions that their partner might have and help the client determine some possible answers/responses.
- Give them the **Referral Slip** which explains why it is important for the partner to get tested and includes information on where and how to test. Instruct the client to give the referral slip to their partner(s) at the end of their conversation.
- Set an appointment with the index client in one month to follow up and confirm that the partner(s) have been tested.

Step 7: Contact all named partners, contacts, and children using preferred approach

For *provider assisted approach*:

- Begin contacting partner(s) via telephone or in person using a script for partner notification via phone call or home visits
- Remember do not give any information to anyone other than the partner. Confirm the partner's identity before starting the discussion.
- Be ready to respond to questions from the partner about how you obtained his/her information.
- Plan what you will say if you reach a third party (e.g., parent, spouse) who wants to know why you're there or why you're calling.
- You may want to consider leaving a confidential "referral letter" that can be left in a plain, sealed envelope if the partner is not there. This letter should include the counselor's name and phone number.
- See "implementation resources" section for sample scripts and tools.

Step 7: Contact all named partners, contacts, and children using preferred approach

- If the client chooses *delayed provider-assisted approach*:
 - Follow the same steps as for *provider-assisted approach*
 - Identify a date 14 days from today's date and agree with the client that they will notify and refer their partner(s) for testing by this date.
 - Remind the client that if their partner(s) do not come for a test by that date, you will call to get his or her permission to directly contact the partner(s).
 - **After 14 days have passed**, call the index client and determine if the partner(s) have been tested.
 - If not, obtain the client's permission to contact the partner(s) and follow the steps for *provider referral*.
 - If the client does not give you permission to contact their partner(s), offer additional counseling and support to encourage them to refer their partner for testing.

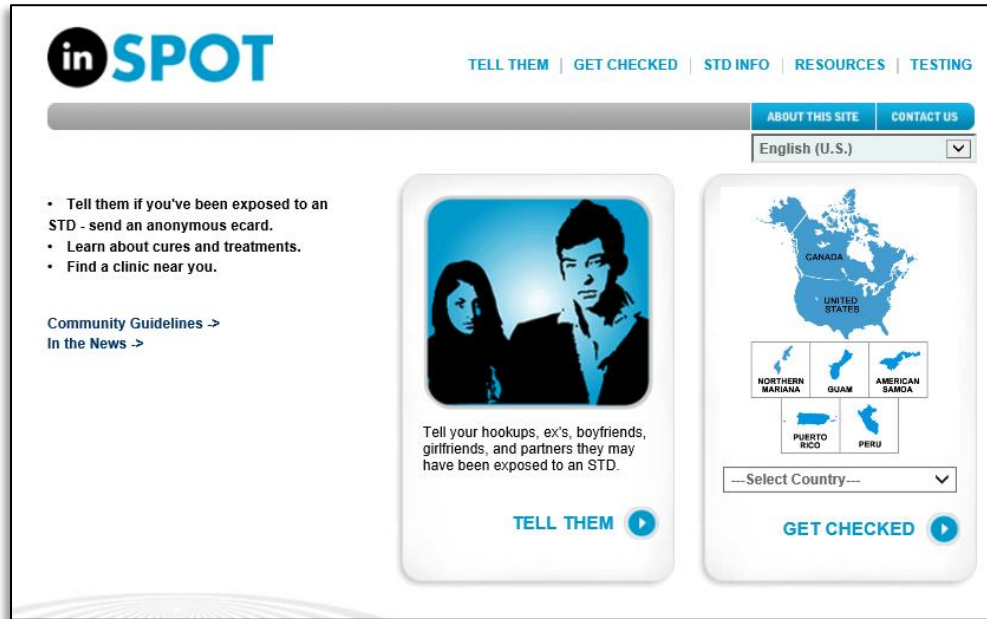
Step 7: Contact all named partners, contacts, and children using preferred approach

- If the client chooses *social network testing*:
 - Ask the client to think people in their social networks that may need a test
 - *This can include anyone— colleagues, friends, acquaintances, or others— who they would feel comfortable talking to about testing*
 - Determine what modality to use for disbursing testing information or tests
 - *This could include vouchers, coupons, e-coupons, or self-tests*
 - Give the client enough vouchers, coupons, e-coupons, or self-tests to distribute to individuals identified
 - Provide conversation starters:
 - I went to the clinic the other day and the nurse was encouraging people to get tested [for HIV, other STIs, hepatitis B or C]. They gave me [vouchers, coupons, self-tests] to give to others who might be interested in free testing. This is totally anonymous and I won't be involved in any way. Are you interested in one?

Virtual interventions for network-based testing

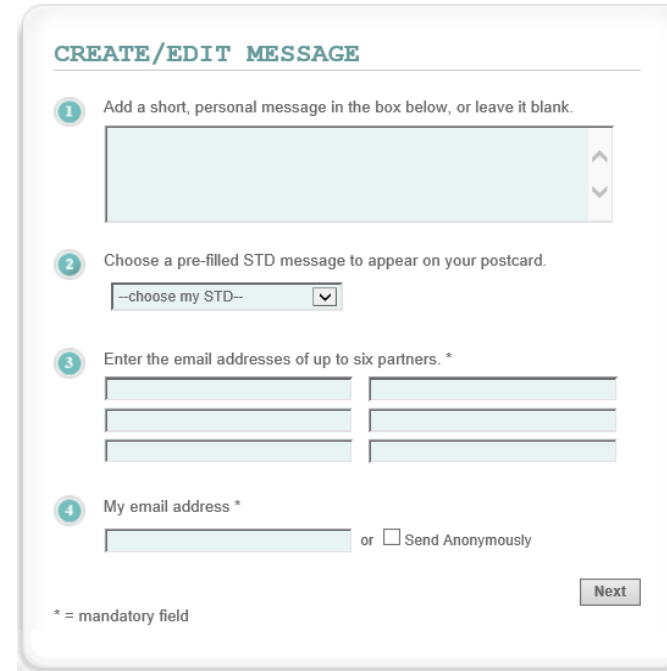
- Many people may use the internet or mobile apps to find sexual partners, or to connect with others socially.
- Just like traditional names and phone numbers, email addresses, screen names, and online identifiers can be used to contact someone.
- During the elicitation process, you should ask about partners the client may have met online.
 - Confirming the exact spelling of screen names and email addresses is extremely important (i.e., Man4you vs. Manforu)
- Online applications can be used to distribute social network testing e-vouchers, in addition to partner notification for specific partners

Example: Anonymous electronic notification by client

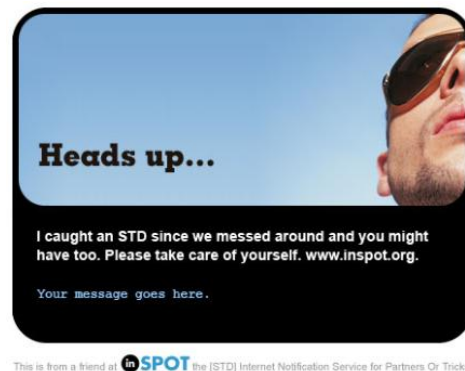
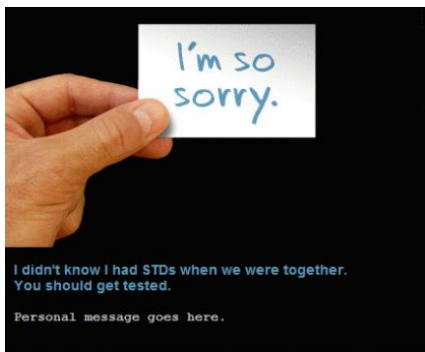


The inSPOT website home page features a navigation bar with links: TELL THEM, GET CHECKED, STD INFO, RESOURCES, and TESTING. Below this are buttons for ABOUT THIS SITE and CONTACT US, and a language dropdown set to English (U.S.). The main content area includes a list of bullet points: "Tell them if you've been exposed to an STD - send an anonymous ecard.", "Learn about cures and treatments.", and "Find a clinic near you." There are also links for "Community Guidelines ->" and "In the News ->". Two large interactive cards are present: "TELL THEM" with a photo of a couple and a description about notifying partners, and "GET CHECKED" with a map of the United States and its territories, and a "Select Country" dropdown.

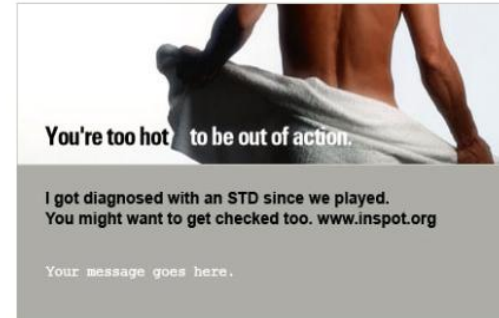
<https://www.inspot.org/Default.aspx>



The "CREATE/EDIT MESSAGE" form consists of four numbered steps: 1. "Add a short, personal message in the box below, or leave it blank." with a text area. 2. "Choose a pre-filled STD message to appear on your postcard." with a dropdown menu labeled "--choose my STD--". 3. "Enter the email addresses of up to six partners. *" with six input fields. 4. "My email address *" with an input field and a checkbox for "Send Anonymously". A "Next" button is at the bottom right. A note at the bottom left states "* = mandatory field".



This is from a friend at inSPOT the [STD] Internet Notification Service for Partners Or Tricks.



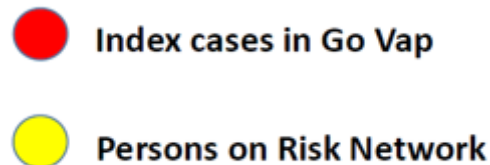
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This is from a friend at inSPOT the [STD] Internet Notification Service for Partners Or Tricks.

Partners can be anywhere including outside the jurisdiction

In Vietnam, partners of index cases were located across the country.



Question: In your country setting, how have you (or could you) go about making sure that partners who reside outside the catchment area of the health facility or community site are located, reached, and offered testing services?

Step 8: Record outcomes of network-based testing services

6

Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis)

7

Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution

8

Record outcomes of network-based testing services

Step 8: Record outcomes of network-based testing services

- It is important to document the outcomes of all network-based testing attempts on your organization's record forms
- Record the type of network-based testing services, date and method of contact attempts, and whether the individual was successfully contacted.
- **If individual was contacted**, document who notified the individual, what tests were offered (e.g., did the individual accept testing and for which infections).
- **If the individual received testing**, document his or her test results.
- **For each infection** the individual was tested for, document next steps for both a **positive result (i.e. linkage to care)** or for a **negative result (i.e. linkage to prevention)**.
- Record **retesting dates** for those testing negative and in need of future retesting

Outcome of Partner Testing Services Form

INDEX CLIENT INFORMATION

Name: _____

HTS/ART Clinic Number: _____

Gender: ☐ Male ☐ Female ☐ Transgender Date of Birth: ____/____/____

PARTNER 1

Gender: ☐ Male ☐ Female ☐ Transgender

Date of Birth: ____/____/____

Type of Partner Testing:

☐ Client ☐ Provider ☐ Contract ☐ Dual

Date/Method of 1st Contact Attempt:

____/____/____ Phone Home

Date/Method of 2nd Contact Attempt:

____/____/____ Phone Home

Date/Method of 3rd Contact Attempt:

____/____/____ Phone Home

Was partner contacted? ☐ Yes ☐ No

If yes, who contacted partner?

☐ Client ☐ Provider ☐ Client + Provider

Outcome of Partner Testing Services:

☐ Partner received an HIV test

☐ Partner refused an HIV test

☐ Partner known to be HIV-positive

☐ Other: _____

Partner's HIV status (if tested);

☐ HIV-positive ☐ HIV-negative

Is the partner on ART (if HIV-positive)?

☐ Yes ☐ No

PARTNER 2

Gender: ☐ Male ☐ Female ☐ Transgender

Date of Birth: ____/____/____

Type of Partner Testing:

☐ Client ☐ Provider ☐ Contract ☐ Dual

Date/Method of 1st Contact Attempt:

____/____/____ Phone Home

Date/Method of 2nd Contact Attempt:

____/____/____ Phone Home

Date/Method of 3rd Contact Attempt:

____/____/____ Phone Home

Was partner contacted? ☐ Yes ☐ No

If yes, who contacted partner?

☐ Client ☐ Provider ☐ Client + Provider

Outcome of Partner Testing Services:

☐ Partner received an HIV test

☐ Partner refused an HIV test

☐ Partner known to be HIV-positive

☐ Other: _____

Partner's HIV status (if tested);

☐ HIV-positive ☐ HIV-negative

Is the partner on ART (if HIV-positive)?

☐ Yes ☐ No

PARTNER 3

Gender: ☐ Male ☐ Female ☐ Transgender

Date of Birth: ____/____/____

Type of Partner Testing:

☐ Client ☐ Provider ☐ Contract ☐ Dual

Date/Method of 1st Contact Attempt:

____/____/____ Phone Home

Date/Method of 2nd Contact Attempt:

____/____/____ Phone Home

Date/Method of 3rd Contact Attempt:

____/____/____ Phone Home

Was partner contacted? ☐ Yes ☐ No

If yes, who contacted partner?

☐ Client ☐ Provider ☐ Client + Provider

Outcome of Partner Testing Services:

☐ Partner received an HIV test

☐ Partner refused an HIV test

☐ Partner known to be HIV-positive

☐ Other: _____

Partner's HIV status (if tested);

☐ HIV-positive ☐ HIV-negative

Is the partner on ART (if HIV-positive)?

☐ Yes ☐ No

*Complete additional forms if index client has more than 3 partners.

Outcome of Family Testing for Biological Children Form

INDEX CLIENT INFORMATION	
Name: _____	
HTS/ART Clinic Number: _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	Date of Birth: ____/____/____

Date form completed (dd/mm/yyyy): ____/____/____

Date for community home visit (dd/mm/yyyy): ____/____/____ OR Date to return to facility (dd/mm/yyyy):
____/____/____

Child 1	Child 2	Child 3	Child 4
Name: _____	Name: _____	Name: _____	Name: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: ____/____/____	Date of Birth: ____/____/____	Date of Birth: ____/____/____	Date of Birth: ____/____/____
Type of Family Testing: <input type="checkbox"/> Facility <input type="checkbox"/> Community <input type="checkbox"/> Contract	Type of Family Testing: <input type="checkbox"/> Facility <input type="checkbox"/> Community <input type="checkbox"/> Contract	Type of Family Testing: <input type="checkbox"/> Facility <input type="checkbox"/> Community <input type="checkbox"/> Contract	Type of Family Testing: <input type="checkbox"/> Facility <input type="checkbox"/> Community <input type="checkbox"/> Contract
Child's HIV Status: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Unknown	Child's HIV Status: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Unknown	Child's HIV Status: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Unknown	Child's HIV Status: <input type="checkbox"/> HIV-positive <input type="checkbox"/> HIV-negative <input type="checkbox"/> Unknown
If tested HIV-positive, ART Start Date ____/____/____ ART Client Number _____	If tested HIV-positive, ART Start Date ____/____/____ ART Client Number _____	If tested HIV-positive, ART Start Date ____/____/____ ART Client Number _____	If tested HIV-positive, ART Start Date ____/____/____ ART Client Number _____
Instructions <ul style="list-style-type: none"> • Complete this testing form for all biologic children of the index client. If the index client has more than 4 children, complete additional forms as needed so that all children are recorded. • If the index client is a child, complete the form for all the child's siblings and biologic parents. • Children of male index clients do not need HIV testing unless their biological mother is HIV-positive, deceased, or her HIV status is unknown/not documented. • This form should be reviewed and updated at least annually. Children with a "known HIV status" should not be re-tested unless they have a new exposure. 			

Step 9: Link partners, contacts, children, and household members to appropriate treatment and/or prevention services

9

Link partners, contacts, children and household members to appropriate treatment and/or prevention services

10

Follow-up with client to assess for any adverse events associated with network-based testing services

Linkage

All partners, contacts, children, and household members should be offered linkage– regardless of the result of their test

Depending on infection, **those who test positive should:**

- Be offered immediate treatment (HIV, curable STIs)
- Be initiated on treatment and linked to further testing (HBV, syphilis for pregnant women)
- Be linked to further testing (HBV, HCV, syphilis)
- Be offered prevention and harm reduction services (condoms, lube, harm reduction)
- Be offered NBT for their partners, contacts, and family and household members

Depending on infection and risk, **those who test negative should:**

- Be offered pre-exposure prophylaxis (PrEP for HIV)
- Be offered vaccination (HBV)
- Be offered other prevention and harm reduction services (condoms, harm reduction)

Step 10: Follow-up with client to assess for any adverse events associated with network-based testing services

9

Link partners, contacts, children and household members to appropriate treatment and/or prevention services

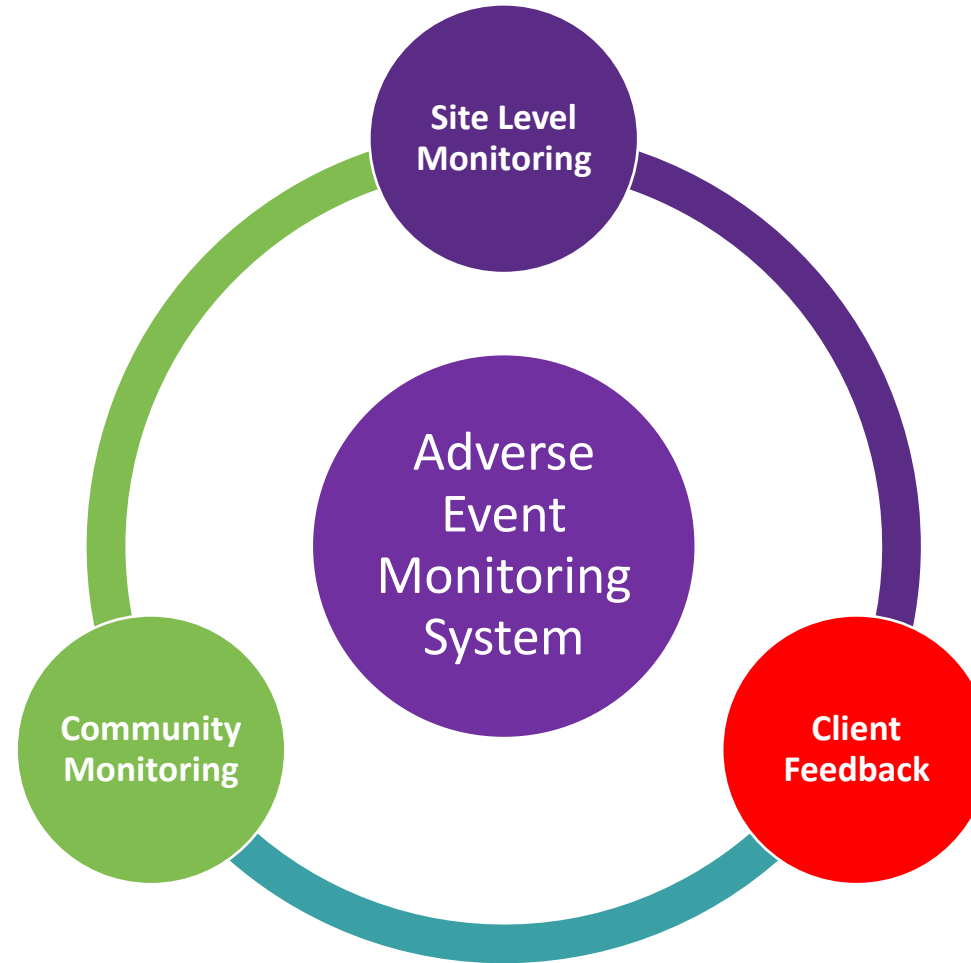
10

Follow-up with client to assess for any adverse events associated with network-based testing services

What is an adverse event?

- Adverse Event: an incident that results in harm to the client or others as a result of their participation in network-based testing services
- All testing services, including network-based testing services, should monitor for the potential harms that have experienced by clients
- These harms can most easily be viewed as violations of the WHO's 5C's for HIV testing

What is included in an adverse event monitoring system?



Knowledge check



True or False?

Email addresses, screen names, and online identifiers (e.g., Facebook page or Grindr app) can be used to contact the partner if the client does not have the partner's phone number

Answer: True

Knowledge check



True or False?

We need to obtain consent prior to the elicitation interview.

Answer: True

Knowledge check



True or False?

Conducting an IPV risk assessment and providing an immediate response to any disclosure of violence is a minimum requirement for conducting network-based testing services.

Answer: True

Knowledge check



Name the three types of network-based testing services

Answer:

- Partner services
- Family & household testing services
- Social network testing

Knowledge check



If a child or other household member tests positive for HBV during family and household testing services, what is one method for documenting that they have been linked to HBV treatment services?

Answer:

- Write their testing number on the outcome form and/or in the network-based testing register