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**THE EFFECTS OF  
A RAPID POINT-OF-CARE  
HIV TESTING PROGRAM  
HASSLE FREE CLINIC, TORONTO**

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## **EXECUTIVE SUMMARY**

Hassle Free Clinic (HFC) and the Community-Linked Evaluation AIDS Resource (CLEAR) Unit of McMaster University collaborated in conducting this program evaluation. HFC provides anonymous HIV testing, and in the year 2000, carried out 3593 tests (994 for women, and 2599 for men).

From December 2001 through April 2002, rapid point-of-care HIV testing, and standard HIV blood testing were both offered to all patients who came to the clinic requesting an HIV test. This was a change from the previous practice of offering only standard testing. The study was discontinued prematurely due to questions raised about the validity of the test product at testing sites in other provinces, and the withdrawal of the product from the market by Health Canada and the manufacturer.

This study was not designed to determine the reliability of the test product, since the product had already been studied in clinical trials and was licensed for use by health care professionals. Our results did suggest that the test did not perform as well as had been anticipated, since there were more false positive results than expected. It is impossible to know whether or not there were false negative tests.

In terms of evaluating the implementation of the program, we learned the following lessons:

1. Rapid HIV testing can be carried out in a highly efficient and effective manner.
2. Rapid HIV testing is the preferred choice for most anonymous testers.
3. People who choose standard HIV testing tend to have some uncertainty about testing, difficulty with the counselling and testing procedure, and are less satisfied overall.

4. People with a positive rapid test require substantial support to cope with the waiting period for confirmatory standard testing, and appreciate the availability of a testing counsellor.
5. Some people with positive rapid tests do not return for confirmatory results, and are thus living with incomplete information.
6. People who have standard testing are less likely than those who have rapid testing to receive a test result, and with this rapid testing program, the rate of receiving a test result increased considerably from the previous year.

The following are the major findings of this study:

- 1,610 patients came for HIV testing during the study period, and 91% chose rapid testing. The average age was 32 years, with 28% females, 80% who spoke English as their first language, and 28% who were testing for their first time ever.
- Standard testers were different from rapid testers in several characteristics: they were more likely to be female, more likely to have tested before at HFC, and less likely to have been aware of the choice of tests before arriving at the clinic.
- 22 patients (1.4% of rapid and standard testers combined) were HIV positive. Four of the rapid testers had false-positive tests. Four of the positive rapid testers did not return for their confirmatory test result.
- The overall rate of receiving test results (for rapid and standard testers combined) during the study period was 98.9%, which is higher than the rate in the year 2000 of 91.9%.
- All of the rapid negative testers received their test result, but only 91% of standard testers returned for their negative test result.

- There were a greater number of false positive tests in this study than in the clinical trials for the product, reflecting either a lower HIV prevalence in this population, technical problems in reading the test, or a problem with the performance of the test product itself.
- Negative rapid and standard testers found the testing procedure highly satisfactory. Standard testers were less satisfied in general, and expressed greater difficulty with making a decision about which test to take, and less satisfaction with the testing counsellor.
- Positive testers were highly satisfied with the testing procedure, and emphasized the importance of comprehensive post-test counselling.
- Service providers were highly satisfied with the testing experience. They spent an average of 23 minutes on the test procedure for both rapid and standard testers, but had one less visit for rapid testers. They were less satisfied with their encounters with standard testers.

## **INTRODUCTION**

Rapid screening tests for HIV antibodies are available in Canada, and have recently been licensed for use by health care professionals (point-of-care, or POC, use). A Class IV device such as this has never been licensed in Canada for POC use to date. Health Canada's assessment of safety and effectiveness is limited to assessing technical performance. It does not assess the impact of the use of the device on people seeking care or on the health care providers carrying out the test. The introduction of this new technology has raised many questions about implementation, as well as ethical issues, among health care providers (Sibbald, 2000; Kilby, Major, Steben et al, 2000; Giles, Perry, and Parry, 1999; Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 2000).

Testing of blood for HIV antibodies has been available in Canada since 1985. The standard procedure includes pre-test counselling, drawing a venous sample of whole blood, analyzing the sample for antibody to HIV using ELISA, EIA or RIPA assays, and confirming any positive screening results with Western Blot assay. This combination of assays has proven to be highly sensitive and specific.

An important disadvantage of this approach has been the inconvenience for patients of the delay between submitting the blood sample and receiving test results. In some cases, this delay has led to individuals not returning for their test result. At Hassle Free Clinic, about 7% overall have not returned for results, and less than 1% of those testing positive have not returned. In the early 1990's, a study from Ontario reported that more than 90% of people testing at anonymous testing clinics returned for test results (Ontario Ministry of Health, 1994). In 1998 in the US, 48% of people who tested at publicly funded sites did not return for test results (Centers for Disease Control and Prevention (CDC), 2001).

Rapid tests using whole blood require a sample to be taken from a finger prick, and processed using a combination of reagents, buffering solution and paper test strip. Following pre-test counselling, the sample is taken and a result is available within 15 minutes. Sensitivity and specificity vary between manufacturers, but all rapid test kits approved by Health Canada must meet performance standards for sensitivity and specificity of 99.0% and 99.5% respectively (the same standards set for HIV screening tests used in approved laboratories) (Weir, 2000). If a positive result arises from rapid screening, then a venous sample must be drawn for confirmatory testing at a laboratory. Thus, a delay arises for those who test positive while awaiting confirmation. A negative result allows the counsellor to complete post-test counselling in the same visit.

Potential advantages of rapid testing are improved satisfaction for patients and providers due to faster delivery of results, ease and safety of administration, and choice in testing procedure. In addition, more people may receive test results since there is no delay in the procedure for those who are negative. Rapid testing also has the potential to be more accessible, as the procedure could be integrated into mobile programs or remote locations. Finally, it is possible that, for all of these reasons, more people would be tested for HIV, and more of those who are HIV positive would be aware of their HIV status. By the end of 1996, it was estimated that 15,000 people in Canada were living with HIV without having been diagnosed (Health Canada, 2000).

Despite the potential advantages of using rapid testing, concerns have been raised regarding the potential for harm. It has been suggested that the quality of counselling may suffer with the relative ease of carrying out rapid testing; that in situations such as testing during surgical procedures and labour and delivery, informed consent may not take place; and, that HIV

testing may occur before providing medical care for some patients (Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 2000).

We are aware of only one study in Canada that has been conducted to evaluate the impact of rapid POC testing on patients and providers (Rekart, Spencer, Knowles et al, 2000). This study was carried out at several testing sites in Vancouver, British Columbia and enrolled a total of 770 participants. Results indicated a high degree of acceptability of rapid POC testing, with 89% of patients choosing rapid testing when a choice was offered, and more than 90% of patients and providers indicating that the rapid test experience was satisfactory.

Our study was initiated and planned by staff of Hassle Free Clinic (HFC) in Toronto, in collaboration with researchers from the Community-Linked Evaluation AIDS Resource (CLEAR) Unit, Faculty of Health Sciences, McMaster University. HFC is an anonymous testing site, and provides HIV testing and counselling for about 3,500 patients annually. The purpose of this study was to describe the impact on both patients and service providers of offering both rapid and standard testing options.

## **RESEARCH QUESTIONS**

The following are the specific research questions that this study set out to answer:

- 1) How is the demand for HIV testing at Hassle Free Clinic different in the year that rapid POC testing is made available, compared with the year prior?
- 2) Are there differences between people seeking standard and rapid POC testing?
- 3) What is the impact of rapid point of care testing on service users who have a negative HIV test?

- 4) What is the impact of rapid point of care testing on service users who have an initial positive HIV test?
- 5) What is the impact of rapid point of care testing on service providers?

## **METHODS**

This was a cohort study that included patients who came to HFC for HIV testing between December 3, 2001 and April 25, 2002. The study received ethical approval from Hamilton Health Sciences McMaster University Research Ethics Board. The study was planned for 1 year, but was discontinued after 5 months (April 26, 2002) due to reported problems with the test product at other sites in Canada, and suspension of production of the test by Health Canada and the manufacturer.

### **HIV Testing Technology**

During the study period, patients were offered a choice of tests: either a rapid point of care test (Fast Check, Biochem Immunosystems Inc., Montreal, PQ) for detection of HIV-1 and HIV-2, or the standard HIV testing carried out by the Provincial Laboratory of Public Health. The rapid POC test has been licensed by Health Canada as a Type IV device for use where appropriate HIV counselling by a health care professional is available. The performance characteristics of this test are the following: sensitivity 99.89% (902 tested positive on rapid testing of 903 confirmed positive); specificity 99.96% (2513 tested negative on rapid testing of 2514 confirmed negative); sensitivity among seroconverters 100% (55/55); reproducibility 100% (Biochem Pharma, Personal Communication 2000).

The rapid test is carried out by collecting blood from a finger prick using a capillary sampler. The capillary sampler is inserted into a buffered vial. The mixture migrates along a test strip and, if HIV antibodies are present, creates a visible line indicating a positive test. A control line above the test line will become visible for all tests, indicating that the test has been carried out properly, the sample has been inserted into the device and the reagents are active. The entire procedure takes 15 minutes or less to complete. A negative test carried out outside the ‘window period’ is assumed to indicate that the person is not infected. A positive test requires confirmation with a venous sample and Western Blot testing, which may be completed in 3 days.

The standard test that was offered requires a venous blood sample to be drawn. The sample is processed by the Ontario Provincial Laboratory of Public Health using a standard protocol of EIA and Western Blot assays. A result is available within 14 days of taking the sample, and all positive screening tests are confirmed with Western Blot before a result is reported.

### **Study Procedure and Participants**

Fifteen staff members experienced in carrying out counselling and testing received additional training in conducting the rapid POC test prior to initiating the study. Guidelines for Rapid Point of Care Testing Counselling from Health Canada were used to develop the counselling procedure (Canada Communicable Diseases Report, 2000). Most of these staff had also been involved in the clinical trials for this testing device.

## **Recruiting Study Participants**

An information sheet explaining the differences between rapid and standard testing was given to patients arriving for HIV testing, to read while in the waiting room. In the testing room, all patients were then invited by a testing counsellor to complete informed consent in order to complete 2 questionnaires: one on anxiety before the test and the other on satisfaction with the testing session following the test. Routine administrative and clinical data was collected and analyzed on all patients, including those who did not consent to the additional questionnaires. All questionnaires were coded with a numeric code and no personal identifiers were used.

## **Choice of Test**

The choice of tests was then explained to all patients, *regardless of whether they completed consent or not*. All patients could choose the rapid *or* standard test. Patients who selected standard testing received pre-test counselling according to the usual protocol of Hassle Free Clinic. A venous blood sample was drawn and coded with an anonymous test code, and sent to the Ontario Provincial Laboratory of Public Health for screening and confirmatory testing as appropriate. Patients were asked to return for test results in 7 to 14 days. Patients who selected rapid testing received the same pre-test counselling.

## **Patients with Negative Test Result**

Study participants who selected rapid testing and who received a negative test result completed the patient satisfaction questionnaire following post-test counselling. There was no follow-up planned. Patients who did not consent did not complete a satisfaction questionnaire.

Patients who had consented, and who selected standard testing and returned for a negative test result, were then asked to complete a satisfaction questionnaire for the entire testing experience.

The counsellors completed their own satisfaction questionnaire and the patient demographic form at the conclusion of each patient visit in which an HIV test was taken.

### **Patients with Positive Test Result**

Patients who had a positive rapid or standard test did not complete their testing experience questionnaire until confirmatory testing was completed. Patients who were confirmed to be HIV positive on either rapid or standard testing were invited to participate in a follow-up interview approximately 1 month following diagnosis, instead of completing the questionnaire. They were offered \$20 to cover costs related to their participation. This was a semi-structured, anonymous interview. Data collected during this phase of the study included satisfaction with the testing experience, reactions to the test result, and social and medical services sought following the test.

## **QUESTIONNAIRES AND MEASURES**

### **Patients**

Most of the patient data was gathered by the health care providers who conducted the counselling and testing. Questionnaires about the patients' satisfaction with the testing session were completed on their own following the testing session. The following measures were included in the study (see Appendix 1).

- 1) Socio demographic characteristics: age, sex, first language, sexual partners in past year, and recent risk behaviours.
- 2) Testing patterns: previous rapid and standard testing, previous knowledge of choice of testing methods, and reason for choice of test.
- 3) Test satisfaction questionnaire for patients: understanding of testing methods, information received about HIV, time spent with counsellor, trust in counsellor, ability to ask questions, difficulty choosing test, perceived correctness of test result, future choice of test, overall satisfaction.
- 4) Pre-test anxiety: The Spielberger Self-Evaluation Questionnaire (STAI) was used. This is a 20-item Likert-type scale designed to assess current (state) anxiety.

### **Counsellors**

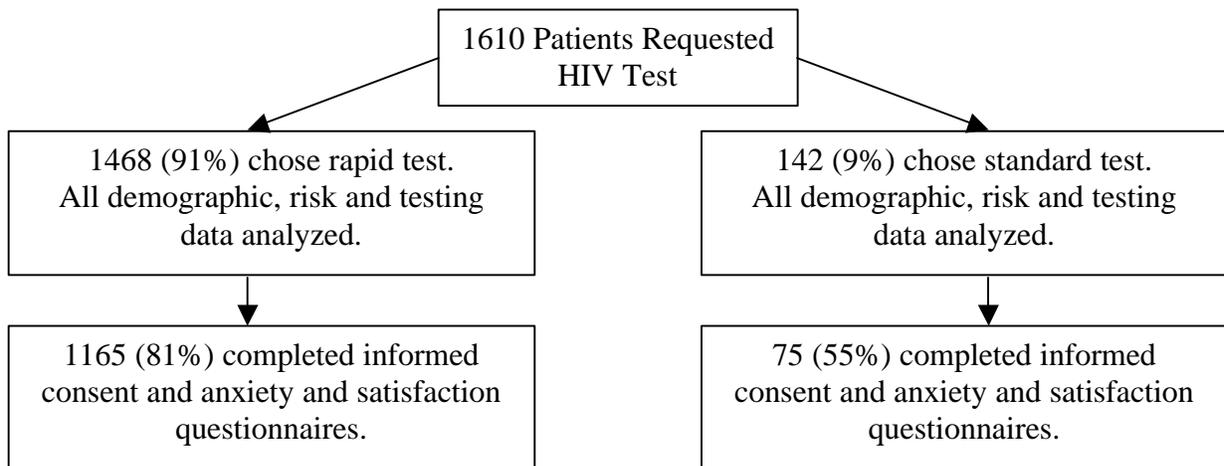
Counsellors completed their own evaluation of the testing session at the completion of the session. Test experience questionnaire for counsellors: perception of patient's experience, ability to provide support, length of session, overall satisfaction. Counsellors were asked to reply on a 5-point scale ranging from "strongly disagree" to "strongly agree" on each item.

## RESULTS

### Patient Characteristics

From December 3, 2001 to April 25, 2002, a total of 1,610 people came in to the Clinic for HIV testing. Most patients (91.2 %,  $n=1,468$ ) chose the rapid POC test. There were 1468 (91%) patients who chose standard HIV testing (Figure 1).

**Figure 1**  
**Flow Diagram of Study Participants**



The main characteristics of patients attending the clinic during the study period are summarized in Table 1. The statistically significant differences between rapid and standard testers were (shaded rows in table): standard testers were more likely to be female (39% vs. 27%), less likely to be testing for their first time at HFC (32% vs. 43%), and less likely to have been aware of the choice of tests prior to coming to the clinic (26% vs. 34%), than were the rapid testers.

Among negative testers, the most common first languages other than English (80%) were Spanish (3.9%) and French (2.8%), while Cantonese, Mandarin, Portuguese, Russian, and Arabic were also named.

Among women testing negative, 85% had only male sexual partners, 4.3% had female sexual partners, and 9.9% had both in the past year. Among men, 61% had male partners, 30% had female partners, and 8.7% had both in the past year.

There were no statistically significant differences in risk behaviours between rapid and standard testers. Only 3.3% of patients indicated that they had risks that were not sexual contact. Among those who named sexual contact as a risk, 2.6% had partners known to be HIV positive, 51% had partners who were bi/gay males, and 45% did not know about the risk of their partners.

Most of the patients (66%) were unaware that they would have a choice of HIV testing methods before they arrived at the clinic. Most people (71.8%) had been tested for HIV at some time prior to the clinic visit. A small proportion (7.4%) reported having had a previous rapid HIV test.

**Table 1**  
**Characteristics of ALL Patients Requesting HIV Testing, Comparing Rapid and Standard Testers**

|  | <b>Rapid</b><br>(n=1468, 91%) | <b>Standard</b><br>(n=142, 9%) | <b>Total</b><br>(n=1610) |
|--|-------------------------------|--------------------------------|--------------------------|
| Age (Mean, yrs)                                    | 32.1                          | 31.0                           | 32.0                     |
| Age (Range, yrs)                                   | 15-77                         | 17-52                          | 15-77                    |
| Female+  | 394 (27%)                     | 56 (39%)                       | 450 (28%)                |
| First Language English                             | 1166 (80%)                    | 111 (79%)                      | 1277 (80%)               |
| First Test Ever                                    | 415 (28%)                     | 39 (28%)                       | 454 (28%)                |
| First Test Ever at HFC*                            | 445 (43%)                     | 32 (32%)                       | 477 (42%)                |
| Aware of choice of test before arriving at clinic* | 501 (34%)                     | 35 (26%)                       | 536 (34%)                |

+ Difference between rapid and standard tests is statistically significant at  $p < .01$

\* Difference between rapid and standard tests is statistically significant at  $p < .05$ .

## **Test Results**

Test results for all patients attending the clinic during the study period are summarized in Table 2.

Among the 142 standard testers, 4 patients (2.8%) tested positive. All of the positive testers returned for their test results, but only 91% of the negative testers returned for their results.

Among the 1,468 rapid testers, 22 patients (1.5%) tested positive on their rapid test. All of the positive rapid testers agreed to have confirmatory standard testing carried out. Among the 22 positive rapid testers, 18 had confirmatory standard tests that were positive, and 4 (18.1%) had confirmatory standard tests that were negative (false positive rapid test). All of the false positive rapid tests were tests that were difficult to read, with lines that were faint. One of the false positive tests was repeated, and was negative on the second rapid test, but a confirmatory blood test was still drawn.

Three true positive testers did not return for their confirmatory test results. One false positive tester did not return for their confirmatory test results (the individual who had received a second rapid test that was negative). Overall, 98.9% of all testers received a confirmed test result.

**Table 2**  
**Test Results for ALL Patients Requesting HIV Testing**

|  | <b>Rapid</b><br>(n=1468)    | <b>Standard</b><br>(n=142) | <b>Total</b><br>(n=1610)     |
|--|-----------------------------|----------------------------|------------------------------|
| <b>Negative Test</b><br><b>(Received test result)</b>                  | 1446 (98.5%)<br>1446 (100%) | 138 (97.2%)<br>125 (90.6%) | 1584 (98.3%)<br>1571 (99.2%) |
| <b>Positive Test</b>   | 22 (1.5%)                   | 4 (2.8%)                   | 26 (1.6%)                    |
| • <b>True Positive (confirmed +)</b><br><b>(Received test result)</b>  | 18 (1.2%)<br>15 (83.3%)     | 4 (2.8%)<br>0              | 22 (1.4%)<br>4 (1.5%)        |
| • <b>False Positive (confirmed -)</b><br><b>(Received test result)</b> | 4 (18.1%)<br>3 (75%)        | 0                          |                              |
| <b>Total Receiving a final test result</b>                             | 1464 (99.7%)                | 129 (93.4%)                | 1593 (98.9%)                 |

### **Impact of Testing Process on Service Users with a Negative Test**

Table 3 summarizes the characteristics of patients who did or did not consent to participate in the additional questionnaires (about their satisfaction with the testing experience, and about their level of anxiety before taking the test).

There were 1257 patients (78%) that consented to complete the questionnaires. The consenters and non-consenters were similar in all characteristics except that: non-consenters were significantly more likely to be female; more likely to have a first language that was not English; more likely to be having their first HIV test; and, more likely to be standard testers. There was a trend toward non-consenters having a higher rate of HIV positive testing, but this was not statistically significant.

Only those who tested HIV negative are included in the following analyses. Anxiety level prior to testing did not differ for rapid and standard testers. The mean total score on the STAI was 43.60 for rapid testers and 41.95 for standard testers. Respondents were asked to rate the chance that the HIV test would be positive, before they were tested, on a scale from 0 (no chance at all) to 10 (for sure). Ratings were not significantly different between rapid testers

(median = 2, mean = 2.52, *SD* = 2.12) and standard testers (median = 2, mean = 2.42, *SD* = 1.89).

Among those who tested HIV negative, responses to the testing experience were generally positive. The majority (98.8%) of patients were satisfied with the overall testing experience. Over 97% felt they understood the difference between rapid and standard testing, that they received the information they needed, that they could trust the counsellor, that they could ask the questions they needed to, that they believed the test result, and that they had spent enough time with the counsellor. Study participants expressed more concern, however, about the process of choosing which test to have. There were 17% who found it difficult to decide which test to have, and 42% who found that the testing experience made them feel anxious. Overall, 97% would choose the same test in the future that they had chosen on this occasion.

Compared to rapid testers, patients who had a standard test rated their experience significantly lower on the following factors: understanding the difference between testing methods, spending enough time with a counsellor, trusting the counsellor, ability to ask questions, willingness to choose the same test in the future and overall satisfaction. Standard testers also reported more difficulty deciding which HIV test to have. Patients were asked whether they agreed or disagreed with the statement: “I would choose to have the same type of test again in the future if I needed to test again”. Among rapid testers, 97% agreed, and among standard testers, 91% agreed that they would have the same test again ( $p=0.05$ ).

**Table 3**  
**Characteristics of ALL Patients Requesting HIV Testing, Comparing Consenters and Non-Consenters**

|                                 | <b>Consenters</b><br>(n=1257, 78%) | <b>Non-Consenters</b><br>(n=353, 22%) | <b>Total</b><br>(n=1610, 100%) |
|---------------------------------|------------------------------------|---------------------------------------|--------------------------------|
| <b>Age (Mean, yrs)</b>          | 31.8                               | 32.8                                  | 32.0                           |
| <b>Female+</b>                  | 332 (26%)                          | 126 (36%)                             | 448 (28%)                      |
| <b>First Language English§</b>  | 1020 (82%)                         | 255 (73%)                             | 1275 (80%)                     |
| <b>First HIV Test Anywhere*</b> | 338 (27%)                          | 115 (33%)                             | 453 (28%)                      |
| <b>First Test at HFC</b>        | 371 (41%)                          | 105 (45%)                             | 476 (42%)                      |
| <b>Aware of choice of test</b>  | 422 (34%)                          | 114 (33%)                             | 536 (34%)                      |
| <b>Rapid Testers§</b>           | 1182 (94%)                         | 286 (81%)                             | 1468 (91%)                     |
| <b>HIV Positive</b>             | 16 (1.4%)                          | 6 (2.1%)                              | 22 (1.5%)                      |
|                                 |                                    |                                       |                                |

§ Difference between participants and non-participants is statistically significant  $p < .001$

+ Difference between participants and non-participants is statistically significant at  $p < .01$

\* Difference between participants and non-participants is statistically significant at  $p < .05$ .

### **Impact of Testing on Service Users with a Positive Test**

Patients who had a positive test were not asked to complete a satisfaction questionnaire at the time of the test result. Instead, all of the 26 patients who received a positive HIV test were invited to return to the clinic in 2 to 4 weeks to take part in an in-person interview with the research coordinator. There were 4 patients who returned for this interview.

All of the interview participants were rapid testers who were confirmed HIV positive on standard testing. All were male. Two spoke English as a first language, and for 2 this was the first test they had ever had. Their interviews are summarized in Appendix 2.

All of the participants were completely satisfied with the pre-test counselling and the explanation of the choice of tests. There were varying levels of anxiety during the waiting period for the standard test result. Some found the waiting time to be “no problem”, while others

found it gave them a sense of hope that the first test might be wrong. All participants were satisfied with post-test counselling, and all emphasized the importance of having adequate time in post-test counselling to ask questions and fully understand the meaning of the test result. All participants felt that rapid testing was a good choice for them.

### **Impact of Testing on Service Providers**

All counsellors completed a questionnaire about their own satisfaction with each of the testing sessions. This questionnaire was completed for all testing sessions, regardless of whether or not the patient agreed to complete a satisfaction questionnaire. For most testing sessions (96%), counsellors reported being satisfied with the testing experience overall. Compared to sessions with standard testers, counsellors gave significantly higher mean ratings on each of the items for sessions with rapid testers. Counsellors perceived that the test experience was easier and more satisfying for patients choosing rapid testing and for counsellors carrying out rapid testing than for standard testing.

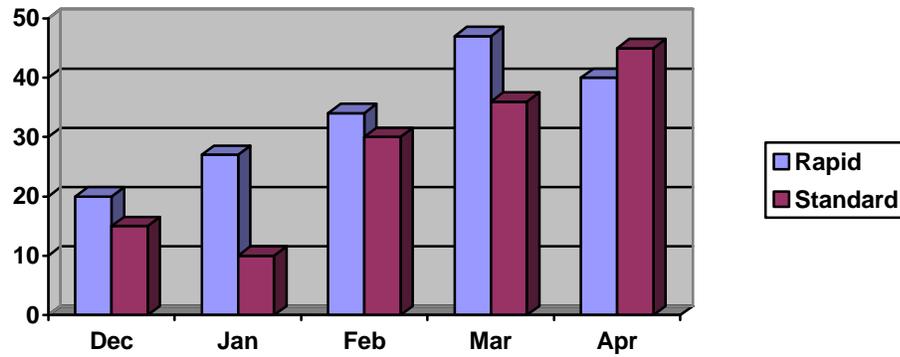
There was no difference in the time required for counselling and testing between the two sets of testers. The average time required to complete the testing session was 23 minutes for both groups of testers (not including the time to carry out post-test counselling at a second visit among the standard testers).

### **Awareness of Choice of Tests over Study Period**

The percentage of people who were aware before arriving that rapid testing would be offered, increased over the study period. There was 19% who were aware of this choice in

December 2001, and 46% that were aware of this choice in March 2002 (Figure 2). There were a higher percentage of rapid testers than standard testers that were aware of this choice.

**Figure 2**  
**Percentage of Testers Aware of Test Choice Before Arriving at Clinic**



## DISCUSSION

The research results will be discussed for each research question.

*1. How is the demand for HIV testing at Hassle Free Clinic different in the year that rapid point of care testing is made available, compared with the year prior?*

When the rapid test was introduced at HFC, there was no direct publicity or advertising carried out in the community. However, various agencies and some print media requested and distributed information about the rapid test, and it is likely that information was spread ‘word-of-mouth’ by people who came to the clinic for testing. It would be valuable to know whether introducing the rapid test encouraged more people, or different people, to seek testing.

Unfortunately, systematic data for the year prior to the study was not available. However, several general observations can be made about trends in how the population changed after rapid testing was made available. In the year 2001, 3593 people came for testing. Based on this, we would expect about 1500 people in 5 months. During the 5-month study, when both rapid and standard testing was available, 1,610 people came for testing.

During the study, it was apparent that the number of people who had heard about the availability of rapid testing increased over the 5 months, from 19% early in the study, to a peak of 46% in the fourth month of the study, and then dropping to 40% in the final month of the study.

These findings suggest that demand for testing was similar between the study period and the previous year, and that knowledge of the availability of the test increased in the community.

**2. *Are there differences between people seeking standard and rapid point of care testing?***

People choosing standard testing and those choosing rapid testing were, for the most part, similar for the characteristics that were measured. Both tests were appealing to a diverse group of people, including a variety of ages, language groups, behaviour groups and sexual orientations. The major differences between the two testing groups were: more of the standard testers were female; more of the standard testers had tested at HFC before; and fewer of the standard testers were aware that they would have a choice of tests prior to coming to the clinic. This may indicate that the availability of rapid testing actually attracted new people to the clinic, or it may mean that those who have attended the clinic before prefer to use standard testing because they are familiar with it. This study cannot tell us which of these possibilities is true. There were no statistically significant differences in the risk behaviours of people choosing rapid or standard testing.

It is possible that people who come to the clinic with greater anxiety about testing would choose to have a test that they are more familiar with, such as the standard test. We measured ‘state anxiety’ prior to testing, which is an indicator of how worried someone is at that moment. There was not a significant difference in measured anxiety levels between rapid and standard testers, and both were equally likely to suspect that their test would be positive.

**3. *What is the impact of rapid point of care testing on service users who have a negative HIV test?***

Overall satisfaction with the testing experience was very high for both rapid and standard testers. It is important to note that satisfaction was highest with items like receiving appropriate

information and having enough time with the counsellor. There was some discomfort with the process of deciding which test to have.

There were several important differences between rapid and standard testers. It appears that standard testers had more difficulty with the choice that was presented to them, and had more concerns about the experience with the counsellor. Following the test, more standard testers were uncertain that they had chosen the 'right' test, and they were more likely to indicate that they would not choose the same test again.

All rapid testers who tested negative received a test result. However, there were 13 standard testers (9.2%) that did not receive their negative test result because they did not return to the clinic. Overall, 98.9% of all testers received their results during the rapid test study, while only 92% received their results in the year 2001.

It appears that people who have chosen standard testing had more difficulty with the testing process, and had ambivalence about a variety of issues, including their interaction with the counsellors and the decision about which test to have. In the end, more of the rapid testers received test results than did standard testers. Standard testers who did not receive results have no information about their HIV status. Rapid testers who did not receive confirmatory results have *partial* information about their HIV status.

#### ***4. What is the impact of rapid point of care testing on service users who have an initial positive HIV test?***

Among those who tested positive on the rapid test (n=22), all were willing to undergo standard confirmatory testing. All positive testers received at least a presumptive test result. There were 3 true positive rapid testers that did not return for their confirmatory positive test

result. There was one false positive tester who did not return for their positive test result. The effect on an individual of having *partial* information about HIV status is not known.

There were 4 false positive rapid tests (18% of rapid tests). This number is higher than expected from the clinical trials carried out on this test product. The explanation for this may lie in the fact that the prevalence of HIV in the patients coming to test is much lower (1.4%) than the HIV prevalence in the study sample used in the clinical trial.

Unfortunately, there was very little data available on the satisfaction of patients with positive tests. However, the data received from 4 interviews with positive rapid test patients indicated that the testing process was carried out extremely well. Patients had a variety of approaches to coping with the waiting period for the confirmatory result, and with the final news of being confirmed positive. It was important to patients to have unlimited opportunity to discuss their results with the counsellors, in order to understand completely what their test results meant. These positive testers felt that rapid testing was a good choice for them.

It appears that rapid testers who test positive are sometimes inclined *not* to return for their confirmatory results. It is clear that high quality counselling is important for people testing positive.

##### **5. *What is the impact of rapid point of care testing on service providers?***

There was a high level of overall satisfaction among testing counsellors with the testing sessions. Specifically, counsellors were satisfied with the amount of time they had for the sessions, and their ability to be supportive to their patients in light of a complex decision-making process. They generally perceived that patients were satisfied with the experience, and that they were able to deal with the information and choices presented to them.

Counsellors consistently rated the testing experience more highly for rapid testers than standard testers. This difference was statistically significant for all of the items measured on the questionnaire.

The average length of session was 23 minutes, and was not significantly different between rapid and standard testers. However, this time does not include the return for standard test results for the standard testers, meaning that the rapid testers used less time overall and fewer visits overall.

Thus, rapid testing resulted in less time spent with patients overall than standard testing. The necessity for the patient to make a decision about testing does not appear to have created a negative experience for the counsellors. Those choosing standard testing were somewhat more challenging for the counsellors to provide service for.

## **CONCLUSION**

Assuming that a high quality HIV rapid test technology is being used, and that high quality and intensive counselling is available, rapid POC HIV testing can be carried out in an effective, efficient and acceptable manner. There may be advantages over standard testing in convenience and in the number of people who receive a test result.

Rapid testing in settings where intensive counselling is not available may be inadequate, especially when the test is positive. Maintaining high standards for counselling is essential. People who are having more difficulty with the idea of having an HIV test may need the option of standard testing in order to take a smaller step toward knowing their HIV status, and to maintain control over whether they actually receive a result or not. Thus, it may be valuable to offer both rapid and standard tests in most situations.

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## **APPENDIX A**

### **Measurement Instruments**

**Test Experience Questionnaire**

**DIRECTIONS:** This form is to be filled out by the **PATIENT**.

Please tell us how you felt about the way that your test was done at Hassle Free Clinic. Circle the number beside each question that best indicates how you feel about the test you just had.

|  | <i>STRONGLY<br/>DISAGREE</i> | <i>DISAGREE</i> | <i>NOT SURE</i> | <i>AGREE</i> | <i>STRONGLY<br/>AGREE</i> |
|--|------------------------------|-----------------|-----------------|--------------|---------------------------|
| 1. I feel I understand the difference between a standard and rapid test.                       | 1                            | 2               | 3               | 4            | 5                         |
| 2. I received the information I needed about how HIV is passed on and how to protect myself.   | 1                            | 2               | 3               | 4            | 5                         |
| 3. I was able to spend enough time with the test counsellor.                                   | 1                            | 2               | 3               | 4            | 5                         |
| 4. I felt I could trust the counsellor.  | 1                            | 2               | 3               | 4            | 5                         |
| 5. I was able to ask the questions I needed to.  | 1                            | 2               | 3               | 4            | 5                         |
| 6. I found it difficult to decide whether to have a standard or rapid test.                    | 1                            | 2               | 3               | 4            | 5                         |
| 7. I believe that the test result I received is correct.                                       | 1                            | 2               | 3               | 4            | 5                         |
| 8. Overall, the testing experience made me feel anxious.                                       | 1                            | 2               | 3               | 4            | 5                         |
| 9. I would choose to have the same type of test again in the future if I needed to test again. | 1                            | 2               | 3               | 4            | 5                         |
| 10. Overall, I am satisfied with the overall testing experience.                               | 1                            | 2               | 3               | 4            | 5                         |

11. Other comments:

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**Please return completed form to the front desk.**

**Test Experience Questionnaire**

**DIRECTIONS:** This form is to be filled out by the **COUNSELLOR** after each counselling session where an HIV test is taken.

|   | <i>STRONGLY<br/>DISAGREE</i> | <i>DISAGREE</i> | <i>NOT SURE</i> | <i>AGREE</i> | <i>STRONGLY<br/>AGREE</i> |
|---|------------------------------|-----------------|-----------------|--------------|---------------------------|
| 1. The patient found it easy to make a decision about whether to have rapid or standard testing done.                 | 1                            | 2               | 3               | 4            | 5                         |
| 2. I felt the patient was able to understand the information about the difference between rapid and standard testing. | 1                            | 2               | 3               | 4            | 5                         |
| 3. I felt the patient was able to understand the information about HIV risk.  | 1                            | 2               | 3               | 4            | 5                         |
| 4. The patient appeared satisfied with the overall testing experience.  | 1                            | 2               | 3               | 4            | 5                         |
| 5. I felt I was able to provide the patient with the support that they needed at this time.                           | 1                            | 2               | 3               | 4            | 5                         |
| 6. The time available for this session was adequate.  | 1                            | 2               | 3               | 4            | 5                         |
| 7. Overall, I was completely satisfied with this testing experience.  | 1                            | 2               | 3               | 4            | 5                         |

8. How long did this session take? \_\_\_\_\_ minutes

9. Did patient ask for confirmatory standard testing in the same visit?

1. Yes\_\_\_\_ 2. No\_\_\_\_ 3. N/A \_\_\_\_ (if standard testing was done initially)

10. Other comments (please describe anything that was particularly difficult, surprising or excellent in this testing session):

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# The Effects of a Rapid Point-of-Care HIV Testing Program

**Form 1  
ANX**

## Self-Evaluation Questionnaire (STAI)

**DIRECTIONS:** This form is to be filled out by the PATIENT (alone or with counsellor).

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

|  | <i>NOT AT ALL</i> | <i>SOMEWHAT</i> | <i>MODERATELY SO</i> | <i>VERY MUCH SO</i> |
|--|-------------------|-----------------|----------------------|---------------------|
| 1. I feel calm.....  | 1                 | 2               | 3                    | 4                   |
| 2. I feel secure.....  | 1                 | 2               | 3                    | 4                   |
| 3. I am tense.....   | 1                 | 2               | 3                    | 4                   |
| 4. I feel strained.....  | 1                 | 2               | 3                    | 4                   |
| 5. I feel at ease.....   | 1                 | 2               | 3                    | 4                   |
| 6. I feel upset.....   | 1                 | 2               | 3                    | 4                   |
| 7. I am presently worrying over possible misfortunes.....  | 1                 | 2               | 3                    | 4                   |
| 8. I feel satisfied.....   | 1                 | 2               | 3                    | 4                   |
| 9. I feel frightened.....  | 1                 | 2               | 3                    | 4                   |
| 10. I feel comfortable.....  | 1                 | 2               | 3                    | 4                   |
| 11. I feel self-confident.....   | 1                 | 2               | 3                    | 4                   |
| 12. I feel nervous.....  | 1                 | 2               | 3                    | 4                   |
| 13. I am jittery.....  | 1                 | 2               | 3                    | 4                   |
| 14. I feel indecisive.....   | 1                 | 2               | 3                    | 4                   |
| 15. I am relaxed.....  | 1                 | 2               | 3                    | 4                   |
| 16. I feel content.....  | 1                 | 2               | 3                    | 4                   |
| 17. I am worried.....  | 1                 | 2               | 3                    | 4                   |
| 18. I feel confused.....   | 1                 | 2               | 3                    | 4                   |
| 19. I feel steady.....   | 1                 | 2               | 3                    | 4                   |
| 20. I feel pleasant.....   | 1                 | 2               | 3                    | 4                   |
| 21. I think the change that my HIV test will be positive is (circle one number on the scale from 1 to 10): |                   |                 |                      |                     |

No chance For Sure  
 At all \_\_\_\_\_  
 0    1    2    3    4    5    6    7    8    9    10

## **APPENDIX B**

### **Summary of In Depth Interviews With HIV Positive Patients**

**Hassle Free Clinic Rapid POC Testing Study**  
**Positive Interviews**  
**N=4**

**Ages:** 34, 36, 37, 40 (mean = 36.75 years)

**Sex:** Male 4

**First language:**  
English 2  
Spanish 1  
French 1

**Sexual partners:**  
Men 3  
Both 1

**First HIV test?**  
Yes 2  
No 2

**First rapid HIV test?**  
Yes 4  
No 0

**Risk – sexual contact**  
HIV/AIDS 1  
Bi/Gay male 3

**Risk – non-sexual history**  
No risk 4

**Type of test:**  
Rapid 4  
Standard 0

**Participant in initial study phase:**  
Yes 2  
No 2

**1) Maybe we could start by you telling me what it was that made you decide to have an HIV test at this time.**

I figured that I was positive, because my ex-partner died of AIDS in Jamaica (the country where I'm from).

Initially, I was afraid to go anywhere and get tested, because of the way things are in Jamaica – it's a very homophobic country and people with HIV are treated negatively. I was definitely not "out" in Jamaica. I didn't know what to expect coming here.

The reason I came to HFC was that a friend told me it was a good place and if I was going to get tested, this was the place to come.

I had my last test done in Hamilton a while ago. I get regularly tested. And also, I have a new partner, so I wanted to know where things are.

My doctor suggested that I come to the Clinic and have an HIV test done. I also had the feeling that it was about time for me to have another test – I have a test every few years.

I felt that it was time. You know, you have to be responsible for yourself. When you have a lifestyle at risk, it is important to get tested. You need to find out so that you can fight it. There are two things to consider – first, to take care of yourself, and second, not to infect others.

**a. Was it something you decided on your own?**

|     |   |
|-----|---|
| Yes | 2 |
| No  | 2 |

**b. Was there someone else who encouraged you to test? (such as doctor, counsellor, partner, lover, family member or friend?)**

|     |   |
|-----|---|
| Yes | 3 |
| No  | 1 |

**c. Did you test because you were felt sick in some way?**

|     |   |
|-----|---|
| Yes | 2 |
| No  | 2 |

**d. Did you test because you were worried about something that had happened in your sex life?**

|     |   |
|-----|---|
| Yes | 2 |
| No  | 2 |

**e. Did you see this as simply a routine test?**

|     |   |
|-----|---|
| Yes | 1 |
| No  | 3 |

**2) Before you came in to have the test done, did you already know any people that could be helpful to you with this, like:**

|  |   |
|--|---|
| a. Doctors                             | 1 |
| b. Nurses                              | 0 |
| c. Counsellors                         | 0 |
| d. Social workers                      | 0 |
| e. People from other types of services | 0 |
| f. Partner/Lover                       | 1 |
| g. Family                              | 0 |
| h. Friends                             | 1 |

**3) Before you came in to test, did you know you would have a choice about what type of test to have, rapid or standard?**

|     |   |
|-----|---|
| Yes | 2 |
| No  | 2 |

**4) Thinking about talking with the counsellor BEFORE you had the test taken, what was it like when the counsellor was explaining the test to you and asking you personal information about yourself?**

- The counsellor was the nicest I have ever encountered, as far as counsellors go. He was understanding. I felt comfortable with him. He allowed me to go at my own pace. I did not feel rushed. He took his time with me. It was unlike other professionals or doctors who rush their patients through and only think about time.
- The counsellor was really good. He was amazing actually. I really liked his manner, the way he spoke to me.
- The counselling was good. They are very nice here at the Clinic. I knew the results would be soon and I thought that would be a good thing. I was anxious to know. Of course I hoped it would be negative. After I got the results, then I wished I wouldn't have found out so soon.
- It was very helpful to talk to him. I think very highly of the counsellor, because of his approach, the way he talks to you. Also because he answered my questions in a nice way. When you come to a place like this, you don't know what to expect, how you will be treated and it turned out to be a good experience.

**a. Did anything surprise you about what the counsellor did or said? If so, what surprised you?**

- Yes and no.  
No, because my friend told me that HFC was a good place.  
Yes, because as a black male, when I first got to HFC, I saw mostly white men and was worried about how I would be treated as a black man. I was happy not to be treated differently. I was treated like everyone else.
- No.

- No.
- No.

**b. Did anything bother you about what the counsellor did or said? If so, what bothered you?**

- No, not at all.
- No.
- No.
- No.

**c. Was there anything that the counsellor did or said that you particularly appreciated? If so, what?**

- Yes. His was of listening. The way he treated me. His concern. I appreciated being given the choice for testing. I did not feel pressured to have one test over the other. I felt it was my choice.
- I really liked his disposition. I found it very calming.
- The counsellor was very nice. It was good. It was very helpful. He was supportive and very friendly.
- The way he answered my questions. I felt that I needed someone to listen when I came in and that is what he was. It was helpful to talk to him.

**d. Is there anything you would have liked the counsellor to do differently? If so, what?**

- No.
- No.
- No.
- No.

**e. Did you receive enough information before the test? If not, what other information would you have liked to have?**

- Yes. The counsellor explained the test choice and each test in detail with me. I felt I had a clear understanding of each type of test.
- Yeah, I did. Before I got to the clinic, I didn't realize that that rapid test would be SO fast. I thought it would about ½hour instead of only 15 minutes. That is fast. It's good that it's so fast.

- Yes, he told me all about the procedures. He explained that if I had a rapid test and it was a positive result, then they would need to double check it.
- No, not really, but I didn't ask very much. Since I found out I was positive, however, I have asked more questions and tried to find information. I have looked into counselling and different therapies, like nutritional therapy.

**f. Did you find the counsellor supportive and helpful before you had the test? If not, how could they have been more supportive and helpful?**

- Yes.
- Yes.
- Yes.
- Yes.

**5) Thinking about talking with the counsellor AFTER you received your test result, what did you feel after you heard your first rapid test result?**

- I hoped it wasn't going to be positive, but when it *was* positive, it just confirmed what I had suspected.
- The counsellor was very good, what he said and the way he said it. I did not expect the result. I know there's always a chance, but I really was in shock to come in for a regular thing and find out I was positive. The counsellor took a little longer coming back with the result and that's when I started to worry a little. But it was a shock when he told me. And the counsellor picked up on that. He said, "I can tell by your reaction that you are shocked by the result." The counsellor's manner made it easier to take the result.
- At that time, I wished the result wasn't given so fast. It was overwhelming. It is still overwhelming. I had never experienced anything like that. I have been depressed before, but never that level of depression, not being able to sleep and feeling really down.
- I felt sadness. I knew that I was going to have to fight to stay well. It didn't sink in right away, but I knew the enormity of it. I knew even by looking at the counsellor. It was serious. When he came to tell me the result, I could see the news was not good. In that moment, my life was changed.

**a. What was your understanding of what the result meant?**

- A rapid test result can be positive or negative. Since mine was positive, I had to have a confirmatory test.
- It meant that the HIV virus is in my system.
- It meant that I was positive and that they needed to confirm it with the standard test.

- The result was almost irrevocable, that it will not change – turn out to be negative instead.

**b. (rapid testers) What was your understanding of why another test had to be done after the first one was positive?**

- It is a more concrete result.
- It's a new test, so they do it for accuracy, which totally makes sense. I am not sure, but maybe they are also checking the viral load – I'm not sure about that.
- They need to confirm that it is positive. They need to double check everything.
- For confirmation.

**c. (rapid testers) What was it like to have to wait for another test to be done?**

- It was no problem. I figured I was positive. I believed that the result was correct. It was like having a prescription for eyeglasses – you know you will go to pick them up in two weeks.
- Well, that was the weird thing. It almost gives you a false sense of hope, that the first test could possibly be wrong and that the confirmatory test will be negative and that will be the right result.
- It gave me the hope that maybe the test result was wrong. It gave me that extra possibility that it wasn't positive.
- That is a good question. It was a few LONG days until I got the verbal confirmation that it was positive. It was long because you don't know who to talk to. I was in the same frame of mind that I was in before I came in for the first visit. I still had a slim hope that it might be negative.

**d. (rapid testers) What did you feel like after you received the second test result?**

- I was angry with my ex-partner. But I was not surprised by the result.
- It was like “okay.” The initial shock that I felt after the initial test result was gone, so now I know the reality – that it's positive. It was like “okay, now let's deal with it.”
- It was even worse. It really confirmed that it was true. It assured me that the test result was correct. I felt that now I need to start dealing with reality.
- I was reassured that the test was positive. It confirmed what I was expecting. The second test result reinforced to me that my life has changed. At least now I know. Finally I had the courage to come and get tested and now I know. I had mixed emotions: sadness and relief.

**e. (rapid testers) Were all of the testing steps explained to you well enough? If not, what could have been explained better?**

- Yes.
- Yes, I was really impressed with the counsellor. He was very careful in explaining things. He spent the time too. You know how some people explain things by rushing through it; they tell you everything in their explanation, but it's so rushed that it's hard to absorb all of it. The counsellor made sure he was very clear and precise. He made sure I got what he was saying. He looked to see that I nodded after he explained something.
- Yes.
- Yes.

**f. Did anything surprise you about what the counsellor did or said? If so, what surprised you?**

- No.
- I thought he was a kind man. I am not sure if I cried then. No, I did not cry in the room. I cried afterwards, when I saw my partner.
- I wasn't expecting so much support. It was nice to get it.
- No.

**g. Did anything bother you about what the counsellor did or said? If so, what bothered you?**

- No.
- No, he made me calm.
- No.
- No.

**h. Was there anything that the counsellor did or said that you particularly appreciated? If so, what?**

- The same kind of care I mentioned. And the time he took with me - spent over an hour talking with me. I was happy not to be treated negatively by the counsellor now that I was HIV positive. It was a very different experience from what my ex-partner went through in Jamaica. When he was diagnosed, he was treated very badly, e.g. once the doctor learned he was positive, he immediately washed his hands right in front of him and other staff didn't want to touch him or go near him. I was worried about that, but I was happy that the counsellor did not treat me any differently after he knew my diagnosis. He may have gone and washed his hands afterwards, I don't know that, but he didn't do it in front of me.

- My first instinct after hearing that I was confirmed positive was to run out of the room. He slowed that feeling down. He calmed me down. Inwardly, I was very emotional, but not outwardly. I didn't show it.
- He gave me a hug. I was crying and I really appreciated the hug. I know he didn't have to do that, but I guess he could see that I needed it.
- I would say the counsellor was excellent. He referred me to counselling and a centre where they offer alternative therapy.

**i. Is there anything you would have liked the counsellor to do differently? If so, what?**

- No.
- No.
- No.
- No.

**j. Did you receive enough information after the test? If not, what other information would you have liked to have?**

- Yes.
- Yes. The counsellor gave me a list of support agencies. I have contacted 3 on the list. I was able to see the third one that I called. They tell me that if you seek counselling right away, you are doing okay.
- Yes, I got a list of organizations that I could contact and I have gone through the list and called as many as I could.
- Yes.

**k. Did you find the counsellor supportive and helpful after you had the test? If not, how could they have been more supportive and helpful?**

- Yes.
- Yes.
- Yes.
- Yes, he was excellent.

**1. Was there something that you wish the counsellor had done or said differently when you received your test result? If so, what do you wish they had done or said?**

- No.
- No.
- No.
- No.

**6) What did you do after you left the clinic knowing your test result?**

I went home – “same as usual”.

I can't really remember. I think we had something to do. It was the normal thing. I can't remember exactly.

I told my partner right away. He came to the clinic to get tested a week later. I called another study at the University of Toronto in order to participate. I asked for counselling/therapy. I am going to join a support group. I told my family and my friends.

I went for a long walk and stopped to have a coffee here and there. I went walking because at that time, I did not want to talk with anyone. I can tell you what I did NOT do. I used to have an addiction problem, which led to me becoming at risk. I have dealt with my addiction problem (in recovery). When I find out I was positive, however, I did NOT use. I was surprised that I was that strong. Even the counsellor commented that I was really strong. It would have been so easy to go and get drunk or stoned but I didn't.

**a. (rapid testers) Who did you talk to about the test, after you received the first result?**

- |                  |   |
|------------------|---|
| 1. Partner       | 2 |
| 2. Lover         | 0 |
| 3. Doctor        | 1 |
| 4. Friend        | 1 |
| 5. Other: no one | 2 |

**b. Since you received your final (or standard) test result, have you gone to see a doctor?**

- |     |   |
|-----|---|
| Yes | 3 |
| No  | 1 |

**If yes b1. Is it a doctor you already knew before testing?**

- |     |   |
|-----|---|
| Yes | 2 |
| No  | 1 |

**If yes b2. How did you feel about the way that the doctor treated you when you told him/her that you had HIV?**

- He was very understanding. He was great. He is now my personal doctor.
- He is an HIV specialist, so he's amazing. He explained the cycle, the path, that my body functions differently from other people's, alternative treatments. He gave me a book of organizations that deal with HIV.
- He was really good. He is a specialist. Actually, when I was at the Clinic, they said if you need a doctor, here is the name of a good one. The one they recommended was already my doctor. That was great, because I didn't need to change doctors.  
My doctor put me on medication right away. And I will be going on the cocktail in 2 months. I just wish it didn't have to go so fast. I just found out that I am HIV positive and right away I am going on this medication for life.

**If yes b3. Will you go again?**

|     |   |
|-----|---|
| Yes | 3 |
| No  | 0 |

**b4. What concerns have you had about finding or talking with a doctor?**

- I was concerned about how I would be treated. I am "straight acting" and have been exposed to a lot of heterosexist comments that have really hurt me. I was worried about how a doctor would react about my sexual orientation and my HIV status. If a doctor knows you are HIV positive, then they know your whole life. Especially being a foreigner, I'm not sure how a doctor would react to the fact that I have HIV. The homophobia in Jamaica has made me very hesitant to be open.  
I was very concerned with trust.
- None.
- No concerns.
- No concerns. I hope that he can help me. Before I came to HFC, I did have concerns. I did not want to go to a doctor, so I chose to come here first.

**c. Since you received your results, have you gone to any other kind of helper, such as an HIV/AIDS agency, Hassle Free Clinic, or any other?**

|     |   |
|-----|---|
| Yes | 4 |
| No  | 0 |

**c1. Why or why not?**

- I will not go to any another HIV/AIDS agency, only HFC. I only trust HFC and my new doctor. I am concerned with confidentiality. Even though they say they won't, people do talk. It will get out that I am HIV positive.

- Since things started changing. How to tell my family and friends, how to explain that HIV is a disease and not a death sentence. One on one with my partner is strained. I no longer feel sexual. I need a safe place, not anything sexual. I want to be hugged and held and supported.
- I went to therapy today and it was difficult. It brought up a lot of stuff for me. Being HIV positive affects you in every way – your job, your life, your attitude.
- They will be my biggest supports. I want to get really involved so that I can beat this.

**c2. Have you had any concerns about finding or talking with helpers from agencies?**

Yes            3  
 No             1

**7) Do you have any other concerns or advice you would like to share with us about the test you had and how the test was done?**

- It is very important who the counsellors are. It's important that the counsellor is gay positive. I would actually prefer someone who is gay – I feel that a gay or bisexual counsellor is more understanding.
- The thing is that you cannot change the impact of the test result. I liked that it was quiet; no one knows but you and the counsellor. If I had to suggest a change, HFC might consider giving the person time before they leave. But maybe that's just me, since the positive result was such a shock after the initial test.
- I think that I will be fine – just give me a few months.  
 I want to find out more about getting financial help for the medications I will be taking.  
 Now I am taking care of myself. I am getting enough rest. I am taking responsibility the way that I can.  
 Before the results, if you had met me, you would have seen someone with a different attitude. Since I got the results, some days are good and other days are not. It has made be more conscious of who I am with. I make sure they have not had unsafe sex.  
 On the positive side, finding out that I am HIV positive has made me aware of everything more. I no longer take anything for granted. I now appreciate every little thing. It's like a wake up call. It hits you when you first find out that you are positive, but it's a good thing in that way.  
 I hope that the information I am giving you is useful.
- I am not the best speaker, but I think people should go ahead and get tested. When I think about people like me, who put it off for so long, I think they should go ahead and do it. It's self-destructive to wait. It is better to know; you eventually will be faced with the truth. It's a good thing to know the results. Everyone wants to live. I want to live and by having the test, I may be prolonging my life. A positive attitude is really important. The way I see it, you only have two choices: (1) let it get you down and be worried and started drinking or using, or (2) live your life and take steps towards recovery. So, really what choice are you going to make? It's like any issues in life, like drinking or gambling. If you have a drinking problem, you can go to AA and get the help you need. This isn't any different. The resources are there and I plan to use them. You have to do what makes you happy. Right now, knowing the truth makes me happy. I think I will be okay. I have to take it one day at a time. I plan to be honest with myself and honest with

others. I realize that I will have bad days, because of the disease, but it's like everything in life out there, you have to take it a step at a time.

My sister, who is gay, is living out in New Brunswick. I know that she will be my greatest support. Right now, we are corresponding through the computer. She is planning to come to Toronto in July and I know she will because she also has friends here. I am waiting to tell her in person. I think she will be supportive. She has gay friends who are HIV positive, even some who have passed away. You need to have that support; you need the support of your family and I know I will get that from her.

I hope that everyone has my attitude. You need a positive outlook to survive this. I even quit smoking 3 days ago.

**8) Would you recommend to others that they have the same type of test done as you had?**

|     |   |
|-----|---|
| Yes | 4 |
| No  | 0 |