

Annex 1: Tools and SOPs

Type of Tool	Name of Tool	Description	Link *
Slide Set with Standard Operating Procedure, Data Collection Form, Script, Job Aid	Partner and Family-Based Index Case Testing: A Standard Operating Procedure (SOP) ¹	A slide set containing introduction to partner notification services and index case testing for families and children, general procedure for index case finding, and examples of data collection forms, scripts and job aids	aidsfree.usaid.gov/resources/hts-kb/partner-and-family-based-index-case-testing-standard-operating-procedure-sop
Guidelines, Standard Operating Procedure	Planning, Implementing, and Monitoring Home-Based HIV Testing and Counseling ²	A practical handbook designed for sub-Saharan Africa, focused on home-based services for adults; includes sections on: index testing and HIV testing for children and adolescents as a special population	www.who.int/hiv/pub/vct/home_based_care/en/
Standard Operating Procedure	Family Testing Standard Operating Procedure (SOP) ³	A straightforward SOP to guide implementation of facility-based family testing including health education pointers	www.tingathe.org
Data Collection Form	Family Testing Screening Form ³	A simple tool to facilitate active screening of index clients for untested family contacts; designed to be incorporated into existing ART clinic patient records and reviewed during each ART visit in order to update contacts' HIV testing status	www.tingathe.org
Data Collection Form	Family Testing Register and Family Testing Monthly Report ³	A register and monthly report template to monitor performance along the family testing cascade. Facilitates routine reporting of a standard family testing cascade	www.tingathe.org
Script	Counseling Script for Family Testing ³	A sample disclosure script to assist counselors to empower index patients to bring contacts for HIV testing. Includes support for disclosure	www.tingathe.org

* All links accessed on 4 April, 2018

Annex 2: Sample Tools (see annex 1 for references)

Contents:

- a) Family Testing Screening Form
- b) Family Testing Register
- c) Family Testing SOP

a. Family Testing Screening Form

Family Testing Screening Form

INDEX CLIENT			
Name		ART Number	
Date of Birth	DD/MM/YY	Age (years)	
Gender (circle)	F/M	Consent for Phone Follow-up? (circle Y/N)	Y/N
		Consent for Home Visit? (circle Y/N)	Y/N

CONTACTS							
	Contact Name	Relation (circle S=Spouse, SP=sexual partner, C=child, P=parent, O=other)	Age (years)	HTC status	Complete for contacts with Unknown Status:		HIV Positive Contacts on ART? (Circle yes/no)
					Date of test	Test Result	
1		S SP C P O		pos / neg / unknown			yes/no
2		S SP C P O		pos / neg / unknown			yes/no
3		S SP C P O		pos / neg / unknown			yes/no
4		S SP C P O		pos / neg / unknown			yes/no
5		S SP C P O		pos / neg / unknown			yes/no

COMMENTS

b. Family Testing Register

*Notes: Enter index client and all contacts who are not already known to be HIV + (sexual partners and HH members) on this form.

Only enter phone # and locator info if client consents for follow up with phone call/ home visit.

Complete all columns through BF at the time of referral. Complete date of testing and test result if contact receives a test. (Upon return, use Date & ART # on FRS to find client on Tracking Form)

For children <2 years, enter TEST RESULT, not infant's HIV status

Family Testing Register

Month:

Date (dd/mm/yy)	Index Client's HTC# (if in HTC) or ART# (if in ART)	Index Client name	Gender (circle)	Consent for Phone Follow-up and home visit?	Phone #	Address
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		
			M F	Y N		

TOTALS

A1

Complete this entire section on the day index client is screened										Complete this section when contacts return for testing													
Do NOT enter known HIV+ contacts		Relation Type	Age					Sex		BF	Test Result						Mode of Contact		Initials (person completing the form)	Comments			
Index Client Contact	Name	Child Spouse/sexual Partner Guardian/Other	0-11mo	1-14y	15-24y	25+y	Male	Female Non-Pregnant	Female Pregnant	Tested/Not Tested?	# FRS given (total)	Date of test (dd/mm/yy)	New Negative	New Positive	New Inconclusive	New Exposed Infant (<12m)	Not Done	Family Referral Slip (FRS)			Phone	Other	
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
1		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
2		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
3		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
4		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		
5		C	S	G/O	A	B	C	D	M	FNP	FP	Y	N						FRS	P	Oth		

Total number of
members who are not
known HIV+

A2

A3

A4

A5

A6

A7

A8

A9

A10

B2

B3

B4

B5

B6

c. Family Testing SOP

SOP: Family Testing for Children, Sexual Partners, and Other Household Members of ART Patients

Purpose:

Family testing aims to improve identification of HIV+ persons by increasing uptake of HIV testing among contacts of HIV+ patients. HIV Testing and Counseling (HTC) counselors counsel patients/caregivers about the importance of knowing one's status and referring sexual partners and family members with unknown HIV status for testing.

Documents/Forms:

- Family Testing Screening Form
- Family Testing Register
- Family Testing Monthly Report
- Family Referral Slips (FRS)

Part I: Screening Index Patients

In the ART clinic and HTC waiting areas --

1. Health Education
 - a. At least once a day (more frequently if possible), counselor will give a brief early morning health talk/announcement about the importance of family testing and the HTC services available.

Health Talk: Family Testing Key Talking Points

- Importance of having family (including partner(s) and children) tested
 - Keep spouse and children healthy by preventing spread of infection
 - Staying on medication to continually suppress viral load and reduce transmission risk
 - Without treatment, most children living with HIV will die by the time they are 5 years of age
 - ART initiation upon diagnosis can reduce mortality among HIV-infected children by up to 75%, so it is important to diagnose children early
- Family Referral Slips and how they work
 - What they look like (have a sample)
 - Information taken in the Family Testing register
 - Fast-tracking for those with FRS presented at health facilities
- Different methods of HTC for those returning for testing
 - Individual, group, family, with spouse or partner
 - At home or at health center
 - Convenient weekend testing to better suit family/partner schedules
 - Different facilities and organizations that offer testing (health facility, community organizations)
 - Testing is voluntary and confidential
- Future of living with or without the disease
 - Positive living in the household
 - Disclosure
 - Support groups
 - Medication and ART

Activities:

- ✓ Have audience give reasons why partners and families do not get tested and correct any misconceptions
- ✓ Show people where HTC is done within the health facility
- ✓ Have someone who is living with HIV (expert client) give a testimonial on when/how they helped to convince their spouse, partner or child to be tested

2. Selecting index patients for screening
 - a. IN ART CLINIC WAITING AREA:
 - i. Counselor should survey all ART patients in the ART clinic waiting area to determine if they have untested family members / sexual partners.
 1. Counselors should maximize privacy and use a separate space whenever possible for the survey.
 - b. IN HTC ROOM:
 - i. Counselor should screen all patients who test HIV+ to determine if they have untested family members / sexual partners.

3. All patients screened should be entered in the Family Testing Register as the Index Patient.
 - a. If there is a child <2yo who is not in exposed infant care, this child should be referred immediately for tracing/follow up and enrollment in early infant care.
 - b. All spouses, sexual partners, biological children, or other Household (HH) members who are not already known to be HIV infected should be entered as contacts of the index patient.
 - c. If the patient consents to a phone call and/or home visit, the counselor should complete the phone number/locator information.

Referral For Testing:

- d. The counselor should encourage the patient to bring their untested family members and/or sexual partners to the facility for testing and follow-up care.
 - e. If counselors are available to offer home-based testing and/or follow-up, this can be offered as an option. If not, they must encourage the patient to bring contacts to the facility.
 - f. If the patient does not consent to phone call or home visit, leave the locator information and phone number sections blank and collect the remaining information on the Family Testing Screening form in order to follow up whether HH members come for facility-based testing. Do NOT follow patients at home who have not given you consent.
 - g. Complete the register: Record the relation to the index (e.g. S = Spouse/Sexual partner, C= Child, G= Caregiver if index is a child and O = Other). Record **ALL** sexual partners if a patient has more than one sexual partner. Record gender (e.g. m= Male and f = female)
4. Referral Tools
 - a. Give the patient a Family Referral Slip (FRS) labeled with the patient's ART number and the date of referral for each untested HH member. Remind the patient to bring or refer contacts for testing at a convenient time; testing can also be done at another facility of their choice.
 - b. The counselor should ask the patient to think about how they are going to invite their contacts for testing, and give the patient a chance to practice if they wish.
5. *For patients who are screened in ART clinic, once the Family Testing Register is completed, the counselor should ensure completion of the Family Testing Screening Form for patients with untested HH members and/or sexual partners.*
 - a. The form should accompany the patient to ART clinic for review by ART provider and further encouragement that the patient must bring untested members for testing.
 - b. ART provider should keep the Family Testing Screening Form with patient's ART record and update it during subsequent visits if family members' testing status has changed.
 - c. The screening form is a confidential document and should ALWAYS be kept securely.

Part II: When contacts return to HTC room for testing:

1. When an index patient's contact returns for HIV testing, look for the index information in the Family Testing Register (search by date of referral, name and index ART number or HTC number).
2. Record the date of testing and HIV test result for the contact. If there are other contacts who are not yet tested, encourage the patient to refer them for testing or bring them next time if they are children.

Part III: Follow- up and reporting

If contacts do not return for testing

1. Counselors should frequently review the Family Testing Register to note contacts who have not returned for testing within two weeks. Patients who have provided consent for phone contact should be called and encouraged to bring contacts for testing. Those who have agreed to home follow up may be followed at home.

In ART clinic–

1. ART providers should review the Family Testing Screening Form each time the patient is seen in ART clinic. S/he should ask if contacts have been tested and update outcomes accordingly. If contacts have not yet come in for testing, the patient should be counseled to bring them.

At the end of the month –

1. Complete the page totals in the Family Testing Register.
2. Sum the page totals into monthly totals, and use these to complete the Family Testing Monthly Report.

References

1. U.S. President's Emergency Plan for AIDS Relief, U.S. Agency for International Development, U.S. Centers for Disease Control and Prevention, U.S. Department of Defense, and World Health Organization. Partner and Family-Based Index Case Testing: A Standard Operating Procedure (SOP) [slides]. 2018. Available at https://aidsfree.usaid.gov/sites/default/files/pn_sop_slides.pdf. Accessed 7 March 2018.
2. World Health Organization, U.S. President's Emergency Plan for AIDS Relief, U.S. Centers for Disease Control and Prevention, U.S. Agency for International Development, Liverpool School of Tropical Medicine. Planning, implementing and monitoring home-based HIV testing and counselling: a practical handbook for Sub-Saharan Africa. Geneva, Switzerland: World Health Organization (WHO); 2012. Available at http://www.who.int/hiv/pub/vct/home_based_care/en/.
3. Baylor College of Medicine Children's Foundation Malawi. Baylor Tingathe Toolkit. Index Case Finding. Available at <http://www.tingathe.org/practical-strategies.html>.