Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 22 2022

ADMINISTRATIVE ORDER
No. 2022 - 0035

SUBJECT: Guidelines in the Implementation of Differentiated HIV Testing Services

I. RATIONALE

The Philippines has maintained the Human Immunodeficiency Virus (HIV) prevalence rate at less than 1%, however, it has been noted that there has been a 207% increase in new HIV infections from 2010 to 2019, disproportionately affecting key populations. While 70% (78,291) from the estimated 111,400 people living with HIV (PLHIV) in the country have been diagnosed, 30% (33,109) were still undiagnosed as of December 2020 with limited testing options identified as one of the key issues in the diagnosis gap based on the 2019 HIV Joint Program Review (JPR).

To bridge the diagnosis gap, the Philippine Health Sector – HIV Strategic Plan (HSP) 2020-2022, deeply rooted in the Republic Act (RA) No. 11223 Universal Health Care Act and the DOH FOURmula ONE, HIV testing options made available at the primary care level as one of its key strategies to achieve its targets. This strategy which include peer-led or community-based screening (CBS), health worker-led or facility-based testing, self-testing, social and sexual network testing (SSNT), and intimate partner testing. These various approaches in HIV testing are underpinned by multi-sectoral action and empowered people and communities to ensure integration of HIV-related services into the primary care package.

Demonstration projects on self-screening have shown high uptake among males who have sex with males (MSM) and transgender women (TGW). In Metro Manila, it showed 8.04 percent reactivity rate of which 37.2 percent were first-time testers. In Western Visayas, a 9.2 percent reactivity rate was reported whereby 50 percent were first-time testers. Further, SSNT had high uptakes in four community centers with a 3.0 percent reactivity rate and an average of 1 recruiter to 30 key population client referrals tested. This Administrative Order is developed to increase HIV diagnosis to 95% by reaching out to key populations.

II. OBJECTIVE

This Administrative Order is issued to provide technical, programmatic, and operational guidance in the implementation of HIV Testing Services in health facilities, and guidance for HIV clients in the Philippines.

III. SCOPE OF APPLICATION

This Order shall apply to DOH hospitals, Centers of Health Development (CHDs), Local Government Units (LGUs), and all service providers, coordinators, heads, or managers of facilities offering HTS in public and private settings, including community-based organizations (CBOs) or key population-led facilities.

In the case of Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), the adoption of this Order shall be in accordance with RA 11054, otherwise known as Bangsamoro Organic Act and the subsequent laws and issuances to be issued by the Bangsamoro Government.

IV. DEFINITION OF TERMS

A. **Adverse event** – refers to an incident that results in harm to the client or others as a result of their participation, including both intended and unintended cause of physical, economic, emotional, or psychosocial injury or hurt occurring before, during, or after HTS from one person to another, to oneself, and / or an institution to a person.

B. **Children in Need of Special Protection** – refers to children living alone, co-habitating, primary worker of the family, engaged in transactional sex, disowned due to discrimination based on their sexual orientation, gender identity and expression (SOGIE) and / or sexual characteristics, sexually active, or in other similar situations that expose them to risks of HIV infection.

C. **Clinical reach** – refers to the active participation of clinicians and other healthcare providers in the clinical setting to offer HTS.

D. **Combination prevention** – refers to the strategic use of different options for HIV prevention, which include but are not limited to non-occupational and occupational post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), condoms and lubricants, substance-related harm reduction, safe needle and syringe practices, and / or treatment of HIV-positive partners.

E. **Community outreach** – refers to testing activities that reach to many people, including those who live far from a testing facility or those who are working that may not have the time to visit a testing facility.

F. **Community-based HIV Screening (CBS)** – refers to a non-laboratory rapid HIV screening procedure performed by a trained healthcare provider or a member of community-based organizations.

G. **Facility-based HIV testing** – refers to testing performed in accredited facilities to determine the presence of antigen and/or antibody against HIV. These facilities may include (1) laboratory facility-based testing (LFBT), in a licensed laboratory, which can either be certified rHIVda confirmatory laboratory (CrCL) or non-CrCL, and (2) non-laboratory facility-based testing (NLFBT), which refers to facilities other than licensed laboratories performed by other trained healthcare worker, which can include provider-initiated counseling and testing (PICT).

H. **HIV Self Testing** – refers to a process in which a person collects their own specimen, often in a private setting, either assisted or unassisted, then performs a test using DOH FDA-registered HIV test kits and interprets the result.

I. **HIV Testing** – refers to any procedure used to identify the presence or absence of HIV infection, which includes test for triage or HIV screening, laboratory facility-based testing, mobile procedures, and other approaches.

J. **HIV Testing Services** – refers to a broad range of services that shall be provided alongside HIV testing, including counseling, linkage to necessary and appropriate HIV prevention, treatment, and care, and other clinical support services and coordination with stakeholders to support quality assurance.

K. **Index client** – refers to a diagnosed PLHIV, who is enrolled or returning in HIV care services.

L. **Index Testing (IT)** – refers to offering HTS to sexual partners, injecting partners, and biological children and parents of known PLHIV.

M. **In-reach** – refers to offering HTS to partners and peers, colleagues, networks, and communities with common interests.

N. **Key population** – refers to sex workers, men who have sex with men, transgender women, people who inject drugs, and people in prisons and other enclosed settings.

O. **Mature Minor Doctrine** – refers to the legal principle that recognizes the capacity of some minors to consent independently to medical procedures, if they have been assessed by qualified health professionals to understand the nature of procedures and their consequences and to decide on their own.

P. **Sexual and social network testing (SSNT)** – refers to a process where a trained provider asks a PLHIV or key population client who tested negative but with continuous substantial risk for HIV to motivate and invite other people in their sexual or social networks to engage in voluntary HIV testing.

Q. **Social Network** – refers to a group of people brought together by a similar characteristic, set of relationships, or behaviors, including sexual and drug-injecting / using partners.

R. **Testing for triage (T0)** – refers to initial screening tests done outside CrCL using Department of Health (DOH) Food and Drug Administration (FDA)-registered rapid diagnostic kits which can be performed by oneself and / or by a trained and supervised healthcare worker or lay person.

S. **Virtual reach** – refers to the use of digital platforms to increase efficiency of HTS through providing approaches simulated online.

V. GENERAL GUIDELINES

A. Provision of HTS shall observe the fundamental principles of human rights as it relates to universal health care and gender equality which includes but not limited to:
   1. Right to self-determination
   2. Right to informed consent
   3. Right to privacy and confidentiality
   4. Right to information
   5. Right to choose a health provider
   6. Right to be informed of patient rights and obligations

B. Conduct of HTS shall be based on the Philippine HIV and AIDS Policy Act (RA, 11166), Universal Health Care Act (RA 11223), Data Privacy Act of 2012 (RA 10173), Responsible Parenthood and Reproductive Health Act of 2012 (RA 10354), and Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610), and subsequent related issuances.

C. Integration of multiple approaches of HTS (see Annex A) shall be based on the capacity of service providers, facilities or organizations.

D. Informed consent shall be obtained from all HTS clients through written, electronic, or recorded means.

VI. SPECIFIC GUIDELINES

A. Demand Generation

1. Healthcare workers, CBOs, volunteers, public and private health facilities, including key population-led service facilities shall work closely to promote knowledge sharing and improve the awareness of KPs and their access to testing modalities that fit their needs.

2. All communication platforms shall be explored to identify demands and educate key populations on the available HTS in the country, specifically emphasizing the importance of knowing HIV status.

3. The HCWs, CBOs and volunteers shall work with key population-led health services, reproductive health and wellness centers (RHWC) and other HIV treatment facilities to ensure access of key population clients to HTS.

4. In every circumstance, proper counseling shall be conducted by a social worker, a health care provider, or other health care professional accredited by the DOH or the DSWD.

B. Informed Consent

1. Consent for HIV testing shall be obtained from the clients 15 years old and above through written or electronic consent (see Annex C.1).

2. Consent will be allowed either written or electronically complied.

3. Any young person below fifteen (15) years who is pregnant or has engaged in high-risk behavior shall be eligible for HIV counseling and testing with the assistance of a licensed and trained social worker or health worker and consent shall be obtained from the person without the need for consent from a parent or guardian, based on the RA 11166.
   a. In all other cases not covered above, consent to HIV testing for minors shall be obtained from the parents or legal guardian of infants or children born to HIV positive mothers, persons below 15 years old, or is mentally incapacitated.
   b. Proxy consent shall be obtained from the licensed and trained social worker or health worker in cases when:
      i. The child's parent or legal guardian cannot be located despite seven (7) working days of reasonable efforts, OR refused to give consent pursuant to Section 29 of Republic Act No 11166.
      ii. The child has been voluntarily or involuntarily under the protective custody of the Department of Social Welfare and Development (DSWD).
      iii. The child has been living with the family, guardians, or relatives but with admission of abuse, neglect, and / or exploitation from any members of the family/household.
      iv. The child is categorized under Children in Need of Special Protection by RA 7610,
      v. Assent of the minor shall also be required prior to any HTS procedure to protect their best interest and consider their evolving capacity.

4. Although verbal consent from clients 15 years old and above is adequate in CBS and ST, securing written or electronic consent shall be preferred.

C. Differentiated Approaches in HIV Testing Services

1. Facility-based HIV Testing (FBT)

   a. Any client who initiates accessing the following services shall be routinely offered HTS:
      i. Antenatal and Postnatal Care
      ii. Tuberculosis management and care
      iii. HIV prevention for key populations
      iv. People in closed settings, including people deprived of liberty
      v. STI and HIV diagnosis and management
      vi. Reproductive health and wellness
      vii. Viral hepatitis
      viii. Adolescent clinics
   b. Adults, adolescents, and children with symptoms or apparent presence of indicator conditions (See Annex C.2) suggesting HIV infection, or

those with risky behaviors, shall be offered HTS through provider-initiated counseling and testing (PICT) in clinical settings. PICT can be provided by trained healthcare providers, which include but are not limited to physicians, nurses, and midwives.

c. All HIV-exposed infants shall be tested for HIV in accordance to AO 2018-0024: Revised Policies and Guidelines on the Use of Antiretroviral Therapy (ART) among People living with Human immunodeficiency virus (HIV) and HIV-exposed infants)
d. HIV proficiency training is no longer required for HIV Testing, but identified rHIVda training requirement remains for CrCL [refer to AO 2019-0001: Guidelines on the Implementation of Rapid HIV Diagnostic Algorithm (rHIVda)].
e. See Annex D for the detailed FBT guidelines.

2. Community-Based HIV Screening (CBS)

a. This service shall be provided to key populations at the community or closed settings and shall be implemented based on Department Memorandum (DM) 2020-0276, or the Interim Guidelines on Community-based HIV Screening. Additional information on provision of CBS are indicated in (Annex E).

3. Self-Testing (ST)

a. This service shall be offered to high-risk key population clients who would not otherwise access HTS in the community or facility settings and who would prefer to collect specimens, perform the tests, and interpret the result either alone (unassisted) or with a trained provider or peer (assisted).
b. Results of unassisted and assisted self-testing will be consolidated and will be referred to a treatment hub or rHIVda site for repeat and confirmatory testing, care and treatment if reactive, refer to combination prevention if non-reactive and advise re-testing.
c. Additional information on provision and access to ST are detailed in Annex F.

4. Index Testing (IT)

a. This service shall be offered and shall be made voluntary to the sexual partner(s) of PLHIV considering the needs and safety of the index client and their partner(s).
b. Biological infants and young children of PLHIV and whose HIV status is unknown shall be offered HTS through provider-assisted index testing.
c. The PLHIV shall be assured of continued HIV services regardless of their decision to participate.
d. All providers offering IT shall adhere to minimum safety and ethical standard requirements for the conduct of IT.
e. See Annex G for detailed guidelines.

5. **Social and Sexual Network Testing (SSNT)**
   a. This service shall be offered to all persons, regardless of HIV status, coming from networks with substantial risk for HIV to motivate and invite other people in their sexual or social networks to engage in voluntary HIV testing.
   b. SSNT shall be integrated in other services like STIs, Tuberculosis, and Hepatitis B and C.
   c. Safety and privacy of clients shall be ensured when offering SSNT.
   d. See Annex H for detailed SSNT guidelines.

D. Conduct of HIV Testing Services

1. The conduct of HTS shall include the following components: (a) mobilization; (b) testing; and (c) linkage to appropriate services. For the HTS framework, see Annex A.

2. Mobilize through different forms of reach, which include in-reach (through SSNT and IT), community outreach (through ST and CBS), clinical reach (through FBT), and virtual reach as entry points for HTS.

3. Testing for triage (T0) through FBT, CBS, or ST, or T1 if in CrCL shall ensure provision of pre-test information and obtaining consent prior to testing.
   a. Each approach shall follow procedures based on their respective specific guidelines (For FBT, see Annex D; for CBS, see DM 2020-0276 Interim Guidelines on Community Based Screening; and for ST, Annex F).
   b. Post-test counseling (Annex I) shall be provided and linkage to appropriate services shall be ensured once the result is available.
   c. Official copy of non-reactive T0 written results (T1, if CrCL) shall only be available in LFBT duly signed by a registered medical technologist who performed the test and validated by a pathologist. For RHWC and TB Services facilities without a pathologist, the supervising physician shall review, validate, and countersign the result.
   d. Unofficial reactive T0 results can be provided in FBT upon client's request; however, it shall be indicated that this is not a confirmed HIV diagnosis and confirmatory testing is yet to be performed.

4. Link clients to appropriate services based on the result to T0
   a. Clients with non-reactive T0 results shall be referred to appropriate services including retesting, SSNT, combination prevention services, and other ancillary services based on the needs of the client.
   b. Clients with reactive T0 results shall be referred to an HIV treatment facility for linkage to confirmatory testing and care using an official referral form (Annex C.3) or by accompanying the client, if applicable.
      i. The HIV treatment facility which receives referred clients with initial reactive results shall repeat HIV testing within one week for the purpose of validation. Specimens shall be sent immediately to its designated CrCL or NRL-SLH/SACCL for confirmatory testing only if it has not been previously sent. If not done timely, the specimen shall be refrigerated and sent within one week of extraction.

ii. In cases when the treatment facilities receive clients with confirmed positive results, the facility may repeat HIV testing if deemed necessary before initiating ART.

iii. The receiving HIV treatment facility shall perform clinical assessment and further management despite pending confirmatory results; clients shall be linked to treatment and care services, which include immediate initiation of ART, preferably same-day ART (in accordance with the national HIV treatment guidelines), effective and appropriate follow-up, case management, and continuous adherence counseling.

iv. The official confirmatory test results shall only be released to the referring facility by the CrCL or by the NRL-SLH/SACCL to ensure that the release of HIV confirmatory tests is accompanied by post-test counseling (see Annex I).

v. Once the confirmatory test results are available, it is an ethical obligation of the treatment facility provider to check the test result is consistent with the label on the envelope and with that of the identified client. Upon verification of the result, they shall contact the client for further counseling and release of confirmatory test results.

vi. The treatment facility provider shall release the official copy of the confirmatory test result informing the client of the result simply, clearly, and in an objective manner, and provide ample time to allow them to absorb the information via print or secured email.

vii. Provide further counseling (Annex I) and appropriate services based on the confirmatory test result:

1. If confirmatory test is positive:
    a. CrCLs and NRL-SLH/SACCL are required to report HIV positive results to the EB of the DOH
    b. Continue medical management consistent with the national HIV treatment guidelines, case management, and counseling
    c. Offer IT and / or SSNT
2. If the confirmatory test is **negative**, the treatment facility shall perform the recommendations from the confirmatory laboratory as indicated in the confirmatory result, if there is any.
3. If the confirmatory test is **inconclusive**, in cases that confirmatory laboratories will release such test results to the referring facility, the latter shall perform either (1) the recommendations of the national reference laboratory as indicated in the confirmatory result or (2) recommendations of Annex 1 of AO 2019-0001.

c. For clients with invalid or inconclusive T0 results, further services shall be provided based on the specific guidelines of FBT (Annex D), CBS (Annex E), and ST (Annex F).

d. All clients shall be referred to auxiliary services based on the needs of the client, which may include other sexual health services, mental health services, substance-related harm reduction, and gender-affirming services.
    i. For clients who disclosed sexual abuse, they shall be referred for clinical and psychosocial management and redress services. If reported within 5 days of occurrence, minimum clinical management include first-line support, HIV post-exposure prophylaxis (PEP) (if within 72 hours of sexual contact), STI presumptive treatment or prophylaxis, and other reproductive health-related services.

E. Retesting

1. The HTS provider shall advise the clients for retesting and contact them to notify retesting if they previously consented to provide their contact information.

2. Individuals who tested non-reactive and reported recent high-risk behavior shall be retested at 4 weeks after the last HIV test.

3. Individuals presenting with STI or viral hepatitis, or those with recent HIV risk exposure shall be retested after 3 months from the last HIV test and then every 3 months for those with ongoing high-risk behavior, especially as part of broader HIV prevention services.

4. Casual or intimate partners of PLHIV and key populations shall be retested for HIV annually.

5. Pregnant women who belong to key populations or partner of a PLHIV with unsuppressed VL shall be retested once in the first trimester (along with testing for HBsAg and Syphilis), once in the third trimester, and once postpartum (14 weeks, 6 months, or 9 months postpartum).

6. For all other pregnant women, consider retesting during 3rd trimester and postpartum (14 weeks, 6 months, or 9 months postpartum) if with an ongoing high risk of transmission.

7. Clients with indeterminate or inconclusive rHIVda results shall be retested in accordance with rHIVda guidelines (refer to AO 2019-0001).

VII. MONITORING AND EVALUATION

A. To ensure that HTS programs reach their intended population and identify previously undiagnosed HIV infections, the National HIV, AIDS and STI Prevention and Control Program (NASPCP) shall perform regular monitoring and evaluation and quality assurance and continuous quality improvement.

B. HTS Training on different modalities shall be delivered to providers of varied cadre.

C. Conducting an in-depth HTS situational analysis shall be done prior to optimizing HTS approaches. It shall also include a review of complementary packages of services to facilitate linkage to appropriate services, demand generation approaches for HTS, and its effectiveness.

D. Shared Ownership of Data

1. Securing clients' personal data shall adhere to the protection provisions of RA No. 10173 Data Privacy Act of 2012 and its IRR of 2016.

2. All HTS providers involved in the implementation of any of the HTS delivery approaches shall observe proper documentation and report for monitoring and evaluation purposes.

3. Implementers may opt to keep copies of the reports and forms if all the following conditions are met:
    a. The implementer fully understands the provision of RA 11166 on confidentiality and RA 10173 on data privacy
    b. The implementer can provide a secured storage area for the files.
    c. Access to these files is limited to the HTS staff and the EB
    d. Test logs and other forms containing the client's real name and personal information may only be kept by HTS providers

E. The approach-specific indicators (see corresponding annexes) shall always be disaggregated in terms of geography, demographics, and particular population group (key populations and their partners, pediatric and adolescent, pregnant). These shall be used to inform national-level indicators:
1. Number of PLHIV who know their status.
2. Number of key population clients tested for HIV and positivity rate.
3. Number of clients reached virtually.

F. While internal assessments shall be done through internal auditing by site supervisors and mentorship and supervision visits, there shall, likewise, be external assessments through mechanisms which may include licensing for laboratories, External Quality Assessment Schemes (EQAS), and other HTS accreditation processes.

VIII. ROLES AND RESPONSIBILITIES

A. Disease Prevention and Control Bureau (DPCB) shall:

1. Augment resources of LGU to provide HTS.
2. Continually review and monitor the HTS Policies and Guidelines.
3. Formulate plans and policies to improve HTS implementation.
4. Forecast and Plan availability of HTS supplies.
5. Inventory of HTS Supplies.
6. Ensure availability of HIV testing, prevention, and treatment commodities.

B. **Epidemiology Bureau (EB)** shall:

1. Collect required data from regional and provincial epidemiology and surveillance units, HIV testing sites, and CHDs, and provide the status of outcome of HTS.
2. Maintain and update the HIV-AIDS & ART Registry of the Philippines (HARP) and the One HIV-AIDS and STI Information System (OHASIS).
3. Validate LGU data as needed through the Regional Epidemiology Surveillance Unit (RESU).
4. Provide quarterly updates on HIV/AIDS surveillance to the National HIV, AIDS and STI Prevention and Control Program (NASPCP).

C. **Health Promotion Bureau (HPB)** shall:

1. Implement demand generation activities and other promotional strategies regarding HTS.

D. **Supply Chain Management Service (SCMS)** shall:

1. Forecast, Monitor and perform inventory of HTS supplies.

E. **Philippine National AIDS Council (PNAC)** shall:

1. Monitor programs and activities related to the implementation of RA 11166 and HTS.

F. **DOH Centers for Health Development (CHDs) and Ministry of Health - Bangsamoro Autonomous Region in Muslim Mindanao (MOH-BARMM)** shall:

1. Collaborate with CBOs and LGUs to ensure implementation of these guidelines.
2. Facilitate capacity-building activities to implement the guidelines.
3. Provide mentorship and supervision in the implementation of HTS.
4. Forecast and Plan availability of HTS supplies.
5. Manage resources, commodities, and supplies.
6. Inventory of HTS supplies.
7. Strengthen service delivery network for HTS and regularly update its directory.
8. Ensure testing sites' compliance to certification and licensing requirements.
9. Ensure facilities' compliance to accreditation requirements.
10. Submit HTS related reports to the Central Office.

G. **National Reference Laboratory - STD AIDS Cooperative Central Laboratory (NRL-SACCL)** shall:

1. Improve national confirmatory laboratory referral network.
2. Conduct regular review of the national testing algorithm.
3. Mentor HTS facilities on the development of site SOPs and job aids.

H. **CrCL or Facilities with rHIVda services** shall:

1. Ensure compliance as CrCL and license to operate (LTO).
2. Maintain close collaboration with NASCPCP, EB, Treatment facilities, LGU, and SACCL to provide quality rHIVda service.

I. **HIV TH, PHCC, and HIV Testing Facilities** shall:

1. Integrate HTS in all relevant departments through the coordination of HACT.
2. Ensure compliance to recording and reporting on HTS.
3. Conduct internal monitoring and supervision to ensure provision of quality HTS.

J. **Local Government Units** shall:

1. Implement HTS in various departments in hospitals, targeted communities, health centers, RHU, RWHC, PHCC, TH, and other HTS facilities.

2. Ensure that infrastructure of the facilities implementing HTS are fully functional.

3. Support and allocate funds for the implementation of quality control and participation in EQAS.

4. Inventory of HTS Supplies.

5. Provide appropriate resources to implement the guideline.

6. Employ monitoring and supervision mechanisms to ensure adherence to guidelines.

K. **Non-government / Community-based / Civil Society Organizations** shall:

1. Actively engage in the development and implementation of HTS guidelines.

2. Assist in the dissemination of this policy.

3. Collaborate and coordinate with LGUs in implementation of HTS guidelines.

4. Ensure immediate linkage of HTS clients to appropriate services.

5. Provide feedback to LGU and CBOs on the quality of HTS they provide.

6. Coordinate with local authorities for appropriate delivery of HTS services.

L. **Development Partners** shall be encouraged to:

1. Provide technical support for development of HTS-related resources and materials to aid service providers in the implementation of the guidelines.

2. Assist in monitoring and evaluation and mentorship and supervision to ensure delivery of quality HTS service.

IX. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.

X. REPEALING CLAUSE

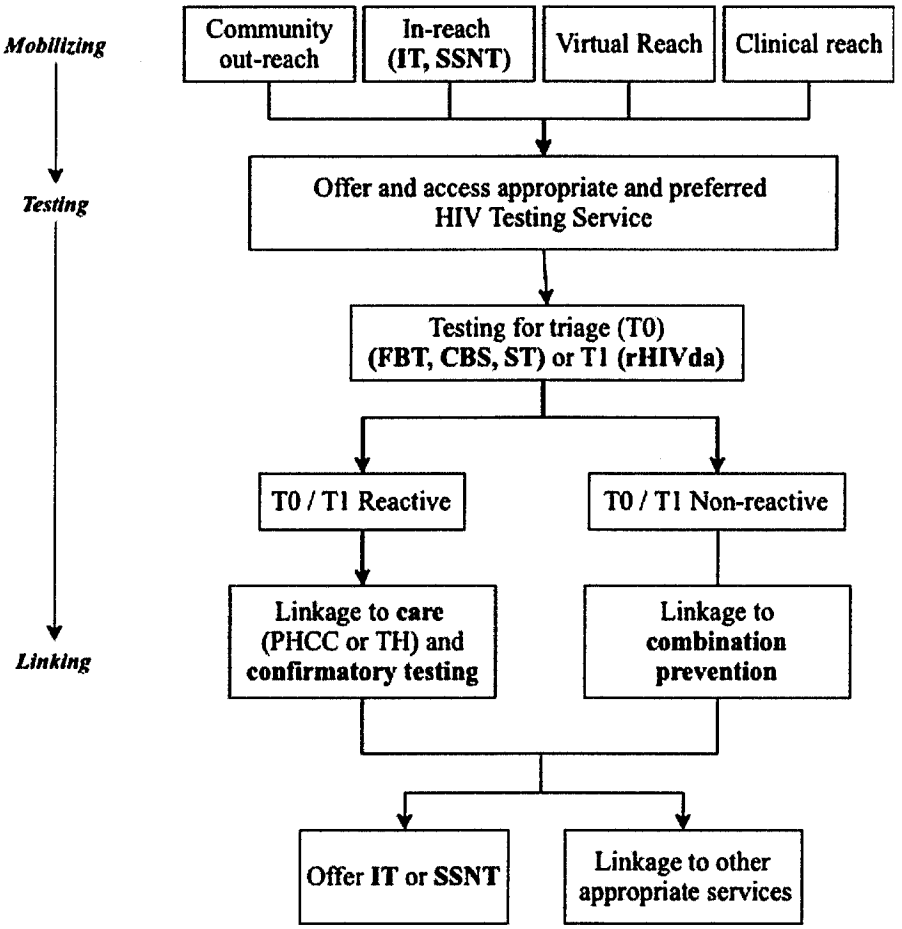
The Administrative Order 2017-0019 or "Policies and Guidelines in the Conduct of Human Immunodeficiency Virus (HIV) Testing Services (HTS) in Health Facilities" and all other issuances inconsistent or contrary to the provisions of this Administrative Order are hereby repealed, amended, or modified accordingly.

XI. EFFECTIVITY

This Order shall take effect after fifteen (15) days following its publication in a newspaper of general circulation and upon filing of three (3) certified copies to the University of the Philippines Law Center.

MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO II
Officer-in-charge
Department of Health

Annex A. Differentiated HTS



HTS - HIV Testing Services; FBT – facility-based testing; CBS – community-based testing; ST – self-testing; TH – treatment hub; PHCC – primary HIV care clinic; IT – index testing; SSNT – sexual and social network testing

Annex B. Virtual HIV Testing Services Approaches

As one of key strategies determined in the National HIV Health Sector Plan 2020-2022, online and virtual approaches shall be maximized to increase the reach and coverage of HTS and other HIV-related services.

A. Assessment and Planning

1. There shall be continuous consultations with different key population to determine the knowledge, attitudes, and preferences on the use of technology, specifically as means to access HIV-related services, particularly HTS.
    a. This can be done through short online surveys, focused group discussions, virtual space mapping, and partnerships with online applications.
    b. The stakeholders, including advisory teams, are recommended to include members who are open to virtual approaches.

2. This shall inform the overall approach to meet the needs and preferences.

B. Reaching and Linkage

1. Reaching - the following methods can be done, preferably altogether, to reach clients through online or virtual means, whom we shall refer to as **clients reached virtually (CRV):**
    a. **Social Networking** – refers to engaging population at risk through chatting by trained outreach staff or lay persons engaged in SSNT.
    b. **Digital Ambassador Engagement** – refers to engaging influential trendsetters online to attract population at-risk.
    c. **Online Advertisement** – refers to the use of built-in analytics to produce meaningful engagements online with population at-risk.

2. Linkage - the transition from online reach to actual offline uptake of HIV services is crucial. The following approaches can be used to link clients to HIV-related services:
    a. **Meet-up** – refers to the face-to-face meeting with CRV to provide further support, which may include testing for triage.
    b. **Online referrals** – refers to the trained online outreach workers providing HTS and other HIV-related services referrals to CRV.
    c. **Booking system** – refers to the CRV who voluntarily signs up for an appointment for HTS or HIV-related services.

C. Continuity of Engagement

1. As with traditional offline services, follow-up is important. The following approaches can be considered to provide further engagement with clients:

a. **Virtual support** – trained online outreach staff may provide counseling and further support through virtual means.
    i. The use of interactive chatbots is recommended to ensure provision of information on-demand; this is particularly important clients who opted for unassisted HIV self-screening.
b. **Virtual notifications** – refers to continuous reminders for significant events.
    i. This is particularly important for scheduled visits for retesting, invitations for access to HTS, and other sexual health promotion messages.
    ii. The clients shall provide consent to receiving these reminders and may opt out any time in the process.
c. **Network referrals** – involving people who accessed HTS through providing messages to share with their own networks; this can be done in conjunction with SSNT among those who already accessed HTS, regardless of HIV status.

D. Monitoring and evaluation

1. Simultaneous monitoring, which refers to the use of online applications analytics to determine online engagement, especially among the target population, shall be done to ensure optimization of virtual outreach.

2. Indicators shall be measured according to the uptake in the online cascade.
    a. Online
        i. Number of unique accounts that have seen any HTS content in the platform
        ii. Number of unique accounts that have interacted (clicks, chats, replies, comments, and visits) with any HTS content in the platform
    b. Online-Offline transition
        i. Proportion of accounts which have seen or interacted who were eventually linked to the online-offline transition (through meet-up, online referrals through e-Vouchers, and booking system)
    c. HIV Testing Uptake
        i. Proportion of the those who in the online-offline transition who were tested for HIV
        ii. Number of those tested for HIV who are CRV – measured through the unified HTS forms
    d. Linkage to appropriate services
        i. Proportion of those CRV living with HIV who were linked to care and treatment
        ii. Proportion of those seronegative CRV who were linked to combination prevention services

3. Client feedback can be collected in any component of the online cascade to ensure further improvement and uptake of this approach.

Source: *FHI 360, LINKAGES Project (2019). A Vision for Going Online to Accelerate the Impact of HIV Programs. Washington, D.C., U.S.: FHI 360.*

Annex C. Forms

Annex C.1. HTS Form (Form A)

HIV TESTING **HTS**

The Department of Health (DOH) has an existing program for the prevention and control of the Human Immunodeficiency Virus (HIV) in the Philippines. The Epidemiology Bureau (EB) of DOH is mandated by Republic Act 11166 & 11332 to collect information that will be used in planning activities to help stop the spread of HIV and to support and treat those diagnosed with HIV. Your full cooperation is very important to this program. Please answer all questions as honestly as possible.

ABOUT THE TEST

What is HIV testing?
An HIV test refers to a procedure used to identify if you have antibodies to HIV -- the virus that causes AIDS. A specimen, usually blood, and a DOH-Food and Drug Administration (FDA)-registered diagnostic kit is needed to perform the test. The test may be performed by a trained/supervised healthcare worker or lay person, or by oneself, depending on the modality.

If the first test (screening) is reactive, another test (confirmatory) will be done to make sure that the first test is confirmed to be positive. A positive test means you have been infected with HIV. A non-reactive or negative test means you are not infected or your body has not produced the sufficient level of antibodies (within window period) that can be detected by the HIV rapid diagnostic test kits. If you are non-reactive or negative, and had a recent exposure within the window period, you need to undergo another test 4 weeks after your risk exposure.

Confidentiality of HIV Testing
Your personal information and HIV test result is confidential adherent to the provisions of RA 11166 Philippine HIV and AIDS Policy Act, RA 10173 Data Privacy Act of 2012 and its IRR of 2016.

INFORMED CONSENT

I, CLIENT / CHILD / PROXY CONSENT PROVIDER, was given information about HIV, its testing process, and was able to ask questions about HIV. I agree to undergo HIV testing.

_____
Name and Signature

☐ **Verbal Consent** *(applicable for clients 15 y/o and above undergoing either CBS or self-testing)*

By providing my contact details, I am allowing the HTS provider to contact me on updates regarding the services provided including but not limited to: test result, combination prevention services, and notification for retesting.

Contact Number: _____

Email address: _____

PERSONAL INFORMATION SHEET (HTS FORM)

All information given will be STRICTLY CONFIDENTIAL. Please fill out this form COMPLETELY and as honestly as possible. Please write in CAPITAL LETTERS and CHECK the appropriate boxes.

DEMOGRAPHIC DATA

1. **Test Date:** ☐☐ Month ☐☐ Day ☐☐☐☐ Year
2. **PhilHealth Number:** ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐ ☐ Not enrolled in PhilHealth
3. **PhilSys Number:** _____ ☐ No PhilSys Number
4. **Name (Full name)**
   First Name _____ Middle Name _____ Last Name _____ Suffix (Jr, Sr, III, etc) _____
5. **First 2 letters of mother's FIRST name** ☐☐ **First 2 letters of father's FIRST name** ☐☐ **Birth order (i.e. among mother's children)** ☐☐
6. **Birth date:** ☐☐ Month ☐☐ Day ☐☐☐☐ Year **Age:** ☐☐ Age in months (for less than 1 year old): ☐☐
7. **Sex** *(assigned at birth)*: ☐ Male ☐ Female **Gender identity:** ☐ Man ☐ Woman ☐ Others: _____
8. **Current Place of Residence:** City/Municipality: _____ Province: _____
   Permanent Residence: City/Municipality: _____ Province: _____
   Place of Birth: City/Municipality: _____ Province: _____
9. **Nationality:** ☐ Filipino ☐ Other, please specify: _____
10. **Civil Status:** ☐ Single ☐ Married ☐ Separated ☐ Widowed ☐ Divorced
11. **Are you currently living with a partner?** ☐ No ☐ Yes **Number of children:** ☐☐
12. **Are you currently pregnant?** *(for female clients only)* ☐ No ☐ Yes

EDUCATION & OCCUPATION

13. **Highest Education Attainment?** ☐ No grade completed ☐ Pre-school ☐ Highschool ☐ Vocational ☐ Elementary ☐ College ☐ Post-Graduate
14. **Are you currently in school?** ☐ No ☐ Yes
15. **Are you currently working?**
    ☐ Yes. Current occupation (main source of income): _____
    ☐ No. Previous occupation in the past 12 months: _____
16. **Did you reside or work overseas/abroad in the past 5 years?** ☐ No ☐ Yes
    Did you work overseas/abroad? ☐ No ☐ Yes, specify year of return from last contract: ☐☐☐☐
    Where were you based? ☐ On a ship ☐ Land
    What country did you last work in? *(For seafarer, last port of exit)* _____

1

HIV TESTING

HTS

You may answer this on your own or with assistance from a counselor or healthcare provider

HISTORY OF EXPOSURE / RISK ASSESSMENT

Answer all. **Please check the appropriate column for each item, and provide history of risk if applicable.**

Did your birth mother have HIV when you were born? ☐ Do not know ☐ No ☐ Yes

17

	History of sexual activity (oral/anal/vaginal)		Date of most recent ***anal or neo/vaginal*** sex (MM/YYYY)	Date of most recent **CONDOMLESS** *anal or neo/vaginal* sex (MM/YYYY)
	No	Yes		
Sex with a **MALE***	☐	☐	_____	_____
Sex with a **FEMALE****	☐	☐	_____	_____

*Sex partners whose assigned sex at birth is MALE, including transgender and/or nonbinary

**Sex partners whose assigned sex at birth is FEMALE, including transgender and/or nonbinary

	No	**Yes**	**Date of most recent risk (MM/YYYY)**
Paid for sex (in cash or kind)	☐	☐	_____
Received payment (cash or in kind) in exchange for sex	☐	☐	_____
Had sex under the influence of drugs	☐	☐	_____
Shared needles in injection of drugs	☐	☐	_____
Received blood transfusion	☐	☐	_____
Occupational exposure (needlestick/sharps)	☐	☐	_____

REASONS FOR HIV TESTING

18 **Please check all that apply.**

☐ Possible exposure to HIV ☐ Employment - Overseas/Abroad ☐ Requirement for insurance

☐ Recommended by physician/nurse/midwife ☐ Employment - Local/Philippines ☐ Other (please specify): _____

☐ Referred by a peer educator ☐ Received a text message/email encouraging me to get an HIV test

PREVIOUS HIV TEST

19 **Have you ever been tested for HIV before?** ☐ No ☐ Yes. Date of most recent test? ☐☐ Month ☐☐☐☐ Year

Which HTS provider (facility or organization) conducted the test? _____ City/Municipality: _____

What was the result? ☐ Reactive ☐ Non-reactive ☐ Indeterminate ☐ Was not able to get result

To be filled out by HTS PROVIDER only

MEDICAL HISTORY & CLINICAL PICTURE

20 **Please check all that apply.**

☐ Current TB patient ☐ Diagnosed with other STIs ☐ Taken PEP

☐ With hepatitis B ☐ With hepatitis C ☐ Taking PrEP

21 **Clinical Picture:** ☐ Asymptomatic ☐ Symptomatic Describe S/Sx: _____

World Health Organization (WHO) Staging: _____ ☐ No physician to do staging

TESTING DETAILS

22 **Client type:** *(select one)* ☐ Inpatient ☐ Walk-in/outpatient ☐ Persons Deprived of Liberty (PDL)

☐ Mobile HTS / Outreach in physical venues. *Specify venue:* _____

23 **Mode of reach:** *(select all that apply)* ☐ Clinical reach ☐ Online ☐ Index testing ☐ Social and sexual network testing ☐ Outreach in physical venues

24 ☐ **Refused HIV Testing** *Reason for refusal:* _____

☐ **Accepted HIV Testing**

HIV testing modality: ☐ Facility-based testing (FBT) ☐ Non-laboratory FBT ☐ Community-based ☐ Self-testing

Linkage: *(choose all that apply)* ☐ Refer to ART ☐ Advise for re-testing in _____ Months _____ Weeks

☐ Refer for Confirmatory *Suggested date: (MM/DD/YYYY)* _____

25 **Other services provided to client:**

☐ HIV 101 ☐ Condoms, # distributed: _____

☐ IEC materials ☐ Lubricants, # distributed: _____

☐ Risk reduction planning ☐ Offered social and sexual network testing (SSNT)

☐ Referred to PrEP or had given PEP ☐ Accepted SSNT

☐ Other services: _____

Inventory Information
Brand of test kit used:
Number of test kit used:
Test kit lot number:
Expiration date (mm/dd/yyyy):

HTS PROVIDER DETAILS

26 **Name of Testing Facility/Organization:** _____

Complete Mailing Address: _____

Contact Numbers: _____ **Email address:** _____

27 **Primary HTS provider:** *(select one)* ☐ HIV Counsellor ☐ Medical Technologist ☐ CBS Motivator ☐ Others: _____

Name & Signature of service provider: _____

END

2

Annex C.2. Index Testing Form

PARTNER INFORMATION FORM		
Please provide information regarding your partners who you know to be HIV negative or whose HIV status is unknown within the last 12 months.		
Partner Name	**Contact Information**	**Provider-assisted referral** (Yes/No)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

EXPOSED CHILDREN INFORMATION FORM			
Please provide the details of your children who might have been exposed biologically. Provide contact number and address of the guardian if living in another household.			
Child's Name	**Age**	Guardian's information if living in a separate household)	
		Guardian's name	**Contact number**
1.			
2.			
3.			
4.			
5.			

Annex C.3. HTS Referral Form

National HIV, AIDS, & STI Prevention and Control Program
HIV Testing Services (HTS)
REFERRAL FORM

Revised June 29 2021

CLIENT AND REFERRING FACILITY INFORMATION			
Client's Name:			
Referred by:		Date of referral:	
Sending facility:			
Facility Contact No.:		Facility Address:	
REFERRAL FACILITY INFORMATION			
Referred to:		Contact No.:	
Receiving facility:		Facility Address:	

To whom it may concern:

I am respectfully referring to you our client, who has received confidential HIV Testing Services in our facility, for the following services:

SERVICES REQUESTED		
	Services	**Specific details**
☐	Medical management	
☐	Surgical management	
☐	Laboratory services	
☐	Psychological / psychiatric services	
☐	Financial support / livelihood assistance	
☐	Psychosocial support / care support	
☐	Social worker services	
☐	Temporary shelter	
☐	Legal assistance	
☐	Gender affirming services	
☐	Substance use-related services	
☐	Others	
Remarks:		

If you have any questions or concerns on this referral, please do not hesitate to contact us. Kindly inform us once the client is accommodated. Thank you very much.

Respectfully yours,

_____
(printed name over signature)

ACTIONS TAKEN
(To be returned to the referring facility)

_____
_____
_____

Special instructions (if any): _____
_____

If you have any questions or concerns, please do not hesitate to contact us:

_____ _____
Staff name and signature Contact number

Annex C.4. HTS Consent for Release of Information

National HIV, AIDS, & STI Prevention and Control Program
HIV Testing Services (HTS)
CONSENT FOR RELEASE OF INFORMATION FORM

Revised June 29 2021

CLIENT DETAILS

Name: _____ UIC: __|__|__|__|__|__|____
Contact No.: _____ Date of Birth: _____

CONSENT FOR RELEASE OF INFORMATION

After being made aware of the health care services that I need that can be provided by another facility and the necessary referral process, I, _____ *(Name of client / parent / guardian / proxy consent provider)*, _____ *(age)* years old, freely give my consent to _____ *(Name of counselor / attending healthcare provider)* of _____ *(sending facility)* to release the following information:

- ☐ HIV Test Result
- ☐ Medical Abstract
- ☐ Summary of issues and concerns disclosed during counseling sessions
- ☐ HIV-related forms
- ☐ Contact details
- ☐ Others: _____ _____

I am fully aware that the information I provided shall solely be used by my healthcare providers in facilitating the management of my healthcare needs.

The above information will be released to: _____ *(Name of provider)*, of _____ *(Receiving facility)*

I understand that I can withdraw or revoke this authority to give my confidential information at any time.

_____ (Client's signature)
Date: __ / __ / __ (MM / DD / YY)

_____ (Witness' Signature over Printed Name)
Date: __ / __ / __ (MM / DD / YY)

WITHDRAWAL OF CONSENT

I hereby withdraw the consent given to above mentioned provider to release the details of the previously specified information.

_____ (Client's signature)
Date: __ / __ / __ (MM / DD / YY)

_____ (Witness' Signature over Printed Name)
Date: __ / __ / __ (MM / DD / YY)

Annex C.5. HTS Client Satisfaction Survey Form

National HIV, AIDS, & STI Prevention and Control Program
HIV Testing Services (HTS)
CLIENT SATISFACTION SURVEY

(Please check one)	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree**
The provider(s) is/are friendly and supportive					
The provider(s) took time to explain the process for the service(s) I needed					
The provider(s) made me comfortable to ask questions					
I was satisfied to the service(s) provided					
I will come back the facility to receive another service					

revised June 29, 2021

Annex C.6. Form B/C

HIV TREAMTENT AND CARE — ART

The Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act (R.A. 11332) & the Philippine HIV and AIDS Policy Act (R.A. 11166) requires physicians to report all diagnosed HIV infections to the Epidemiology Bureau, DOH. Please write in CAPITAL LETTERS and CHECK the appropriate boxes.

VISIT INFO

HIV Confirmatory Code: _____ **Patient code:** _____

Date of visit: (MM / DD / YYYY) _____ Physician's name: _____

Visit type: ☐ First consult at this facility; trans-in from: _____ *(HIV treatment facility)* Facility name: _____

☐ Follow-up Facility address: _____

☐ Inpatient Facility contact #: _____

CLIENT INFORMATION

If this is the patient's first visit at this facility or information needs updating, please fill out this section:

UIC: __ __ | __ __ | __ __ | __ __ __ __ __ __ __ __ **Philhealth No.:** ☐☐ - ☐☐☐☐☐☐☐☐☐ - ☐

* UIC: First two letters of mother's first name, first two letters of father's first name, two-digit birth order, birthdate (MM-DD-YYYY)

Patient's full name: _____ **Sex (at birth):** ☐ M ☐ F **History of PreP:** ☐

Current residence: City/Municipality: _____ Province: _____

Client type: *(check all that apply)* ☐ MSM ☐ TGP ☐ SW ☐ PWID ☐ PDL ☐ OF ☐ Partner of KP ☐ Others: _____

Already diagnosed with current active TB by another facility? ☐ No ☐ Yes; Currently on ***TB treatment?*** ☐ Yes ☐ No

WHO Classification: ☐ I ☐ II ☐ III ☐ IV

LAB/DIAGNOSTIC TESTS

Latest results	**Date done**	**Results**		**Date done**	**Results**	
Viral load			copies/mL	Creatinine		µmol/L
CD4 count			cells/µL	HBsAg		☐ R ☐ NR
Chest X-ray						
Gene Xpert						
HIVDR & Genotype						

TB INFORMATION

Presence of at least one of the following: weight loss, cough, night sweats, fever? ☐ Yes ☐ No

No active TB

TPT Status: ☐ Started TPT this visit ☐ Not on TPT
☐ Ongoing TPT
☐ Ended TPT this visit

TPT outcome (if ended TPT this visit):
☐ Completed
☐ Stopped before target end
☐ Other: _____

With active TB

Site: ☐ Pulmonary ☐ Extrapulmonary

Drug resistance: ☐ Susceptible ☐ MDR ☐ XDR ☐ RR only ☐ Other: _____

TB treatment status: ☐ Ongoing ☐ Completed ☐ Not on tx ☐ Other: _____

TB tx outcome (if ended this visit): ☐ Cured ☐ Failed ☐ Not yet evaluated ☐ Other: _____

OTHER MEDICAL CONDITIONS

Infections currently present (check all that apply):

☐ Hepatitis B ☐ Oropharyngeal candidiasis ☐ CMV retinitis ☐ Others (specify) _____
☐ Hepatitis C ☐ Pneumocystis pneumonia (PCP) ☐ Herpes zoster

Currently taking: ☐ Cotrimoxazole prophylaxis ☐ Azithromycin prophylaxis ☐ Fluconazole

Hepatitis B Vaccination Date: _____ Dose: ☐ First ☐ Second ☐ Third

Currently pregnant: ☐ No ☐ Yes; LMP: _____ AOG: _____ If delivered: _____ / _____
(Date delivered) *(Place/facility of delivery)*

Type of infant feeding: ☐ Breastfeeding ☐ Formula feeding ☐ Mixed feeding

**LMP - last menstrual period; AOG - age at gestation*

CP

Other services provided to client: Index Testing ☐ Offered ☐ Accepted ☐ Condoms, # distributed: _____
Social and Sexual Network Testing ☐ Offered ☐ Accepted ☐ Lubricants, # distributed: _____

ART REGIMEN & DISPENSING

ART Status: ☐ Enrolling this visit ☐ Continuing ☐ Not on ART. Reason: _____

Dispensing modality: ☐ Facility pick-up ☐ Courier service ☐ Transient refill. Hub of origin: _____

Date Dispensed (MM/DD/YYYY)	**Drug**	**Pills per day**	**# pills missed**	**# pills left**	**# pills dispensed**	**Date discontinued**	**Reason (D/C code)***

HACT Physician approval: _____

Dispensed by: _____

***Discontinuation codes:**
1- Treatment Failure
2-Clinical progression/hospitalization
3-Patient Decision/Request
4-Compliance difficulties
5-Drug Interaction
6-Adverse Event (Specify)
7-Emigrated
8-Others (Specify)
9-Death

Please send this accomplished form to Epidemiology Bureau - Department of Health, 2/F Rm. 209, Building 19, San Lazaro Compound, Rizal Avenue, Sta. Cruz, 1003 Manila
Contact No: (02) 8651-7800 loc. 2952 | EB-DOH HIV Treatment Form v2021

7

NATIONAL REFERENCE LABORATORY for HIV/AIDS, Hepatitis B/C & Other STIs

San Lazaro Hospital-STD AIDS Cooperative Central Laboratory

Quiricada St., Sta. Cruz, Manila Tel Nos: (632)3109528 to 29, Fax No: (632)711-4117

Email: nrlslhsaccl@yahoo.com.ph Website: www.nrlslhsaccl.com.ph

CHECK ONE:

- ☐ HIV Antibody
- ☐ HIV Nucleic Acid Test
- ☐ SYPHILIS
- ☐ Hepatitis C Antibody
- ☐ HCV Nucleic Acid Test
- ☐ HBsAg Neutralization Assay Test

CONFIRMATORY REQUEST FORM

PATIENT DATA

Patient Name (Please use comma after surname): Surname | First Name | M.I. — Age: ☐☐ Sex: ☐ M ☐ F

Birthdate (mm/dd/yyyy): | Nationality: | Civil Status: | Occupation:

History of travel abroad within the past 12 months: ☐ No ☐ Yes (please indicate country visited) _____ | Blood type / Rh:

Check specimen type: (check) ☐ serum ☐ plasma ☐ blood unit | Date blood collected: Date / / Time :

Sample storage condition prior to transport: ☐ 4°C (refrigerator) ☐ -20°C (freezer) ☐ room temperature | Date blood transported: Date / / Time :

Unique Identifier Code (UIC) for HIV referral only	First 2 letters of Mother's Name	First 2 letters of Father's Name	Patient's Birth Order	Patient's Month of Birth	Patient's Year of Birth
	_____ _____	_____ _____	☐ 1st ☐ 2nd ☐ Others _____		

For NRL-SACCL USE ONLY

Barcode Sticker

Date & Time/ Form Received By:

Date & Time/ Sample Extracted By:

OR/AMOUNT PAID:

PATIENT ID:

Remarks:

TEST RESULTS

(Any test format) **Test- I**

Complete commercial name of assay:

Manufacturer:

Assay Lot #:

Model of equipment (reader) used:

	Test run date/s	RAPID TEST: (Reactive, Non-reactive or Inconclusive)	IMMUNOASSAY	
			Cut-off value	Absorbance or S/CO:
Run 1				
Run 2				

(Any test format) **Test - II**

Complete commercial name of assay:

Manufacturer:

Assay Lot #:

Model of equipment (reader) used:

	Test run date/s	RAPID TEST: (Reactive, Non-reactive or Inconclusive)	IMMUNOASSAY	
			Cut-off value	Absorbance or S/CO:
Run 1				
Run 2				

INSTRUCTIONS:

1. Completely fill out NRL-SLH/SACCL Confirmatory Request Form. Disregard Test-II if only one test format (brand) was used.
2. Serum/plasma samples should be transferred to a 2 ml cryovial prior to transport. Specimens must be **PROPERLY** labeled (ie. name & date of birth).
   - Minimum of 1.5ml sample is required.
   - In case of delay, serum/plasma samples may be stored at 4°C for 7 days (- 20°C for > 7 days).
   - If stored at 4°C, ship with ice pack/cold dog.If stored at -20°C or lower, ship with dry ice.
3. Submit this form and sample to NRL-SLH/SACCL or by courier to this address: *Receiving Section – NRL-SLH/SACCL Annex, Bldg 17, San Lazaro Hospital Compound Quiricada St., Sta. Cruz, Manila*

*For HIV referrals, submit the Personal Information Sheet DOH-EB Form A together with this Confirmatory Request Form.

*ONLY HIV confirmatory testing is FREE and results will be available after 10 (working) days for samples that meet NRL's Specimen Acceptance Criteria.

*For children below 18 months old, submit NRL's Confirmatory Request Form, EB - Form A, EB - A-MC Form and Mother's HIV Confirmatory Result.

*For further information on referral requirements visit our website or call NRL-SLH/SACCL

LAB DATA

Referring laboratory: | Medical Technologist: (Print Name) | Signature:

Address: | HIV Proficiency #: (For HIV Referrals) | Mobile #

Tel/Mobile No. | Fax: | e-mail: | Pathologist / Laboratory Chief: (Print Name) | Signature:

CONTROLLED

Annex C.6. Confirmatory Test Request Form

Annex C.7. HTS Daily Registry

HIV TESTING SERVICES DAILY REPORT									
Facility:					Report period:				
Date	**Name**	**Age**	**Sex assigned at birth**	**Contact Number**	**KP**	**T0 if referral**	**HIV Testing Result**	**Post-test counseling**	**Referral to services**

Annex C.8. HTS Monthly Registry

HIV TESTING SERVICES MONTHLY REPORT							
Reporting Unit:					Report period (MM/YY):		
Type of Client	**No. of clients who underwent pre-test information**	**No. of clients tested**	**No. of clients with reactive result**	**No. of clients who underwent post-test counseling**	**No. of clients who consented to index testing**	**No. of clients who consented to sexual and social network testing**	**Remarks**
Men who have sex with men							
Transgender women							
Registered Female Sex Workers							
Freelance Female Sex Workers							
People who use drugs							
People who inject drugs							
Healthcare worker with occupational exposure							
People with Tuberculosis							
Adolescents (10-14 years)							
(15-17 years)							
(18-19 years)							
Children (1-9 years)							
Infant <1 year old							
Others							

Prepared by:

_____
Name & signature

Designation: _____
Date (MM/DD/YY): _____

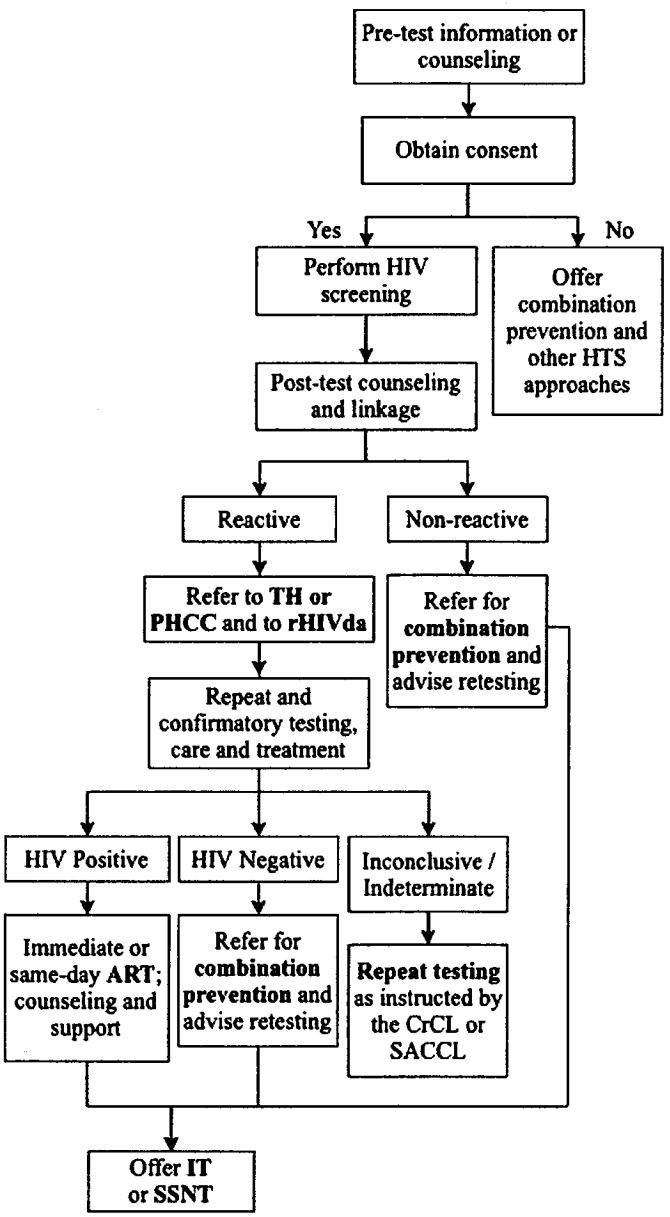
Approved by:

_____
Name & signature

Designation: _____
Date (MM/DD/YY): _____

Annex D. Facility-Based Testing (FBT)

Annex D.1. Facility-Based Testing Specific Guidelines



HTS - HIV Testing Services; TH – treatment hub; PHCC – primary HIV care clinic; ART – antiretroviral therapy; CrCL – certified rHIVda confirmatory laboratory; SACCL - STD/AIDS Cooperative Central Laboratory; IT – index testing; SSNT – sexual and social network testing

1. **Service Delivery Points**

    a. There are two service delivery points for Facility-Based Testing (FBT):
        i. **Laboratory FBT (LFBT)** which includes stand-alone testing sites or client-initiated counseling and testing (CICT) and HIV Treatment facilities (PHCC and TH) with quality laboratory testing capabilities.
        ii. **Non-laboratory FBT (NLFBT)** – primarily through provider-initiated counseling and testing (PICT), wherein providers shall offer HTS to clients who present with symptoms or medical conditions (Annex D.2) that could suggest HIV infection or possible risk exposure.
    b. T0 shall be performed in non-CrCL LFBT and NLFBT, while T1 to T3 shall only be offered in CrCL.

2. **Conduct of FBT**
    a. Provide pre-test information and allow time for questions.
    b. Obtain written consent, recorded or electronic.
    c. Ensure that prescribed HTS form is properly filled out and signed by the client prior to the HIV testing.
    d. Perform HIV testing either by a registered medical technologist or trained health provider.
    e. Linkage to appropriate services shall be ensured during post-test counseling:
        i. If the result is T0 / T1 is non-reactive, the medical technologists and supervising pathologist or physician shall provide validated official laboratory results to the HIV counselor or requesting physician for post-HIV test counseling.
        ii. If the T0 / T1 is reactive, the client shall be referred to a treatment facility to ensure linkage to retesting, confirmatory testing (if non-CrCL), care, treatment, and support using the HTS referral form (Annex C.3). Please see Main Text D.4. for the specific guidelines for receiving treatment facilities.
        iii. The confirmatory test results shall be reverted to the referring treatment facility to ensure further post-test counseling depending on the result.
        iv. The CrCL and NRL-SLH/SACCL shall report confirmed HIV cases to the DOH EB.

3. **Monitoring and Evaluation**
    a. All LFBT shall adhere to the operational management requirements stated below and HIV testing standard criteria for laboratories set by NRL-SLH/SACCL (Annex D.3).
    b. All FBT sites shall maintain daily client registry and monthly monitoring report and these shall be submitted to the LGU and NASPCP coordinator.
    c. All FBT sites shall be subjected to regular quality assessment and evaluation in compliance to quality management system implementation.
    d. The following FBT indicators are required to be reported:
        i. Number and proportion of those HIV-positive and HIV-negative among those tested
        ii. Number and proportion of those HIV-negative linked to combination prevention services specified whether offered condoms and lubes, behavioral counseling, harm reduction services, and non-occupational post-exposure prophylaxis or pre-exposure prophylaxis
        iii. Number and proportion of those diagnosed PLHIV who are linked to HIV care and treatment

4. **Operational Requirements for laboratory FBT**
    a. Human Resource
        i. Trained HIV Counselor
        ii. Registered medical technologists, with training in rHIVda if CrCL
        iii. Licensed pathologist or NRL-SLH / SACCL trained clinic physician on monitoring quality HIV laboratory management
    b. Structural requirements
        i. HIV testing and counseling rooms should be well-ventilated, with adequate lighting and privacy (i.e., discussions within the room should not be discernibly overheard from the outside or the adjoining rooms) to ensure confidentiality.
        ii. The laboratory workspace should be at least 20 square meters with designated work table and storage cabinets for reagents and supplies
        iii. Counseling rooms should have a minimum of two chairs, at arms' length to create an informal, relaxed environment for HIV counseling and testing.
        iv. Directory of partners and services should be updated twice a year.
    c. Quality Requirements
        i. Test kits to be used shall be FDA-registered
        ii. The blood extraction area shall be well lit, standard precaution, proper waste segregation and disposal must be observed
        iii. Maintenance of counseling forms and OHASIS and e-HARP reporting
        iv. Shall ensure quality management system. Quality supervision shall be the responsibility of the pathologist and senior medical technologists.
        v. Compliant participation to the EQAS conducted by NRL-SLH / SACCL
        vi. Refer to Annex D.3 for standard compliance.

Annex D.2.: Indicator Conditions for FBT

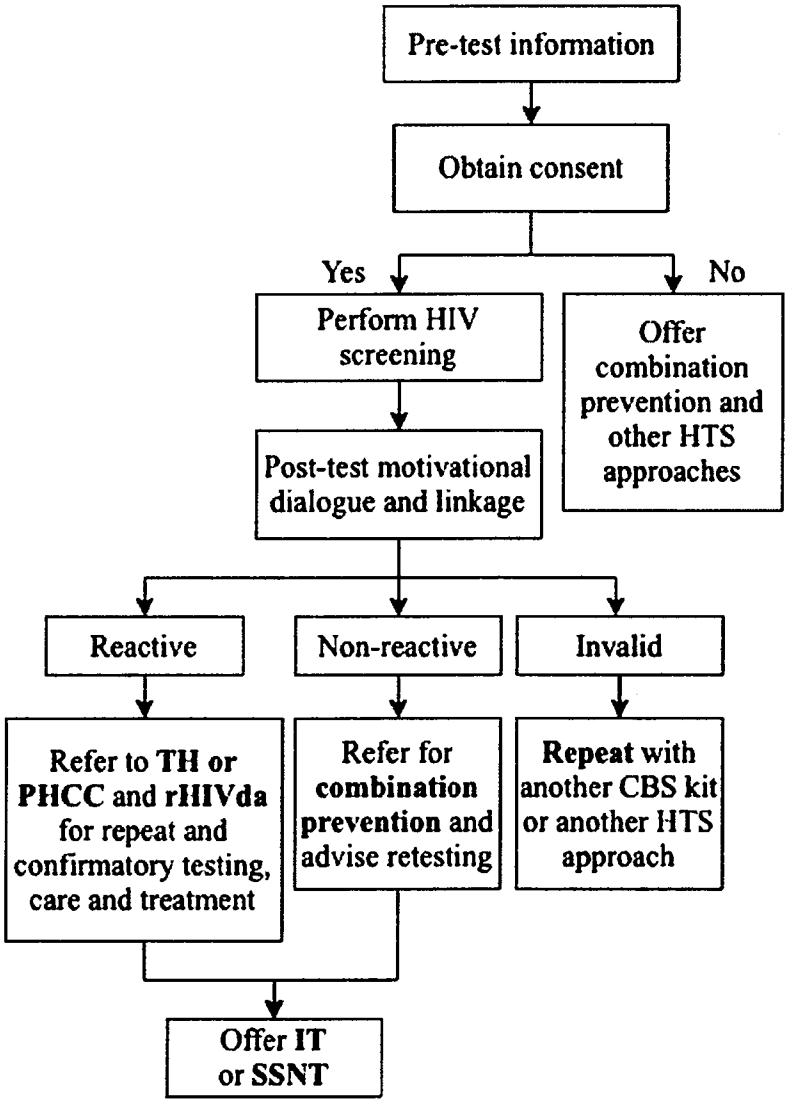
Testing recommendation	Conditions that are AIDS-defining among PLHIV	Specialty involved
Strongly recommend testing	**Neoplasms**	
	Cervical Cancer	OB-GYN
	Non-Hodgkin lymphoma	Hematology, Oncology
	Kaposi's sarcoma	Dentistry, dermatology, venereology, genitourinary
	Bacterial infections	
	Mycobacterium Tuberculosis, pulmonary or extrapulmonary	Infectious disease (ID), internal medicine (IM)
	Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary	ID, IM
	Mycobacterium, other species or unidentified species, disseminated or extrapulmonary	ID, IM
	Pneumonia, recurrent (2 or more episodes in 12 months)	Pulmonology
	Salmonella septicemia, recurrent	ID, IM
	Viral infections	
	Cytomegalovirus retinitis	Ophthalmology
	Cytomegalovirus, other (except liver, spleen, glands)	ID, IM
	Herpes simplex, ulcer(s) >I month/bronchitis/pneumonitis	ID, IM
	Progressive multifocal leukoencephalopathy	Neurology
	Parasitic infection	

	Cerebral toxoplasmosis	Neurology and neurosurgery
	Cryptosporidiosis diarrhea, >1 month	Gastroenterology
	Isosporiasis, >1 month	Gastroenterology
	Atypical disseminated leishmaniasis	ID, IM
	Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)	ID, IM
	Fungal infections	
	Pneumocystis jirovecii pneumonia	ID, IM, pulmonology
	Candidiasis, oesophageal	ID, IM, ORL, dentistry
	Candidiasis, bronchial/ tracheal/ lungs	ORL, ID, IM
	Cryptococcosis, extra-pulmonary	ID, IM
	Histoplasmosis, disseminated/ extrapulmonary	ID, IM, pulmonology
	Coccidioidomycosis, disseminated	ID, IM
Testing recommendation	**Conditions associated with an undiagnosed HIV prevalence of >0.1 %**	**Specialty involved**
Strongly recommend testing	Sexually transmitted infections	OB-GYN, dermatology, venereology, genitourinary, ID, IM
	Malignant lymphoma	Hematology
	Anal cancer/dysplasia	Oncology
	Cervical dysplasia	OB-GYN
	Herpes zoster	Dermatology
	Hepatitis B or C (acute or chronic)	OB-GYN, ID, IM, gastroenterology
	mononucleosis-like illness	ID, IM, ORL

	Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks	Hematology
	Seborrheic dermatitis/exanthema	Dermatology
	Invasive pneumococcal disease	ID, IM
	Unexplained fever	ID, IM
	Pregnancy (implications for unborn child)	OB-GYN
Offer Testing	Primary lung cancer	Oncology
	Lymphocytic meningitis	Neurology
	Oral hairy leukoplakia	Dentistry
	Severe or atypical psoriasis	Dermatology
	Guillain–Barré syndrome	Neurology
	Mononeuritis	Neurology
	Subcortical dementia	Neurology
	Multiple Sclerosis-like diseases	Neurology
	Peripheral neuropathy	Neurology
	Unexplained weight loss	ID, IM
	Unexplained lymphadenopathy	ID, IM
	Unexplained chronic diarrhea	ID, IM, gastroenterology
	Unexplained chronic renal impairment	Nephrology
	Hepatitis A	ID, IM, gastroenterology
	Community-acquired pneumonia	ID, IM, pulmonology

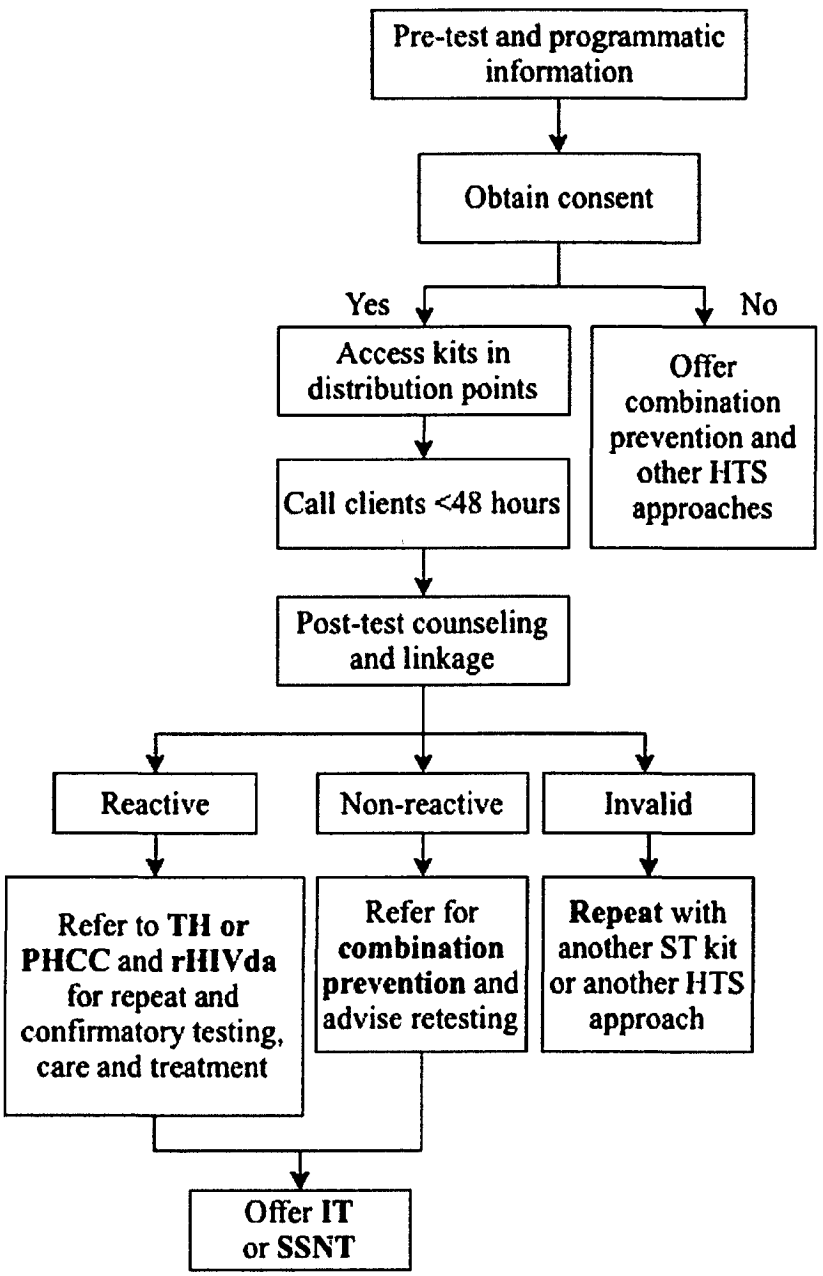
Source: Raben D, Sulivan A, Salminen M, et. al. (2012). HIV indicator conditions: guidance for implementing HIV testing in adults in health care settings. Copenhagen, Denmark: HIV in Europe.

Annex E. Community-Based Screening (CBS) Process



HTS - HIV Testing Services; TH – treatment hub; PHCC – primary HIV care clinic; CBS – community-based screening; IT – index testing; SSNT – sexual and social network testing

Annex F. HIV Self-Testing (ST)



HTS - HIV Testing Services; TH – treatment hub; PHCC – primary HIV care clinic; ST – self-testing; IT – index testing; SSNT – sexual and social network testing

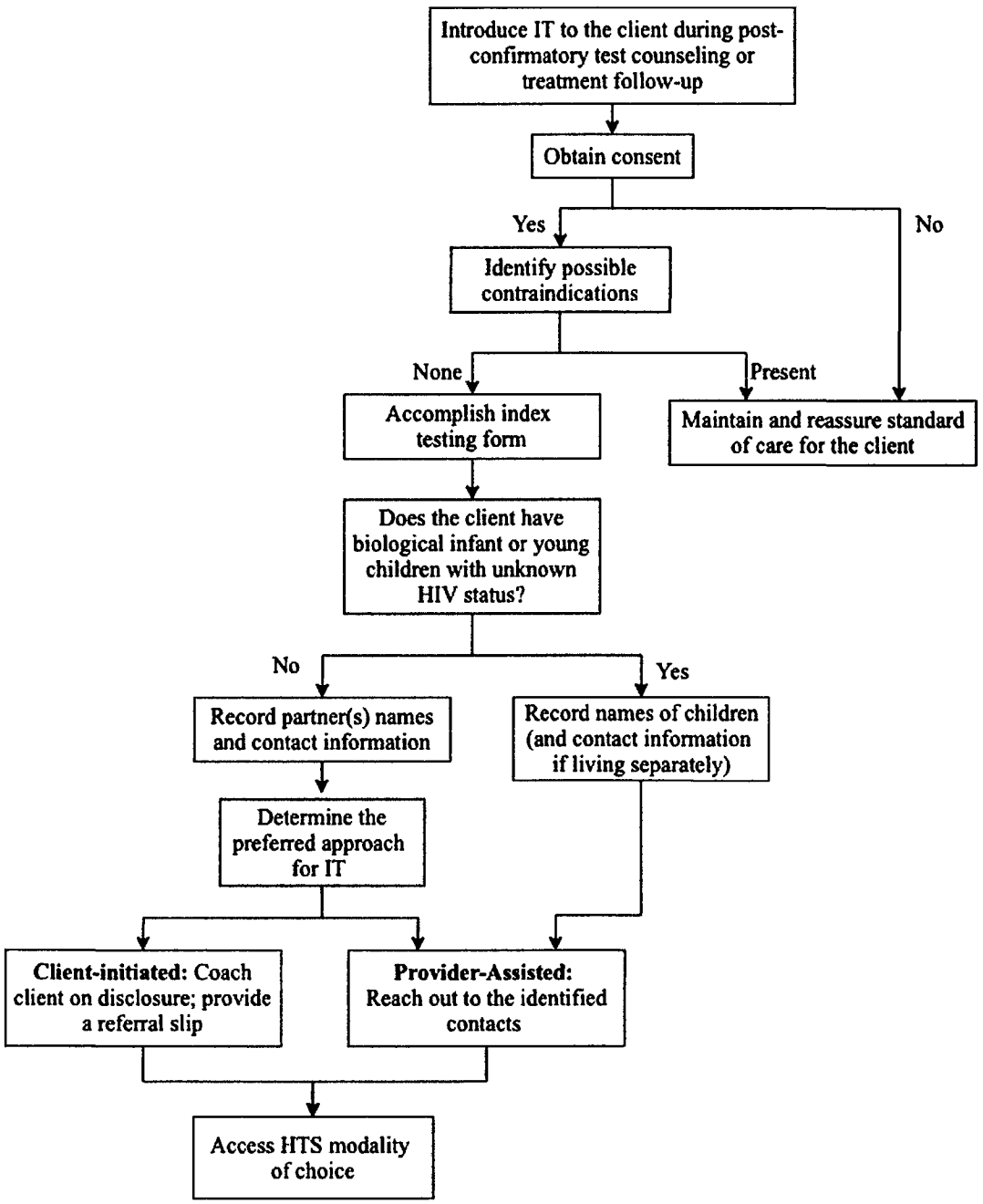
1. **Service approaches and delivery points**
    a. Deliver ST through two distinct approaches:
        i. **Directly-Assisted** - refers to trained HTS provider giving an individual an in-person demonstration before or during ST on how to perform the test and interpret the test result. This approach can be used to support people with disabilities, low literacy levels, and those who may require or request direct assistance.
        ii. **Unassisted** - refers to an individual who uses ST kit without the help of a trained HTS provider but with guidance of instructional materials. It also includes clients receiving ST kits through secondary distribution, e.g., from a partner or a peer that availed HTS through sexual SSNT and IT.
    b. In both approaches, employ additional tools such as information, educational, and communication materials, mobile help hotlines, videos, social media, and internet-based applications to provide support, counselling, and referrals for appropriate services, which include confirmatory testing, prevention, treatment, care and support services.
    c. Include condoms and lubricants in the ST kits.
    d. Distribute ST kits through various service delivery points:
        i. **Community-based distribution** - during advocacy events, mobile outreach, and related activities.
        ii. **Facility-based distribution** - at and through public and private facilities including CBOs.
        iii. **Secondary Distribution Models** – such as for SSNT and IT, where clients refer partner(s) and network(s) for HIV testing.
    e. Offer an opportunity to self-test for HIV, in a separate, private space, especially for directly-assisted screening, or be provided with a self-testing kit.
    f. Ensure differentiated service delivery options, which may include courier services and virtual and online approaches.
    g. Offer information on ST service delivery options and allow clients to decide on which option to take.

2. **Conduct of HIV ST:**
    a. Provide standard HTS pre-test brief information (Annex I) and instructions to include the following:
        i. Reaching the ST help hotline
        ii. Using the ST kits
        iii. Handling and storing the test kits before undertaking screening
        iv. Interpreting the ST kit result
        v. Linking oneself to counselling, further testing, and care and treatment
        vi. Disposing safely the used test-kits
    b. Obtain verbal and / or written, electronic or recorded, consent.
        i. If they choose to avail ST, proceed to the procedure
        ii. If they refuse, offer combination prevention and other HTS approaches
    c. Collect necessary information specified in the HIV testing form (Annex C).
    d. Allow clients to choose an ST approach.
    e. Inform clients how to access the kits in distribution points.

f. Call the client within 48 hour and provide post-test counseling (Annex I) and ensure linkage to appropriate services
    i. For clients with **reactive results,** link to a treatment facility for retesting, confirmatory testing, counselling and support, care and treatment.
    ii. For clients with **non-reactive results,** link to appropriate services which may include retesting (if with ongoing HIV risk or recent exposure) and / or combination prevention. Advise individuals with non-reactive results for retesting based on risk and contact them during their scheduled retesting if they consented to be contacted.
    iii. For clients with **invalid results**, offer repeat testing using another ST kit or other HTS approach.
g. Ensure that the client dispose the used ST kit according to the disposal mechanism specified by the provider.

3. **Monitoring and Evaluation**
    a. Ensure compliance with HTS standards and quality assurance mechanism.
    b. Offer DOH FDA approved kits compliant with quality and biosafety standards.
    c. Report the following indicators disaggregated by ST approach, and service delivery points:
        i. Number of ST kits distributed
        ii. Number of clients reached
        iii. Number of first-time testers reached
        iv. Number of clients who reported the ST result
        v. Number of people confirmed HIV positive using the national algorithm
        vi. Number of PLHIV linked to care and treatment services
        vii. Number of HIV non-reactive clients linked to combination prevention services

Annex G. Index Testing (IT)



HTS – HIV Testing Services; IT – index testing

Annex G.1. Index Testing (IT) Specific Guidelines

1. **Guiding Principles of IT**
    a. Partners of known PLHIV who are not on ART and / or not virally suppressed are at increased risk for HIV infection; disclosure of HIV status to partners have previously been shown to decrease stigma, increase social support, improve engagement in treatment of PLHIV and testing of their partners.
    b. IT shall be routinely offered to all PLHIV enrolled in treatment facilities with the capacity to provide IT services, with trained providers and necessary referral system for possible contraindications to IT and possible adverse events
    c. Apart from the core principles of HTS, the following are the minimum safety and ethical requirements for the conduct of IT:
        i. Identification of contraindications for IT
        ii. Site-level event monitoring and reporting system
        iii. IT providers being trained and supervised on the procedures

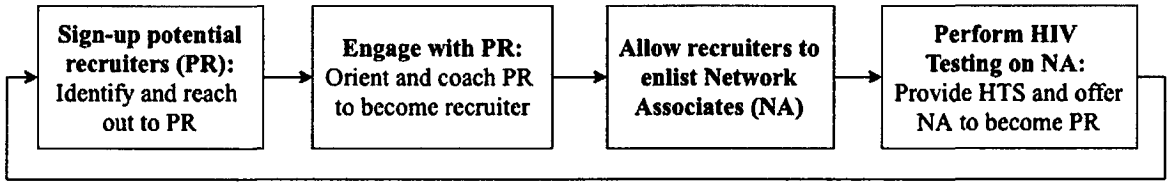
2. **Conduct of IT**
    a. Introduce IT during post-test counseling for a positive confirmatory test and / or treatment follow-up visits and determine together with the client the best time to discuss
    b. Obtain consent
    c. Elicit a list of sexual partners and contact information for each partner mentioned (Annex C.2)
        i. If the index client has biological infant or young children whose HIV status is unknown, offer HTS through provider-assisted referral
    d. Identify possible contraindications for IT. If there is contraindication identified, terminate provision of IT.
    e. Determine the preferred service delivery approach of IT
        i. **Provider-assisted referral** - in which a trained provider directly assists people who have tested HIV-positive by contacting their partner(s) and offering them HTS
        ii. **Client referral** - in which a trained provider encourages the client to disclose their HIV status to their partner(s)
    f. Contact all named partners using the preferred method
    g. Record the IT outcomes, including the uptake of HTS and occurrence of adverse events
    h. Refer to appropriate services to seroconcordant or serodiscordant couples

3. **Monitoring and Evaluation**
    a. Report any form of an adverse event from the IT services and refer to appropriate services
    b. Report the following indicators disaggregated based on the service delivery model:
        i. Number and proportion of PLHIV who are offered IT services
        ii. Number and proportion of PLHIV who consented to IT services
        iii. Number of partners identified per index client
        iv. Number of biological infant and young children with possible exposure identified by the index client

v. Number and proportion of partners of index clients who accepted HTS
vi. Number and proportion of partners of index clients who tested HIV positive
vii. Number and proportion of HIV positive partners enrolled in care and treatment
viii. Number and type of adverse events occurring to HIV-positive clients following the IT services

Source: PEPFAR (2020). Guidance for Implementing Safe and Ethical Index Testing Services. https://www.pepfarsolutions.org/tools-2

Annex H. Social and Sexual Network HIV Testing (SSNT)



1. **Guiding Principles**
    a. Ensure that SSNT services are voluntary and shall never be mandatory or forced. Fully inform the client about the benefits and risks of the procedure.
    b. Adapt to the context and preference of the KP. Provide differentiated HTS options for SSNT
    c. Offer to the client, regardless of HIV screening result, i.e., either HIV-positive or HIV-negative
    d. Be cognizant of the potential for violence and abuse between partners or among groups; hence, support the clients in making informed decisions that ensure their safety
    e. Ensure engagement, acknowledgment, and support of the community and the key population on developing and implementing SSNT
    f. Comply with ongoing monitoring and evaluation during the implementation of the SSNT to ensure the evidence-informed improvement of the service provision and to maximize its impact
    g. To protect the best interest and consider the evolving capacity of children, SSNT shall be provided in the context of case management, with the involvement of trained and registered social workers, among minors who are interested in participating.

2. **Conduct of SSNT**
    a. **Sign-up potential recruiters (PR)**
        a. Take into account the responsibilities (identifying, engaging with, recommending HIV testing to members in own social, sexual, or drug-using networks) and desired qualities (extensive connections and understands the benefits of the program)
        b. Recruit PR from CHOWs, clients already on HIV testing, prevention, and treatment services, and client and community referrals

b. **Engage with PR**
    a. Orient recruiters about the SSNT objectives, expected responsibilities, risks and benefits, and introduce incentives only if applicable
    b. Inform PR regarding risks of SSNT include feeling obligated to disclose HIV status during recruitment, possibility of violence, unpredictable response of NA, and possible damage to relationships with networks, among others.
    c. Inform PR that recruitment responsibility ends once all potential network associates (NA) have been saturated and / or in case of improper persuasion of others.
    d. After the coaching and orientation, PR shall become recruiters
c. **Allow recruiters to enlist Network Associate (NA)**
    a. Recruiters shall engage NA with regards to HIV and access points to HTS
    b. Only if there are incentives involved, the recruiter shall inform the NA that they will both receive an incentive if they complete an HIV test and that the NAs could be offered an opportunity to become recruiters themselves
d. **Perform HIV Testing on NA**
    a. Track the recruiter identification code when the NA comes for HIV test
    b. Ensure linkage to necessary and appropriate service such as confirmatory testing, care and treatment, prevention, and other ancillary services
    c. Offer NA to become recruiters. If the NA is not interested, ask if there is someone else in their network who might be interested.

3. **Monitoring and Evaluation**
    a. Report the following indicators disaggregated by network type:
        a. Number of KP offered SSNT
        b. Number of KP accepted testing through SSNT
        c. Number and proportion of individuals who are offered, oriented and coached as PR
        d. Number of NA identified by the recruiter and corresponding positivity rate in each network per recruiter
        e. Number and proportion of NA who were tested for HIV
        f. Number of previous NA who are offered, oriented and coached as PR
        g. Number and type of adverse events occurring to recruiters

Source: Wisconsin Department of Health Services, Division of Public Health, AIDS/HIV Program (2015). Social Network HIV Testing Program Manual: A Recruitment Program for HIV Counseling, Testing, and Referral Services.

Annex I. HIV Testing Services Standard Counseling Guide

A. Pre-test Information

1. Emphasize confidentiality of all data to be gathered from the client
2. Brief pre-test information can be provided in a group setting with the opportunity to ask questions in private
3. Provide the following information to the client:
   a. For PICT: HIV and its relationship with client's current health condition (i.e. STI, tuberculosis, hepatitis B and C, and pregnancy) and the benefit of knowing one's HIV status;
   b. Flow of the HTS delivery point and approach chosen
4. Give the client a chance to express any other concern or needs in relation to HIV and test procedures.
5. Review / validate the information provided in the HIV Testing Form
6. Assist the client in the completion of information in the HIV Testing Form, if necessary
7. Provide clients opportunity to ask questions
8. Obtain consent from the client
9. Log the information needed in the HTS forms (Annex C)

B. Post-HIV Test Counselling

a. Non-reactive Results

i. Explain that the client may either be non-infected or may have been infected from a recent exposure, but their body has not produced sufficient level of antibodies that can be detected by the HIV test kit;

ii. Check for the latest or ongoing significant risk

1. If the client reports of significant risk:
   a. Emphasize the individual and public health benefits of knowing the HIV status of sexual and injecting partner(s) and other sexual / social network at-risk by introducing SSNT;
   b. Facilitate risk reduction planning, discuss HIV combination prevention, and the importance of maintaining an HIV negative status;
   c. If there is recent possible exposure, offer retesting after 4 weeks from the last HIV test result, and advice according to Retesting guidelines thereafter;
   d. Refer the client for continuous support, STI & HIV prevention services and other appropriate services from partner community-based organizations.
   e. Provide a referral letter (see Annex C.3)
2. If there is no ongoing significant risk, recommended retesting based on the Retesting section of the guidelines (See VI.E.1)

iii. Request the client to complete the Client Satisfaction Form (Annex C.5).

b. Reactive Result

i. Verbally inform the client that their HIV test result is reactive

ii. Appropriately link the client to confirmatory testing, care and treatment, and other necessary services

iii. The HTS provider shall perform the following:

1. Explain to the client that a reactive result means possible HIV infection and the blood sample will be submitted for confirmatory testing. Provide ample time to allow them to absorb the information and/or to ask questions for clarifications or further information. Help the client cope with emotions arising from the test result.
2. Facilitate risk reduction planning and discuss combination prevention, prevention of other STIs including hepatitis B and C.
3. Provide condoms and lubricants are provided along with information on their correct use;
4. Offer screening for TB, hepatitis B and C, syphilis and other STIs.
5. Emphasize the individual and public health benefit their sexual and injecting partner(s) and other sexual and social network at-risk knowing their own HIV status by introducing SSNT;
6. Emphasize the importance of early assessment and management by a treatment facility and facilitate the referral for linkage to the facility chosen by the client by providing a referral letter or accompanying the client, if applicable
7. Coordinate with the treatment facility team to ensure that the client will be seen by the physician for further assessment and clinical management and for the receiving facility to send the specimen to its corresponding CrCL or SACCL to ensure confirmatory testing. The receiving treatment facility shall provide feedback to the referring HTS facility once the client has reached the facility.
8. Follow-up with the treatment facility after 48 hours if the client was seen. Otherwise, contact client and assist to the treatment facility of choice.

iv. **If the confirmatory test is <u>positive</u>:**

1. Help the client cope with emotions arising from the test result;
2. Address significant concerns and assist the client to identify who in their network may be available and acceptable to offer immediate support;
3. Reinforce risk reduction planning and discuss combination prevention, prevention of other STIs including hepatitis B and C, and treatment and prevention of opportunistic infections
4. Discuss importance of disclosure of their HIV status to partner(s), family member(s) and/or significant other(s). Help the client in a decision-making process to facilitate disclosure by presenting different strategies to do so.
5. Emphasize the significance of their sexual and injecting partner(s) and young children who might have been exposed biologically, knowing their corresponding HIV status, through referral to IT and SSNT; the counselor shall recommend for the sexual and injecting partner(s), and young children and peers, if applicable, to undergo HIV testing.
6. Assess the risk of violence or suicide and discuss possible steps to ensure the physical safety of the client

7. Reinforce the significance of preventive and therapeutic benefits of treatment and adherence, the availability of medications with fewer ART side-effects, co-management of possible opportunistic infections and other medical issues, and referral to other relevant services.

v. **If the confirmatory test is <u>negative</u>:** Follow section Post HIV-Test Counseling: non-reactive result

vi. **If the confirmatory test is <u>indeterminate or inconclusive</u>**: Reinforce constant follow-up with the facility to avoid lost-to-follow-up until there is conclusive result; explain to the client that the following the recommendations from the confirmatory laboratories is important to attain a conclusive result