The Expert Reference Committee (joint working party of the BBVSS and MACBBVS) reconvened on the 10 November 2011 and have made the following minor amendments to the National HIV Testing Policy 2011 v1.0. These changes have now been accepted into the online version of the policy on the Testing Portal website.

National HIV Testing Policy 2011 v1.1

Changes in version 1.1:

Minor changes were made to:

- 8.0 Antenatal and perinatal testing
- 10.3 relating to follow up testing after Post Exposure Prohylaxis
- 10.4 PEP in health care settings
- 12.5 Quality assurance

Details of the changes, including words removed as well as new text inserted can be viewed at changes to the policy. The Expert Reference Committee saw these changes as improving the clarity of the document, but not changing its substantive meaning and has notified BBVSS and MACBBVSS of the changes.

8.0 ANTENATAL AND PERINATAL TESTING

8.1 Routine testing

Women contemplating pregnancy or seeking antenatal care **should** be made aware of the benefits of diagnosis of HIV infection and management, and that there is a high risk of mother-to-child transmission which can be almost entirely eliminated with the ~~and~~ prevention strategies which are available for both the mother and the infant.

Antenatal testing ~~**must**~~ **should** be recommended for all women and must only be performed ~~only~~ with the informed consent of the woman. HIV testing **must** be performed ~~offered~~ in the context of appropriate risk assessment and discussion. Should the mother be found to be HIV antibody positive, expert advice **must** be sought promptly.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) guidelines state that, in the absence of complications 'all pregnant women should be recommended to have HIV screening at the first antenatal visit' (RANZCOG, 2009). Jurisdictions **should** develop Operational Directives that support the RANZCOG Guidelines through education, feedback on compliance and periodic auditing of antenatal medical records to provide evidence of recommended best practice.

8.2 Testing of infants born to HIV-infected mothers

HIV testing with nucleic acid direct detection tests (such as proviral DNA) on infants of HIV-infected women **should** be performed within the first month after birth, so that appropriate treatment interventions can be implemented quickly. Antibody tests are not helpful due to the persistence of maternal antibodies in the infant for up to 18 months. Diagnosis of HIV infection in infants born to HIV-infected mothers is complex and expert advice ~~is necessary~~**must** be sought promptly.

10.3 Follow-up testing

Follow-up HIV antibody testing **should** be performed at 2 to 4 weeks after stopping PEP, as HIV infection is likely to become evident at this time in a proportion of cases. Further follow-up testing **should** then occur at 3 months post-exposure.

10.4 PEP in health care settings

The Department of Health and Ageing (DoHA) and States and Territories publish Guidelines on Post Exposure Prophylaxis. All testing required as a result of potential exposure to HIV **should** be performed in accordance with this policy.

If a health care worker is occupationally exposed to blood or body fluids (e.g. through a needlestick injury), testing **must** be offered and performed urgently, for the purposes of guiding PEP prescription. PEP is not indicated if the source is known or established to be HIV negative.

Source patients should be encourage but are not obliged to consent to HIV testing unless~~.~~ State jurisdictions ~~may~~ have established mechanisms under the Public Health Acts to require testing in certain circumstances. Practitioners **should** consult these State guidelines if faced with a source patient who declines HIV testing.

~~The patient involved has a responsibility to provide information or consent for testing that enables the safe management of the potentially exposed health care worker.~~ Consent **should** be obtained in accordance with the guiding principles of this policy. If the patient declines to have an urgent HIV test then it **should** be assumed, for the purposes of PEP prescription, that they have HIV infection.

12.5 Quality Assurance

Jurisdictions **must** ensure that services offering PoC testing develop their own site-specific clinical guidelines and protocols which take into consideration issues such as storage requirements, the limited shelf life of test kits, and operational aspects of providing PoC testing services. These **must** include procedures for the confirmation of reactive results, infection control and links with pathology services, and referral mechanisms for client/patient support. Guidelines **must** also include minimum standards for pre/post test discussion and the training and support of staff, including record keeping and data collection procedures.