Aids-Hilfe Schweiz
Aide Suisse contre le Sida
Aiuto Aids Svizzero

Guide to disclosing a positive HIV diagnosis

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Confirmation of a positive result – only after the confirmatory test

In Switzerland, the diagnosis of HIV infection is always based on a screening test and a confirmatory test (FOPH (2025): HIV screening). The diagnosis of HIV usually begins with a screening test (HIV-1/2 AC/p24 Ag), which may be negative or reactive. At this stage, false-positive results are possible, so a confirmatory test must be carried out. For confirmation, laboratories use two other tests (plasma viral load or immunoblot). Only when the second test is positive is the diagnosis confirmed.

Whilst awaiting confirmation, a reactive screening result must be explained in a way that is easy to understand and put into context. Ensure that you provide basic information regarding treatment options and quality of life with HIV. Close support during the period leading up to and following the confirmatory test – even in the event of a negative result – is important to mitigate the psychological impact and mobilise further resources if necessary. Significant psychological impacts, which can extend as far as suicide, continue to be observed even after a negative confirmatory test.

Preparing to break the news

Prepare the resources so that they can be handed over directly during the appointment:

- Documents from Swiss AIDS Aid for new diagnoses (ideally always kept in stock)
- Links to reliable sources on living with HIV (www.positive-life.ch)
- Clarify the referral process with stakeholders (who manages what? e.g. infectious diseases department or local social counselling service, etc.)

Initial information – the more personalised, the better:

- **Never communicate** a positive result **in writing** (email, automated text message).
- If a **telephone call** is necessary, it must include the essential information and an immediate appointment (ideally on the same day).
- Assign the initial consultation to **the professional** who provided the information by telephone

Create a supportive atmosphere so that the initial consultation can take place in a suitable setting:

- Prepare yourself mentally for the consultation.
- Ensure the **setting is suitable**: a quiet place that guarantees the confidentiality of the consultation. Make sure you have a colleague on hand to assist you if necessary.
- Make sure you have **enough time** (or some flexibility in your schedule) to answer all the questions without being interrupted.
- Anticipate **immediate needs** (specific information, psychological support, other professionals) and address them straight away.
- Always organise an internal **debriefing session** (peer review with colleagues) for your own well-being and to encourage self-reflection.

Communicate clearly and empathetically

- Assess what the person believes they know about their condition (“What are you worried about regarding your results?”)
- Use **clear, understandable language,** free from medical jargon, and state the diagnosis **unequivocally and precisely.** Ask the person if they have understood the diagnosis correctly.
- **Show empathy** (both verbal and non-verbal) and allow plenty of **room for emotions**. Reactions vary greatly and may sometimes take you by surprise. Often, those affected are left feeling paralysed; in such cases, it may be necessary to repeat information several times and ensure it has been properly understood. Respect **each person’s** individual **pace and priorities**.
- Offer **breaks during the conversation** to allow them to compose themselves. Provide them with something to write on so they can note down any questions they may have. **Accept** moments of silence.
- Adapt the information **to the person’s pace** and set priorities. Avoid giving too much information at once. Factual knowledge is not the most important thing; what matters is:
    - foster a sense of immediate safety and stability, as well as
    - clarifying the next (medical) steps.
- Explain the **medical basics:**
    - today, HIV is an infection which, when treated appropriately, offers a life expectancy similar to that of the general population
    - Effectiveness of treatments (non-transmissibility)
    - Clarify the differences between HIV and AIDS and address fears of death
- Check regularly to ensure the information **has been understood**. Help the person **make decisions** and present all the options to them. Provide information that enables a **thorough understanding** of their own situation.

Reinforce their sense of security and their prospects for the future

- Reassure the person without downplaying or exaggerating the situation, and be prepared for emotional reactions.
- Emphasise that the person is not alone, ask specifically which people in their circle are available to help, and offer to arrange for them to come along for an information session (support).
- Regularly highlight the solutions and support available (both personal and professional). If necessary, tell them about peer support.

Clarifying the future

- Arrange the necessary appointments for **medical, psychosocial and administrative care** – if the person wishes, also with or on behalf of their loved ones.
    - Medical: booking appointments for infectious disease care
    - Psychosocial: counselling session with a local specialist organisation
- Don’t forget to clarify costs and relevant issues, such as joint health insurance (parents, marriage, etc.), if applicable.
- Help to mobilise the person’s **personal support network**, if they wish.