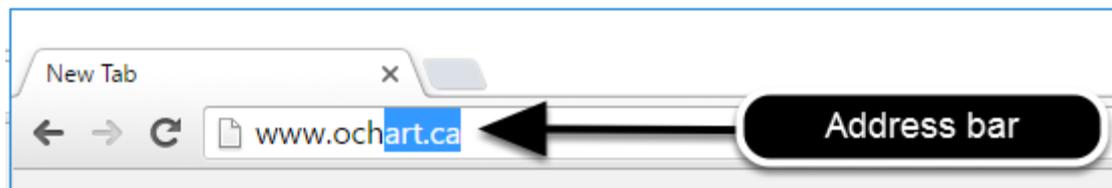


## Section 7: Anonymous HIV Testing (AT) Sites

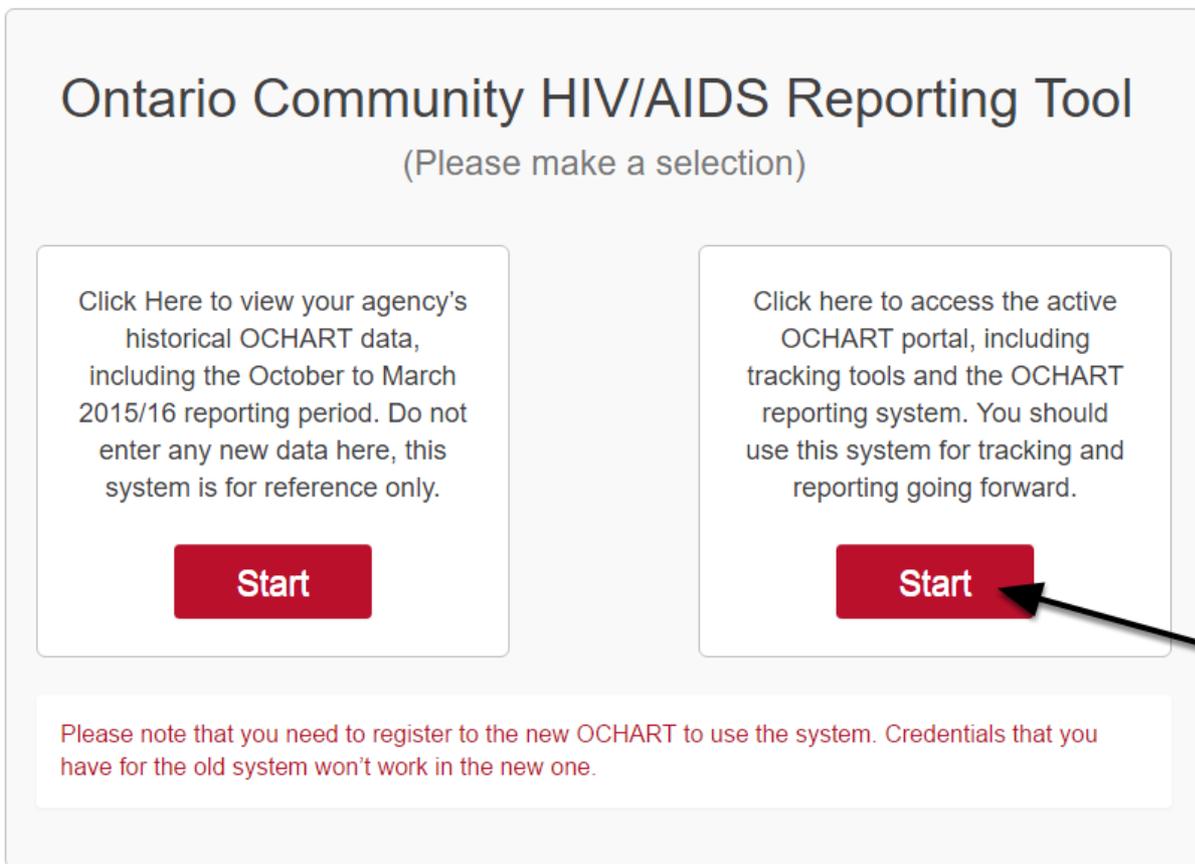
This section will show you how to complete section 7 of OCHART 2.0, Anonymous HIV Testing (AT) Sites. Anonymous testing sites are now asked to report all anonymous HIV tests, regardless of the number of FTE(s) specifically funded by the AIDS Bureau.

Remember, you can fill in any OCHART section on your computer, tablet or smart phone.

**Type "www.ochart.ca" into the address bar. Press "ENTER".**



You will see the screen below. Click the "START" button on the right side.



Clicking the start button on the left side will take you to the old OCHART system. If you click this accidentally, please click the back button on your internet browser. Next, click the start button on the right.

Type in your "Username" (your work email address) and your "Password". Click "Login".

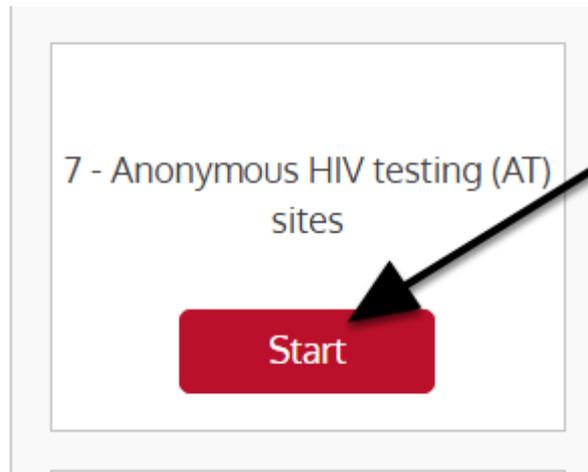
The screenshot shows a login/register form with a red header bar containing the text "Login/Register". Below the header, there are three numbered steps: 1. "Username (email address)" with a text input field containing "Test\_dataentry@email.com"; 2. "Password" with a text input field containing "....."; 3. "Login" with a red button. Below the "Login" button are two links: "Register" and "I forgot my password". A black arrow points to the "Login" button.

You must have an existing OCHART account in order to login. If you are a first time OCHART user and do not have an account, go to the section titled, "How to Register" for step-by-step registration instructions.

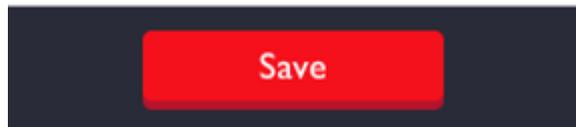
Click "Enter OCHART Data" (left side).

The screenshot shows a page titled "Choose a Tool" with a red header bar. Below the header, there are two buttons: "Enter OCHART Data" (left) and "Use Tracking Tool" (right). Each button has a red circular icon above it. The "Enter OCHART Data" button has a document icon, and the "Use Tracking Tool" button has a bar chart icon. A black arrow points to the "Enter OCHART Data" button.

Click the "Start" button under "7 - Anonymous HIV testing (AT) sites".



At any time you can click the "Save" button to save all data entered in the section and exit the section.



## Q1. Report the number of Anonymous HIV tests performed during the reporting period.

### Rapid tests

**Note:** The sum of negative and reactive rapid tests must equal the number of anonymous tests.

Total number of anonymous tests	<input type="text" value="0"/>
Total number of negative tests	<input type="text" value="0"/>
Total number of reactive tests	<input type="text" value="0"/>
Total number of positive tests (PHL confirmed)	<input type="text" value="0"/>

### Standard blood draw tests: non-confirmatory

**Note:** The sum of negative and positive standard blood draw tests must equal the number of anonymous tests.

Total number of anonymous tests	<input type="text" value="0"/>
Total number of negative tests	<input type="text" value="0"/>
Total number of positive tests	<input type="text" value="0"/>

## Q2. Report declined and incomplete confirmatory tests. Click "Next".

### 2. Report declined and incomplete confirmatory tests.

Number of clients who <b>AGREED</b> to confirmatory testing after their reactive rapid test	<input type="text" value="0"/>
Number of clients who <b>DECLINED</b> confirmatory testing after their reactive rapid test	<input type="text" value="0"/>
Number of clients who <b>AGREED</b> for confirmatory testing, <b>BUT DID NOT RETURN</b> for results	<input type="text" value="0"/>



Click "Previous" to go back to a previous question.

### Q3. Record the total number of anonymous HIV tests by testing location and priority population targeted

	Priority population targeted						Number of anonymous rapid tests	Number of positive rapid tests (PHL confirmed)	Number of standard blood draw anonymous tests	Number of positive standard blood draw anonymous tests
	Gay/bisexual/MSM	ACB communities	Indigenous people	People who use drugs	Women at-risk	Other at-risk populations				
<b>Main site (including sub-locations)</b>										
Main site (including sub-locations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Satellite sites</b>										
ASO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health/social service agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community health centre (not your agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other local public health unit (not your agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special event (e.g., Pride)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile (i.e., van, bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education institution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other, please specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

← Previous
Next →

Report the total number of anonymous HIV tests conducted at each of these locations in the past 6 months. For each location, indicate the priority population(s) you intended to reach by providing anonymous testing at these locations.

The total number of tests should equal the total number of tests reported in question 1.

Click "Previous" to go back to a previous question.

### Outreach to Priority Populations

For each of the priority populations listed below, indicate the proportion of your work targeted to these groups. The total across all priority populations should equal 100%. For example, due to the nature of the epidemic in your region, 75% of your work (as indicated in your program plan) was targeted to reach Gay/bisexual/MSM, 10% to reach women at-risk and 15% to reach Indigenous people.

**Q4a. - Q4f. Answer the questions for the Gay/Bisexual/MSM population. Repeat these steps for questions 4b. to 4.f. and then click "Next".**

4a. Indicate the proportion of your work targeted to **gay/bisexual/MSM**.



The percentage entered should be a reflection of what was part of your program plan

What have you done to reach **gay/bisexual/MSM**?

How did you promote the AT program to this group? (e.g., brochures, posters, presentations, web-based promotion, social media, etc.)

Please use specific examples

Percentages recorded should reflect your program plan. The total of all percentages/proportions recorded must equal 100. If they do not, you will not be able to proceed to the next question.

When explaining what you have done to reach the priority population and promote AT to the group, please use specific examples. You can use point form. You cannot exceed 250 words.

Click "Previous" to go back to a previous question.

## Q5. Record the number referrals for newly diagnosed HIV positive clients to HIV clinical care. Click "Next".

5. Report the number of referrals for newly diagnosed HIV positive clients to HIV clinical care made by your agency in the past 6 months.

This additional information aligns with the Ontario HIV Strategy's focus on the Engagement, Prevention and Care Cascade, which is consistent with research that shows that people who are linked to care more quickly have better health outcomes.

**Note:** for clients newly diagnosed by the AT program at your agency, the total number of referrals to HIV clinical care cannot be greater than 0.

For clients newly diagnosed by the AT Program at your agency, the total number of referrals to HIV clinical care cannot be greater than the number in red below the question.

For clients newly diagnosed by the AT program at your agency

For clients newly diagnosed by other programs/agencies (if applicable)

Referrals		
Total number of referrals to HIV clinical care	0	0
Total number of referrals that you followed up to ensure the client was linked to care	0	0

Connection to HIV clinical care		
Total number of clients connected to care within <b>2 weeks</b>	0	0
Total number of clients connected to care within <b>1 month</b>	0	0
Total number of clients connected to care within <b>3 months</b>	0	0
Total number of clients connected to care within <b>more than 3 months</b>	0	0
Unknown	0	0

◀ Previous
Next ▶

This additional information aligns with the Ontario HIV Strategy's focus on the Engagement, Prevention and Care Cascade, which is consistent with research that shows that people who are linked to care more quickly have better health outcomes.

Double check that the total number of referrals to clinical care for clients newly diagnosed by the AT program is not greater than the number in red below the question.

Click "Previous" to go back to a previous question.

**Q5a. - Q5b. Answer the narrative questions about referrals. You can use point form. You cannot exceed 250 words. Click "Next".**

5a. If you did not follow-up with your referrals to ensure the clients were linked to HIV clinical care, please provide an explanation.  
*(maximum 250 words, point form acceptable)*

5b. If you are unable to report the length of time taken for clients to be connected to HIV clinical care, please provide an explanation.  
*(maximum 250 words, point form acceptable)*

Click "Previous" to go back to a previous question.

**Q6. Report the total number of referrals for newly diagnosed HIV positive clients to other services in the past six months. Click "Next".**

6. Report the total number of referrals for **newly diagnosed HIV positive clients** to the other services listed below that your agency made in the past 6 months.

**Note:** for clients newly diagnosed by the AT program at your agency, the total number of referrals to any of the services cannot be greater than **0**.

Referral Service	Total number of clients newly diagnosed by the AT program at your agency	Total number of clients newly diagnosed by other programs/agencies (if applicable)
Addiction service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Clinical services: non HIV specific care	<input type="text" value="0"/>	<input type="text" value="0"/>
Community based HIV service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Mental health service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Harm reduction service providers	<input type="text" value="0"/>	<input type="text" value="0"/>
Other community based service providers	<input type="text" value="0"/>	<input type="text" value="0"/>

For clients newly diagnosed by the AT Program at your agency, the total number of referrals to HIV clinical care cannot be greater than the number in red below the question.

Double check that the total number of referrals to any of the services for clients newly diagnosed by the AT program at your agency is not greater than the number in red below the question.

Click "Previous" to go back to a previous question.

**Q7. - Q9. Complete narrative questions 7-9. You can use point form. You cannot exceed 250 words. Click "Previous" to review or change**

answers to past questions. When you are finished, click "Save" to save your work and exit.

**7. In situations where clients are offered a choice between anonymous, coded and nominal testing, how do you present these options to clients?**  
Please explain.

*(maximum 250 words, point form acceptable)*

---

**8. Tell us about any shifts or changes in demand for HIV testing that you have noticed during the reporting period.**

*(maximum 250 words, point form acceptable)*

---

**9. How are you responding to these shifts or changes in demand for HIV testing?**

*(maximum 250 words, point form acceptable)*

---