

Voluntary counseling and testing for the HIV-exposed infant and child

Pre-test counseling



- Pre-test counseling involves discussion of the implications of knowing the patient's HIV status
 - When pre-test counseling for testing an infant or child, what are the implications of finding out that the baby is HIV+?
- Pre-test counseling also means that the patient (or family) should be making an informed decision to take or not take the test
 - Why is this important?

Pre-test counseling session



- What do you think needs to happen in a typical pre-test counseling session?

Pre-test counseling session



- What do you think needs to happen in a typical pre-test counseling session?
 - Individual discussion with counselor
 - Determination of what the parent/caregiver already knows about HIV
 - Determination of why they have come for testing
 - Explanation about the test
 - Preparation for the result
 - Opportunity for prevention discussions

HIV testing



- What are possible advantages of having an HIV test?

HIV testing advantages



- If negative, peace of mind
- Better able to plan for future
- Assist in decisions about infant feeding
- Clinical confirmation of suspicion for HIV infection
- Helps for access to ARVs and other treatment
- Early entry into care and welfare services

- Why do people fear an HIV test?

Why do people fear testing for HIV?



- Fear that a positive test may result in guilt, abandonment, rejection, isolation, abuse or loss of job
- Fear of other family members having HIV
- Anxiety about who to talk to about results and who will find out
- Worry about current and future health and health care concerns
- Fear of death

Post-test counseling



- Determine readiness for hearing the test result
- Discussion of test result
- May require several sessions

Post-test counseling: Negative result



- Discuss how the client could reduce his/her exposure to HIV infection
- Window period should be explained
 - May wish to consider repeat test after 6 weeks - 3 months
- Has implications for infant feeding
 - If mother is negative and child is negative, encourage breastfeeding
 - If mother is positive and child is negative, child still at risk for BF transmission
 - * Keep in mind, that BF may be best option if breast milk substitutes are not AFASS

If test result is positive



- Describe what a positive test means
- Discuss thoughts and worries about the disease
 - May help cope with denial, irrational decisions
- Some people will need more than one session
- Discuss concerns about infant feeding
- Provide information, support, and referral to other services
- Discuss disclosure issues
 - Disclosure to other family members
 - Disclosure to child

Testing infants and children for HIV



- All infants receive antibodies from the mother during pregnancy (and breastfeeding)
- These antibodies usually leave the infant in 9-18 months
- So, testing the child < 18 months of age for HIV by using antibodies (rapid tests) may only detect maternal antibodies instead of the infant's own
- Antibody tests are accurate in children > 18 months of age

Testing of infants and children for HIV



- There are other ways to determine a child's HIV status
- If a child has a CD4 count or percentage that is low AND has a positive antibody test, that child is very likely to be HIV+
 - However, if a child has a normal CD4 count or percentage, we will not be able to diagnose that child until 18 months of age
- Can also do DNA PCR tests at some hospitals
 - Detects HIV DNA in a patient
 - Diagnostic as early as 2 days to 4 months of life
 - Hope to have more sites activated in 2006 and 2007 for this

Breastfeeding and HIV diagnosis



- Breastfeeding may transmit HIV to the baby
- If a child is brought for HIV testing and is breastfeeding, should we test the child?

Breastfeeding and HIV diagnosis



- We can still perform a test on a breastfeeding child
 - Advantages:
 - * if the child is already positive, we may be able to intervene early
 - * If the child is negative, we may counsel the mother to consider stopping breastfeeding now if AFASS
- If a child tests HIV negative but is still breastfeeding, the child should return for testing 6-12 weeks after breastfeeding is finished