

NO TIME TO WAIT!

Supporting
early infant
diagnosis



JOB AID FOR PEER SUPPORTERS

Who is this for?

Do you work with people living with HIV? Maybe you run a support group for women living with HIV or antenatal classes? Do you hold community meetings or visit families affected by HIV in their homes? This job aid is for anyone who regularly talks to, meets with and supports communities affected by HIV. Especially people supporting mothers, fathers and caregivers of babies and children who may have been exposed to HIV.

How can you use it?

It gives you the key information that you need to support you to talk to caregivers about the importance of HIV testing for young children and babies.

What is early infant diagnosis?

Babies who are born to mothers living with HIV are at risk of contracting HIV in the womb, at their birth and during breastfeeding. It is critically important that they are tested for the virus as soon as possible after they are born - but definitely within the first 6 weeks of their life. This process is called early infant diagnosis (or EID). They should also be retested at 9 months and 3 weeks after the end of breastfeeding.

Key facts to share

THE RISKS

Young babies are especially vulnerable to HIV, they may not look unwell or have any symptoms, but they can become ill very quickly and even die if they have HIV that is not treated.

EID TESTS

All health care providers should offer EID tests for free. The tests used to detect HIV in adults measure antibodies in the blood – antibodies that are produced by the body to attack the HIV virus. These tests can't be used on young children because they can find antibodies that were produced by the mother and passed on to the baby during pregnancy or through breastmilk. A different test is needed for young children that looks for the HIV virus itself – called a virological test. Usually a blood sample is taken at a health facility, sent off for testing in a lab and the parents / caregivers are asked to return to the health facility to get the results.

NEW POINT-OF-CARE TESTS

In some areas, new technology is now used to carry out point-of-care (POC) tests. A blood sample is still taken at the health facility but instead of being sent away for testing it is put into a machine at the health facility and the test is done there. The results are produced within a few hours so they can usually be given to the caregivers on the same day.

HIV TREATMENT

HIV medication works. If a baby or child is found to be living with HIV, they can start treatment immediately. As long as they keep taking the treatment, they can lead a long and healthy life.

THE NEED TO RE-TEST

Even if a baby tests negative for HIV in the first few weeks of their life there is still a risk that they will come into contact with HIV during breastfeeding. For this reason, the baby should be taken back for testing when they are 9 months old and when the mother stops breastfeeding.

Global guidance on EID

The World Health Organisation recommends:

- All infants exposed to HIV should be tested at six weeks and those at highest risk should be tested at birth,
- Infants who test positive should be quickly linked to care and treatment.
- Infants found to be negative should be retested when they are 9 months old.
- All infants exposed to HIV should have a repeat test at the end of the breastfeeding period.



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Answers to questions frequently asked by parents

WHAT WILL HAPPEN AT THE TEST?

The health worker will prick your baby's foot and take a spot of blood as a sample. This will either be sent away to a lab and you will be asked to come back to get the result or they may be able to test the sample at the health facility and give you the results on the same day.

WHAT IF MY BABY HAS HIV?

Your baby will be started on treatment straight away and will need to take it for life. There are child-friendly medications (including syrups and granules) to make it easier. The medication is very effective and there is no reason why your baby can't stay healthy.

HOW MUCH WILL THIS COST?

The tests, the treatment and any care should all be free.

WILL OTHER PEOPLE FIND OUT THAT MY BABY HAS HIV?

Any information about your baby's health, including whether or not they have HIV is confidential. The healthcare workers should not share it with anyone else.

HOW WILL I COPE IF MY BABY HAS HIV?

You are not alone. You, your baby and your family can all get help. There are support groups, mentor mothers who can share their experiences, peer workers who are active in your community and a team of healthcare workers.

WHAT IF MY BABY IS NEGATIVE?

It is important everyone in your family is tested for HIV so that you can all receive the treatment you need and take precautions to reduce the risk of passing the virus on to anyone else. If you are the baby's mother it is important that you know if you have HIV. There is a risk of passing on HIV during breastfeeding but if you take HIV treatment you reduce this risk. For this reason, it is important to take your baby back for repeat testing at 9 months and after breastfeeding has stopped.

Other sources of information

A poster and leaflet with information for parents / caregivers can be found here:

Poster: <https://www.gnpplus.net/resources/early-infant-diagnosis-poster/>

Leaflet: <https://www.gnpplus.net/resources/supporting-early-infant-diagnosis-caregivers-faq/>

More information for support workers, health workers etc. can be found on these websites:

<https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/children>

<https://free.unaids.org/>

<https://www.unaids.org/en/topic/children>

