

ANNEXURE 1: UNIFIED TESTING ALGORITHM FOR HIV-1 EXPOSED INFANTS AND CHILDREN <18 MONTHS:2015

Less than 6 months old and born to HIV positive mother

6 months old or more and born to HIV positive mother

Follow Advisory 1

Collect & send Dried Blood Spot (DBS) of babies between 6 weeks to < 6 months of age for HIV-1 DNA PCR (At ICTC)

HIV-1 DNA detected

HIV-1 DNA not detected

Collect and send DBS for Confirmatory HIV-1 DNA PCR
Follow Advisory 1

HIV-1 DNA not detected by DBS

Lab will request for fresh DBS from ICTC centre if result is discordant and rely on the second Confirmatory DBS test result

HIV-1 DNA not detected

• If child develops signs and symptoms of HIV infection at < 6 months of age repeat HIV-1 DNA PCR by DBS
or
• In asymptomatic child repeat testing as below at 6 months of age

Follow Advisory 1

HIV-1 DNA detected

Infant is HIV-1 infected

HIV-1 DNA detected

Follow Advisory 3

Collect blood and test for HIV antibodies using 3 Serological tests. Also prepare a Dried Blood Spot (DBS) for HIV-1 DNA PCR (At ICTC)

Refer to ART centre

Follow Advisory 2

Test for HIV Antibody for definitive diagnosis using 3 Serological tests at 18 months of age

Antibody (3 test algorithm) positive

Antibody (3 test algorithm) negative – does not need HIV-1 DNA PCR

Send Dried Blood Spot (DBS) of child for HIV-1 DNA PCR

HIV-1 DNA detected

HIV-1 DNA not detected

Collect and send DBS for Confirmatory HIV-1 DNA PCR
Follow Advisory 1

HIV-1 DNA detected

HIV-1 DNA not detected

Infant is HIV-1 infected

Refer to ART centre

Follow Advisory 2

Test for HIV Antibody for definitive diagnosis using 3 Serological tests at 18 months of age

Lab will request for fresh DBS from ICTC centre if result is discordant and rely on the second Confirmatory DBS test result

HIV-1 DNA detected

HIV-1 DNA not detected

Flowchart for infants 6 months old or more and born to HIV positive mother:

- Start: X
- Decision: Infant is HIV-1 uninfected?
 - If Yes: Avoid putting baby to breast
 - If No: Breastfed in the 6 weeks before test?
 - If Yes: Infant is probably not infected, but is at risk. Repeat Rapid HIV test 6 weeks after last breast milk feeding or if the child develops symptoms of HIV infection. If rapid test positive, follow flow chart from step * onwards. If negative repeat rapid test at 12 months. Continue cotrimoxazole until definitely negative. Test for HIV Antibody for definitive diagnosis using 3 Serological tests at 18 months of age.
 - If No: Infant is HIV-1 uninfected.

Advisory 1

- Start cotrimoxazole if not already started
- Assess and encourage breast feeding if replacement feeding not started

Advisory 2

- Continue cotrimoxazole.
- Manage OI, if any
- Start ARV therapy as per national protocol
- If breastfed, continue breastfeeding as long as possible. Avoid mixed feeding

Advisory 3

- Infant is probably not infected, but is at risk
- Repeat HIV-1 DNA PCR by DBS test at 6 months, 6 weeks after last breast milk feeding OR if the child develops symptoms of HIV infection
- Continue cotrimoxazole until definitely negative
- Discourage weaning too early – use local guidelines and ensure AFASS criteria are met before weaning. 6 months is often a good time to discuss possibility of weaning

* Rapid antibody test not recommended
 * If baby is < 6 weeks- HIV-1 DNA PCR not recommended
 * 6 weeks and above is the optimal age for a routine first HIV-1 DNA PCR test

UNIVERSAL ADVISORY

- CPT to be initiated for all HIV exposed babies from 6 weeks of age and continued until proven HIV negative by final confirmatory antibody test at age 18 months or later. All three antibody tests should be performed regardless of any interim HIV test results (DNA PCR or Antibody) and irrespective of their BF status. In case the baby is found to be HIV infected by final confirmatory diagnosis, CPT should be continued until 5 years of age.
- If the child has been started on exclusive replacement feeding, continue the same for 6 months. Avoid mixed feeding as far as possible.
- In children (<18 months) with signs and symptoms of HIV whose exposure status is unknown, perform rapid test for HIV antibodies. If negative, label child as uninfected. If positive, follow the algorithm above. Attempt to determine the HIV infection status of the parents to determine if the child is HIV-exposed; thereafter, follow the algorithm to determine the infection status in the child.
- In rare cases of Sero Discordance, i.e., the infant tests negative on the Antibody test after having been confirmed positive by DNA PC, contact NACO (Labs Service Division, or Care, Support, Treatment Division)