

HIV Testing (PIP)

Key Document code:	WAHT-TP-062	
Key Documents Owner:	Dr Dawson	Consultant Paediatrician
Approved by:	Paediatric Quality Improvement meeting	
Date of Approval:	26 th March 2021	
Date of review: This is the most current document and should be used until a revised version is in place	26 th March 2024	

The following guidance is taken from the Partners In Paediatrics (PIP)

HIV test 2018–20

HIV TESTING

INTRODUCTION

- HIV is a treatable medical condition
- The majority of those living with the virus are well
- Many are unaware of their HIV infection
- Late diagnosis is life-threatening
- [Perinatal infection may not cause symptoms until adulthood](#)
- HIV testing can be done in any medical setting and [health professionals](#) can obtain informed consent for an HIV test in the same way they do for any other medical investigation

HOW

Who can test?

- [Anyone: home testing kit available from Public Health England for those at high risk](#)
- [Do not delay testing, but discuss result with paediatric HIV specialist before parents if any doubt over interpreting result](#)

Who should be offered a test?

- First-line investigation for suspected immune deficiency: unusual type, severity or frequency of infection. See **Table 1**
- Sexually active young people: take a sexual history in post-pubertal children
- Children of HIV positive parents who have not previously been tested
- Looked after children only if specific individual risk factors

Source patient in a needlestick injury or other HIV risk exposure

- Consent must be obtained from source patient before testing
- Person obtaining consent must be a healthcare worker, other than [the person](#) who sustained the injury

Pre-test discussion with parents and children able to give consent

- Purpose of pre-test discussion is to establish informed consent:
 - patient/parent must be aware of testing for HIV
 - how result will be disclosed
- Lengthy pre-test HIV counselling is not a requirement
- Document patient's consent to testing
- If patient refuses test, explore why and ensure decision has not resulted from incorrect beliefs about the virus or consequences of testing
 - advise that, if negative, testing will not affect patient's insurance
- Some patients, (e.g. those whose first language is not English) may need additional help to reach a decision
- Test as soon as possible
 - if aged <1 yr [and mother known to be positive send RNA PCR \(viral load\) urgently](#)
 - [if maternal status not known, send HIV antibody](#)
 - if negative excludes perinatal infection
 - if 'reactive' result may reflect maternal antibody aged <18 months: [phone infectious diseases](#)
- If testing delayed >6 months discuss with [child protection team](#)
- Document offer of HIV test in medical notes, together with any relevant discussion and reasons for refusal
- Written consent not necessary but record on laboratory request form that consent has been obtained
- Arrange appointment for result to be disclosed personally by testing clinician

POST-TEST

HIV negative result: post-test discussion

- If still within window period after a specific exposure, discuss need to repeat test
- for definitive exclusion of HIV infection a further test after 3 months is recommended
- If reported as reactive or equivocal, refer to [infectious diseases](#) (may be seroconversion)

HIV positive result: post-test discussion

- For all new HIV reactive results, inform [paediatric HIV team](#)
- confirmatory tests on a 2nd sample will be required

- Testing clinician must give result personally to patient in a confidential environment and in a clear and direct manner
- **arrange follow-up programme with infectious diseases before informing patient of positive result**

Table 1: Clinical indicator diseases for HIV infection

	AIDS-defining conditions	Other conditions where HIV testing should be considered
ENT		Chronic parotitis Recurrent and/or troublesome ear infections
Oral		Recurrent oral candidiasis Poor dental hygiene
Respiratory	Pneumocystis CMV pneumonitis Tuberculosis	Recurrent bacterial pneumonia Lymphoid interstitial pneumonitis Bronchiectasis
Neurology	HIV encephalopathy meningitis/encephalitis	Developmental delay Childhood stroke
Dermatology	Kaposi's sarcoma	Severe/recalcitrant dermatitis Multidermatomal or recurrent herpes zoster Recurrent fungal infections Extensive warts or molluscum contagiosum
Gastroenterology	Wasting syndrome Persistent cryptosporidiosis	Unexplained persistent hepatosplenomegaly Hepatitis B infection Hepatitis C infection
Oncology	Lymphoma Kaposi's sarcoma	
Haematology		Any unexplained blood dyscrasia including: <ul style="list-style-type: none"> • thrombocytopenia • neutropenia • lymphopenia
Ophthalmology	Cytomegalovirus retinitis	Any unexplained retinopathy
Other	Recurrent bacterial infections (e.g. meningitis, sepsis, osteomyelitis, pneumonia etc.) Pyrexia of unknown origin	