



Important Information for all Mothers and Caregivers of Young Children about Early Infant Testing for HIV

Introduction

Babies of HIV-positive mothers can become infected with HIV in the womb, at birth, or through their mother's breastmilk. Infants infected with HIV in the womb or at birth experience quick onset of illness and risk of death because of their immature immune systems. To ensure their health and survival, all infants born to HIV-positive mothers should be tested for HIV before two months of age, with prompt return of test results and rapid start of treatment for those who are diagnosed as HIV-positive.

What is Point-Of-Care Early Infant Diagnosis (POC EID)?

- POC EID allows health care professionals to provide a rapid HIV test result for babies born to HIV-positive mothers. The result is typically returned on the same day the blood sample is collected.
- POC EID allows HIV-positive infants to be initiated on treatment — antiretroviral therapy (ART) — as soon as possible, usually within the same day, greatly improving their health and survival.

Which infants are at risk?

All babies born to HIV-positive mothers are at risk of contracting HIV during pregnancy, labor, delivery as well as during breastfeeding. Use of effective ART during pregnancy and breastfeeding significantly decreases the risk of HIV transmission to infants.

When should my baby be tested?

All babies that are born to, or are breastfed by, an HIV-positive mother should be tested for HIV as early as 6 weeks after birth. If negative, the test should be repeated at 14 weeks, 9 months, and again at 18 months, until the baby has

been weaned from breastmilk. The baby should be tested again 6 weeks after breastfeeding ends.

Why should a baby be tested?

For HIV-positive infants who were infected with HIV during pregnancy or birth and who do not receive treatment, only 50% will live to see their second birthdays. It is critical that every baby born to an HIV-positive mother is tested at 6 weeks, receives a result quickly, and initiates timely treatment. The sooner we start treatment in a child who tests positive, the better for baby's health and survival. Effective treatment can help HIV-infected infants grow up and lead healthy lives.

Why is it important to know an infant's HIV status?

Getting these results gives a baby's mother or caregiver peace of mind: if the test returns a negative result, mother or caregiver will receive prevention counseling and a retesting schedule; if the test returns a positive result, the child can quickly begin treatment — a healthy start to life. Ultimately, knowing your baby's status can link your HIV-positive baby to lifesaving treatment, and link caregivers to the resources they need to care for their baby.

How soon would I know the baby's results?

This depends very much on the location of your facility. You will know the results of the test on the same day if your facility has the POC testing machine on-site. If your facility sends the blood sample to another facility, you will get to know the results within a week. But if the test has been conducted in a laboratory (without use of POC EID diagnostic technology), the typical turnaround time in Lesotho's context is between 30 to 90 days. Ask your health care provider how soon you should come back to the health clinic to know your child's test result.

If a baby tests HIV-positive, what are the benefits of starting ART?

If a child is found HIV-positive, antiretroviral treatment should begin immediately. The sooner a child starts, the healthier a child will be. Remember:

- Treatment is helpful and does not harm the baby
- It helps a baby to grow healthy and strong
- It does not cure HIV, but taken as instructed, it totally controls it
- Newborns with HIV have high chance of dying before their second birthday, if they are not treated early

Why it is important to support a mother or a caregiver to treat a baby with HIV?

Treating a baby with HIV requires consistent, everyday efforts. So, it is recommended that mothers or caregivers have someone to help as they support a baby through treatment. Ask your health care worker about support groups for parents caring for children living with HIV.

Key Messages to take home:

1. All HIV-exposed infants should be tested for HIV before two-months of age
2. If POC testing is used, the results typically arrive on the same day, and almost always in less than a week
3. If a baby is HIV-positive, it is important to begin antiretroviral treatment immediately
4. If a baby is HIV-negative, ask your health care worker when to return for another test and how to care for a child in order to make sure that they stay HIV negative.

For further information on early HIV testing for HIV-exposed infants, visit your nearest health facility.

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