HIV/AIDS
Taking Caring Consent

The HIV status of a child is important in making management decisions which BENEFIT THE CHILD. All children who are suspected of having HIV infection on clinical grounds should be tested as soon as the suspicion occurs and before admission where possible. The Testing and Counselling Service is a good one, but often there isn’t time, or it is the wrong time, to use this service. You are as capable as anyone to do the “counselling”.

The WHO now recommends PROVIDER-INITIATED TESTING. An HIV test is recommended:
1) for all patients, irrespective of epidemic setting, whose clinical presentation might result from underlying HIV infection
2) as a standard part of medical care for all patients attending health facilities in generalized HIV epidemics

Pre-Test Counselling
The first contact must be used for pre-test counselling and testing. If a child is being cared for by a person other than the mother find out about that person’s relationship to the child and if that person is the de facto caregiver ask consent from her. Unrelated casual caregivers should be asked to fetch the mother as a matter of urgency. In the absence of a suitable caregiver ask for superintendent's consent.

Remember: absence of consent is a BARRIER to antiretroviral therapy
Remember: as children get older they should be involved in decisions and explanations about their health care, including HIV testing

Important points for Pre-Test Counselling:
1) The room should be quiet and private
2) Make sure that the carer understands that you are testing for the HIV which causes AIDS and that she understands what AIDS is
3) Emphasise that by testing the child you are actually testing the mother and the father/current partner
4) Emphasise that HIV infection is very common
5) Emphasise that there is no cure for AIDS - we can help but not cure the child
6) Tell the carer when you expect to get the result and give it to her as soon as possible

Post-Test Counselling
Almost everybody nowadays has heard of and is aware of the significance of being infected with HIV. Post-test counselling is an emotional experience for both counsellor and carer whether the result is positive or negative. Be prepared emotionally and clinically. Encourage the carer to ask questions.

Important points for post-test counselling
1) Allow sufficient time
2) Repeat all that you discussed during pre-test counselling and check the carer’s understanding
3) Discuss the baby’s prognosis both for this illness and long term
4) Tell the carer that HIV weakens the child and the child is likely to have frequent admissions
5) Stress the importance of good nutrition, PCP prophylaxis and regular follow up
6) Discuss the mother's health and prognosis and check her HIV status and CD4 count
7) Discuss telling the father (and current partner, if not the father) and offer to help break the news
8) Discuss safe sex
9) Encourage her to tell a member of her family that she trusts e.g. her mother or sister
10) Make sure that the mother/caregiver knows the next steps in the comprehensive HIV care plan (whether or not currently eligible for ARV’s)

Document pre- and post-test counselling in the clinical notes, and document results on the NEW HIV testing and staging sheet.
Use follow up visits to reinforce all information provided in counselling sessions.

Remember: a child’s mother who is part of a comprehensive HIV care plan (like PMTCT) has already been counselled. You DO NOT need to pre- and post-test counsel whenever the next phase of the programme is reached (like PCR at 6 weeks) AS IF THIS IS THE FIRST TEST in the child’s or mother’s life.