

Testing of Children of HIV Positive Patients

Dr H Wood, Dr H Colver

Genitourinary Medicine Department, Leicester Royal Infirmary

BACKGROUND

In 2008, the document 'Don't Forget The Children' recommended that 'the HIV status of all the children of known HIV positive adults in the UK should be known as a matter of clinical urgency'.⁽¹⁾

Timely diagnosis of HIV in children is crucial to prevent avoidable morbidity and mortality, and prevent onward transmission during adolescence.

AIMS

To establish whether our adult HIV service was recording the details of children of HIV positive patients and referring them for HIV testing as appropriate.

METHODS

220 sets of notes of HIV positive adult patients (110 male, 110 female) attending for care within the previous 6 months were selected at random.

The following data were recorded; sexual orientation, number of children, geographic location of children, child's mother's HIV status for male patients and the HIV testing status of children.

In cases where children's HIV test results were not recorded in the notes, an attempt was made to confirm them using hospital based electronic systems.

CONCLUSION

From our audit we identified areas for improvement with regards to documentation of children and their test results, validating verbal results from parents and incomplete child testing.

Overall 11% of patients had their children's full details and HIV status documented within the notes.

As a result, a child testing proforma was introduced to improve documentation and a pathway designed and implemented to aid referral for testing and as a guide to managing barriers to testing. A further audit will be undertaken in a year to assess these measures.

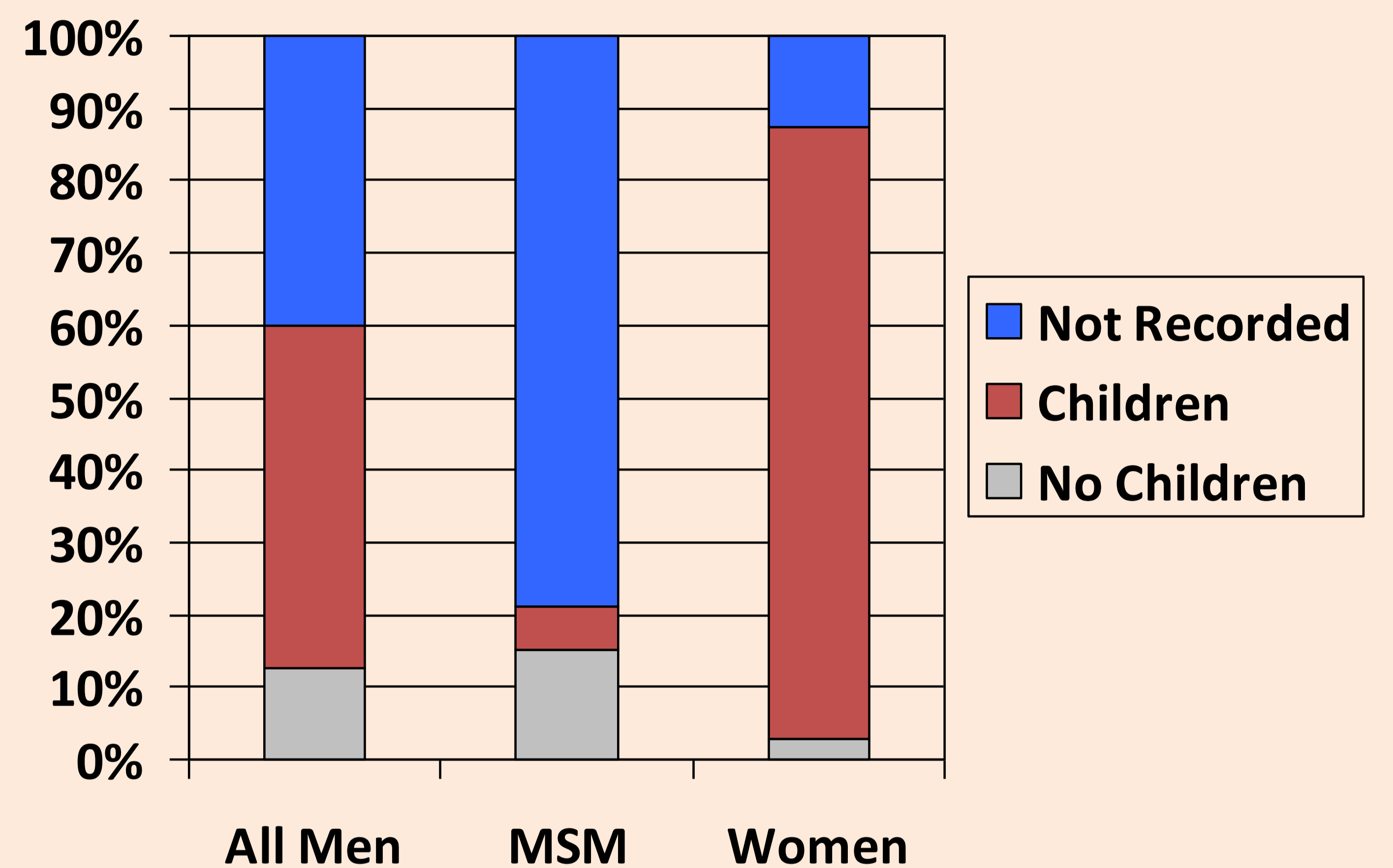
It is important to ask all HIV positive adults including men who have sex with men (MSM) whether they have children, and to HIV test children identified as being at risk of MTCT.

We have shown that verbal results given by patients often cannot be corroborated; therefore it is important to obtain formal documentation of HIV results for each child.

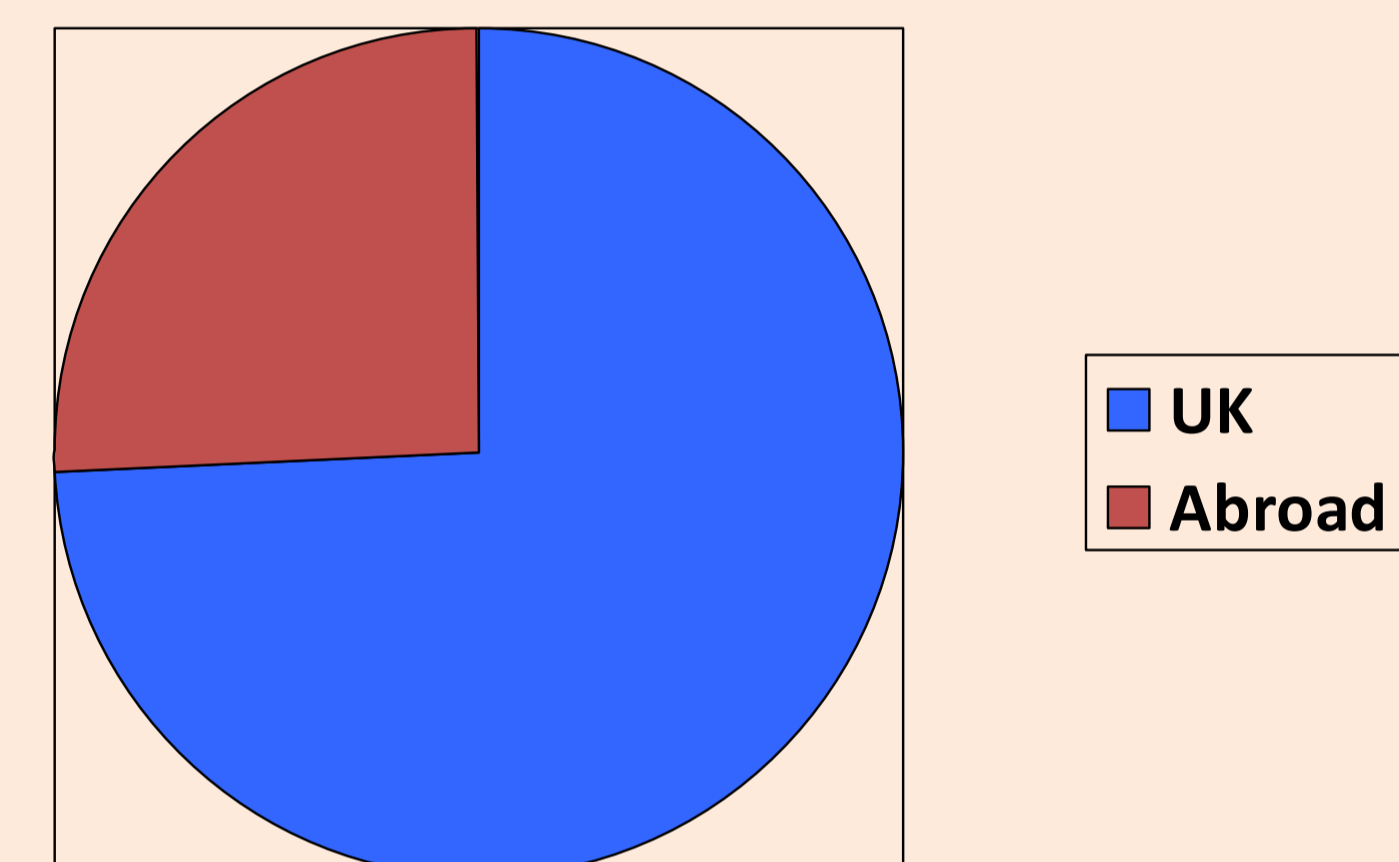
Due to the mobile nature of our patient cohort retaining patients may be difficult and robust systems are required in order to ensure that children at risk of HIV infection complete the 18 month HIV testing schedule.

RESULTS

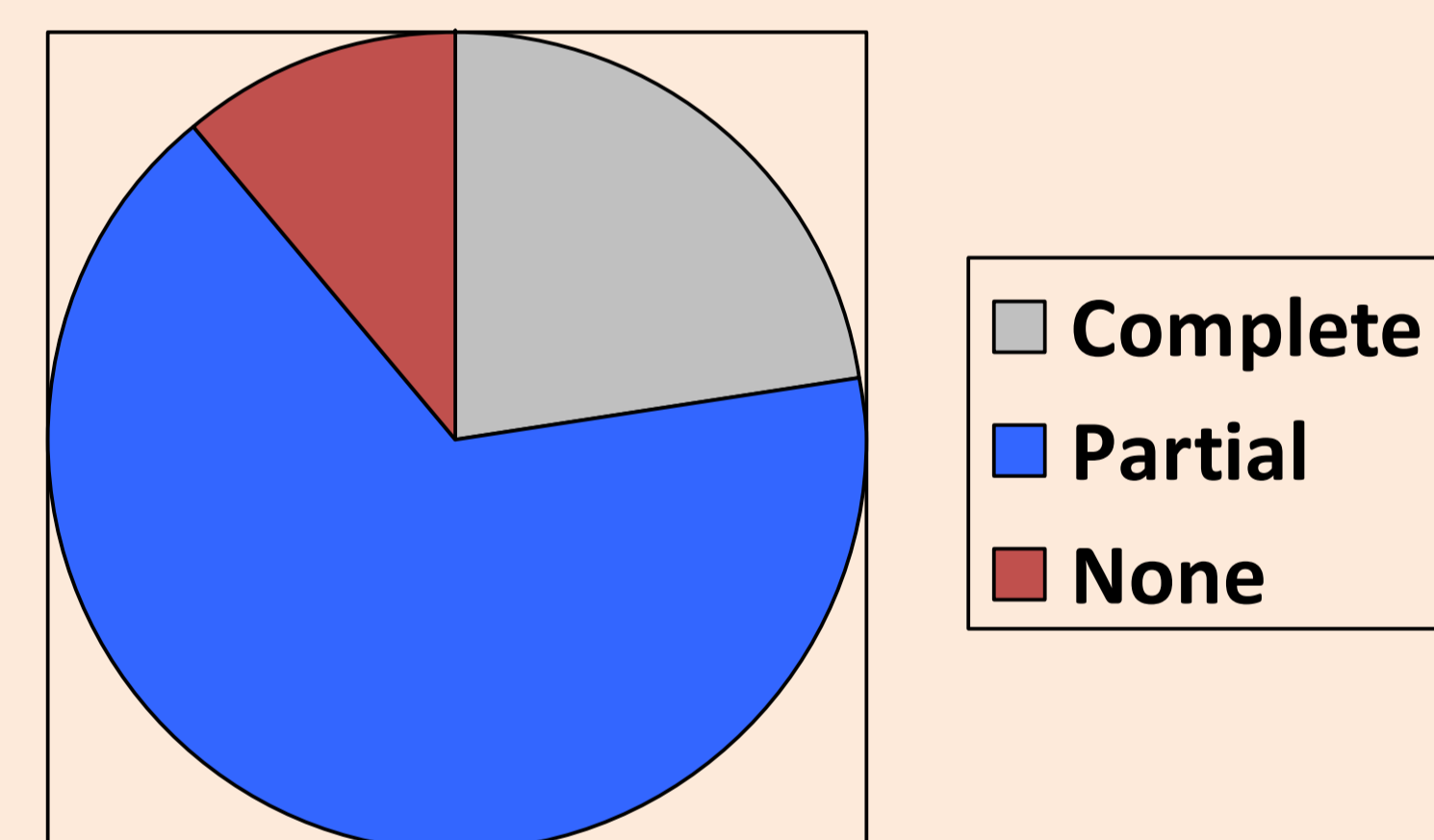
Percentage of patients with children documented according to gender and sexual orientation



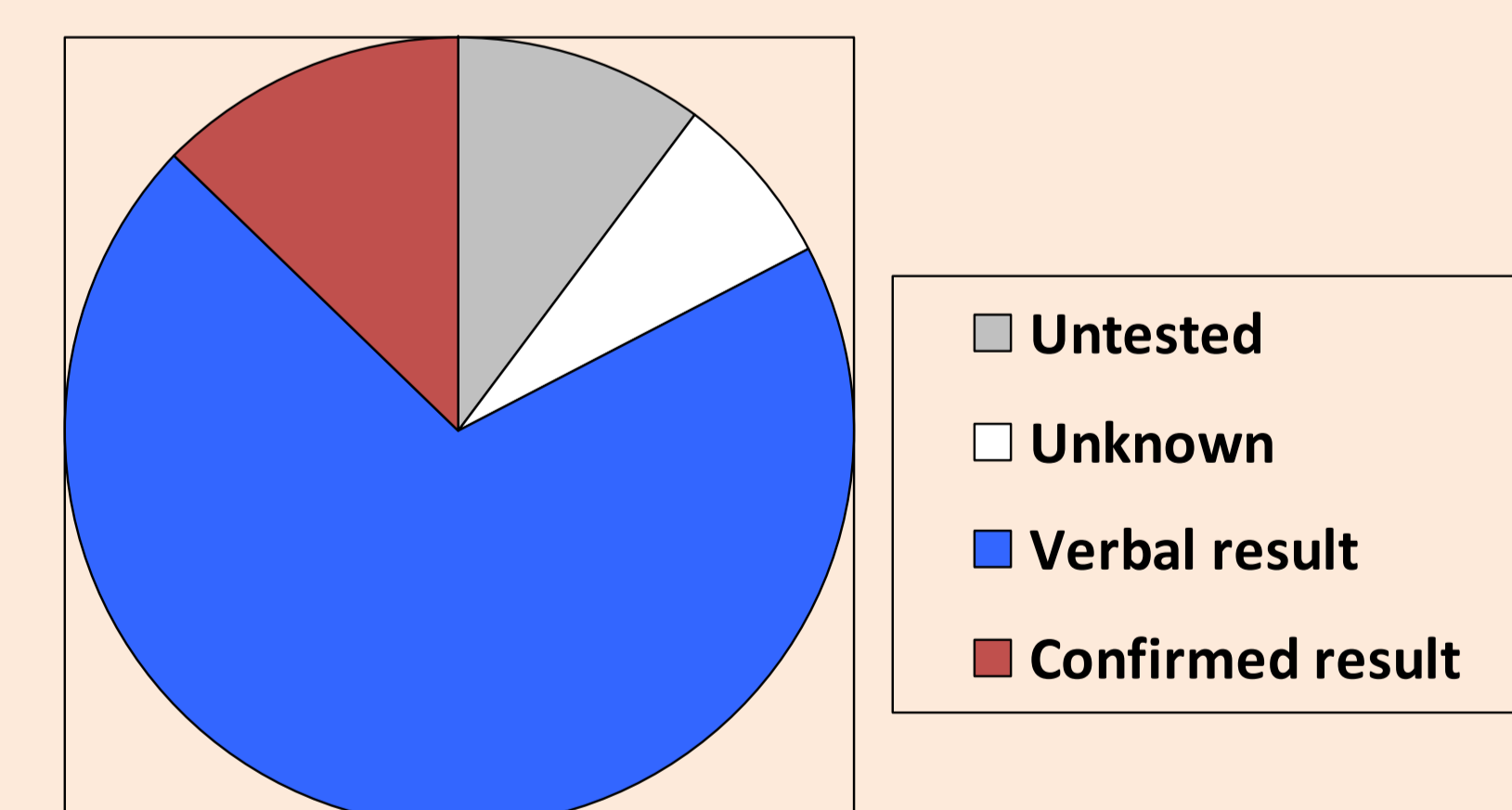
Location of children identified (231 children)



Documentation of child details in patients known to have children in UK requiring testing (total 135 patients)



Testing of 170 known children in the UK



Final outcome of children's HIV tests for parents giving verbal results only

| Outcome | Percentage |
|--------------------------|------------|
| Confirmed Negative | 47% |
| Confirmed Positive | 4% |
| Unable to confirm result | 27% |
| Incomplete testing | 22% |

REFERENCES

1. CHIVA, BHIVA, BASHH Mission Statement 2008. Don't Forget The Children.