The family HIV testing pathway; ensuring prioritisation and follow up
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Background:
Our trust serves an urban population (Total cohort size 5000). Following a serious incident (SI) investigation into the late diagnosis of an HIV positive child, the Family HIV testing pathway was redesigned and a look-back exercise of the patient cohort initiated.

Methods:
A dedicated HIV health adviser post was created to lead this process. The HIV testing pathway for untested children was rewritten with involvement of the safeguarding team.
A new AIDS diagnostic code was implemented in pathology for post-mortem diagnoses with a monthly report sent to the HIV department.
Traffic light system for assessing urgency of HIV testing timeline (see table 1): Time zero is from the time we knew about an untested child.

Table 1:

| BLUE LIGHT – Same day testing | *Partner in late stage of pregnancy >24/40
* Child currently an Inpatient |
|-------------------------------|--------------------------------------------------------------------------------|
| RED LIGHT - Testing within 1 month | *Partner in early stage of pregnancy
* child at home but frequently ill
* untested baby <1yr old |
| YELLOW LIGHT - Testing within 4-6 months | *child at home and currently well
(institute safeguarding protocol by month 4, resolve by month 6) |
| GREEN LIGHT - Test within 3-6 months | *sexual contacts not known to be pregnant |

A local community event was held in conjunction with a third sector organisation to raise awareness of the importance of partner and child testing.

Patients are being identified in batches:
Tier 1: Women living with HIV who may have untested children.
Tier 2: Males living with HIV who may have untested partners and children

Results:
Results to date: 1601 patients have been identified in Tier 1 across three sites. Tier 2 – 474 men from site 1 identified so far.

Tier 1 cohort - single site data: 530 women (age 18-65) 18-25 (7), 26-35 (71), 36-45(187), 46-55 (215), 56-65 (50)
241 (45%) with children in UK who have been tested
151 (28%) documented no children
3 (0.5%) declined to give details of their children’s testing status as now adults
12 (2%) with children abroad and are untested.
123 (23%) who have children considered not at risk of vertical transmission due to HIV acquisition timeline of mother.
1 child was referred to child safeguarding team and subsequently tested negative.
2 children referred to Paediatric teams - 1 tested negative, the other had tested HIV positive before joining parent in UK.
3 referrals to GP for child testing - 2 carried out and tested negative, 1 declined involvement as young person 18yr old.
0 children were newly diagnosed during this period.

Conclusion:
• The majority of patients to date have engaged with the process.
• The appointment of a dedicated Health adviser has been crucial for leading, supporting and facilitating this process.
• This on-going piece of work requires the support of the HIV MDT and Trust safeguarding team.