THEN CHECK **ALL CHILDREN FOR HIV INFECTION**

Has the child been tested for HIV infection?

IF YES, ASK:

- What was the result?
- If the test was positive, is the child on ART?
- If the test was negative, was the child still breastfeeding at the time that the test was done, or had the child been breastfed in the 6 weeks before the test was done? Is the child still breastfeeding?

HIV TESTING IN CHILDREN:

- All HIV-exposed infants should have been tested at birth. Ensure you obtain the result
- If the test was negative, re-test:
  - At 10 weeks of age— all HIV-exposed infants.
  - At 6 months of age— all HIV-exposed infants.
  - If the child is ill or has features of HIV infection
  - 6 weeks after stopping breastfeeding.
  - Universal HIV rapid test at 18 months for all infants, regardless of HIV exposure.

Below 18 months of age, use an HIV PCR test as the first HIV test. If HIV PCR is positive, do a second HIV PCR test to confirm the child's status.

Between 18 months and 2 years, use an HIV antibody (rapid) test as the first HIV test, but an HIV PCR to confirm the child's HIV status. HIV PCR should be used to confirm any positive HIV test up to 2 years.

2 years and older, use an HIV antibody (rapid) test as the firsts HIV test. If positive, use a confirmatory HIV antibody (rapid) test kit. If the confirmatory test is positive, this confirms HIV infection. If the second test is negative, refer for ELISA test and assessment.

ASK:

- Ask the mother if she had an HIV test. If yes, what was the result?
- If the test was positive, is the child on ART?
- If the test was negative, was the child still breastfeeding at the time that the test was done, or had the child been breastfed in the 6 weeks before the test was done? Is the child still breastfeeding?

FEATURES OF HIV INFECTION

ASK:

- Does the child have PNEUMONIA now?
- Is there PERSISTENT DIARRHOEA, now or in the past 3 months?
- Has the child ever had ear discharge?
- Is there low weight?
- Has weight gain been unsatisfactory?

LOOK and FEEL:

- Any enlarged lymph glands in two or more of the following sites - neck, axilla or groin?
- Is there oral thrush?
- Is there parotid enlargement?

CLASSIFY FOR HIV INFECTION IN THE CHILD

• Positive HIV test in child. **OR** • Child on ART	HIV INFECTION	• Follow the six steps for initiation of ART (p. 52) • Give cotrimoxazole prophylaxis from 6 weeks (p. 38) • Ask about the caregiver's health and manage appropriately • Provide long term follow-up (p. 57)
• Infant is receiving ARV prophylaxis	HIV-EXPOSED: ON ARV PROPHYLAXIS	• Complete appropriate ARV prophylaxis (p. 12) • Repeat HIV PCR test according to testing schedule. Reclassify on the basis of the test result • Ask about the caregiver's health, and ensure that she is receiving the necessary care and treatment • Provide follow-up care (p. 50)
• Negative HIV test **AND** • Child still breastfeeding or stopped breastfeeding < 6 weeks before the test.	ONGOING HIV EXPOSURE	• Complete appropriate infant ARV prophylaxis (p. 12) • Repeat HIV testing when indicated. Reclassify the child based on the test result • Provide follow-up care (p. 50)
• Negative HIV test. **AND** • All breastfeeding stopped ≥6 weeks before the test.	HIV-NEGATIVE	• Consider other causes if child has features of HIV infection (repeat HIV test if indicated)

CLASSIFY FOR HIV INFECTION

• 3 or more features of HIV infection.	SUSPECTED SYMPTOMATIC HIV INFECTION	• Counsel and offer HIV testing for the child. Reclassify the child on the basis of the test result • Counsel the caregiver about her health, offer HIV testing (if mother tests HIV positive: offer same-day initiation) • Provide long-term follow-up (p. 50)
• Mother HIV-positive	HIV-EXPOSED	• Give infant ARV prophylaxis (p.14) • Counsel and offer HIV testing for the child. Reclassify based on the test result • Counsel the caregiver about her health, and provide treatment as necessary • If mother is not on ART: start ART immediately • If mother is on ART: check the mother's VL and if suppressed repeat VL every 6 months while breastfeeding • Provide long-term follow-up (p. 50)
• One or two features of HIV infection	POSSIBLE HIV INFECTION	• Provide routine care including HIV testing for the child • Counsel the caregiver about her health, offer HIV testing and treatment as necessary • Reclassify the child based on the test results
• No features of HIV infection	HIV INFECTION UNLIKELY	• Provide routine care including HIV testing for the child and caregiver. (If mother is HIV negative, retest at the 10 week visit, 6 month visit and every 3 months while breastfeeding)