**HIV Infant Testing and Results**

**Rule Group:**

1. **Only at first three quarterly calls (2001, 2002, 2003) for all mother-child pairs where mother enrolls in pregnancy and is living with HIV, unless caregiver living with HIV is still breastfeeding (see below)**
2. **For women still breastfeeding (indicated on Infant feeding CRF), continue deploying this CRF during quarterly call until final HIV test for infant is received 6 weeks after weaning.**
3. Report date & time:
4. Has your child been tested for HIV since the last study visit (birth or last quarterly call)?

**Note to Clinic:** Do not include the HIV test completed at the FLOURISH visit

Yes

No

Do not know

* 1. If “Yes” continue to Q3
  2. If “No” skip to Q4

1. Were any of the following HIV tests been performed since the last visit (may select multiple): Birth (not the FLOURISH birth visit) 6 to 8 weeks 9-months 18-months Six weeks after cessation of breastfeeding Other
   1. Other: Please specify:\_\_\_\_\_\_\_\_\_\_\_\_(free text)

**Note to DMC:** If is child is younger than the window of the visit selected above, add an error message (i.e. test cannot be older than the child)

1. If “Birth” is selected, the CRF entitled “HIV Infant Testing and Results – **BIRTH**” is required
2. If “6-8 Weeks” is selected, the CRF entitled “HIV Infant Testing and Results – **6 to 8 Weeks**” is required
3. If “9-Months” is selected, the CRF entitled “HIV Infant Testing and Results – **9 Months**” is required
4. If “18-Months” is selected, the CRF entitled “HIV Infant Testing and Results – **18-Month**” is required
5. If “Six weeks after cessation of breastfeeding” is selected, the CRF entitled “HIV Infant Testing and Results – **Six weeks after cessation of breastfeeding**” is required
6. If “Other” is selected, the CRF entitled “HIV Infant Testing and Results – **OTHER**” is required

**Note to DMC:** Q11 & Q12 is only required if Q2 response was “No”

1. Was there a reason your child was not tested for HIV? (Select all that apply)

Missed clinic visit due to time constraints

Did not have transport fare to clinic visit

When at the clinic, the healthcare worker did not offer HIV testing

I did not think further testing was needed because I formula fed from birth and my child had a negative test at birth

I did not think further testing was needed because my child had a negative test at birth and they have been healthy

I did not think my child was due for further testing until 18 months

Test kits out of stock

Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_free text))

1. Do you prefer to go to the local clinic or to come to the FLOURISH CLINIC for testing your child?

Local Clinic

FLOURISH Clinic

I do not wish to have my infant tested at this time

Not Applicable, **because under Botswana Guidelines, not currently due for testing**

Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_(free text))

**Note to Clinic team**: Not application would be selected if the child is not due for testing

**Note to DMC:** If response is “Local Clinic”, or “I do not wish to have my infant tested at this time”, or “Other” is selected at Q11, this CRF should be triggered at next quarterly call to capture the results.

**Note to Clinic:** Please confirm HIV testing is required for this infant per National Guidelines:

* Birth
* 6-8 weeks of age
* 3 months after breastfeeding cessation
* 9-months of age
* 18-months of age

\*Please use X (CRF/LAB/ETC.) to refer child to additional testing

1. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (free text)