



FACT SHEET AUGUST 2006

NEW WHO GUIDELINES ON EARLY DIAGNOSIS OF HIV IN INFANTS AND CHILDREN

All WHO fact sheets, press releases, features and other information on HIV/AIDS can be found on <http://www.who.int/hiv/toronto2006>

BACKGROUND

Despite the fact that the course of HIV infection is much more aggressive in children than in adults, the follow-up and diagnosis of HIV acquired through maternal infection has typically been overlooked in most national programmes. As most untreated HIV-positive infants will die before their second birthday, increased ARV drug access and subsequent treatment opportunities are of limited benefit unless children are diagnosed early.

Although prevention strategies (i.e. prevention of mother-to-child transmission, or PMTCT) are effective in reducing HIV transmission if implemented at scale, proper clinical treatment can only be offered to a child once a feasible and context-appropriate system for diagnosis is in place. Thus, recognizing the importance of systematic early diagnosis of HIV in infants and children, WHO has now developed a set of recommendations for governments and health policymakers in resource-limited settings.

METHODS AVAILABLE FOR DIAGNOSIS

Testing for the presence of HIV antibody can be conducted at any stage of a child's life, but interpreting test results for infants is difficult. After 18 months of age, standard protocols for HIV antibody testing as in adults can be followed. However, waiting until 18 months to make the initial HIV diagnosis makes timely clinical management virtually impossible, and puts undue psychological strain on the family.

It is best to diagnose the child as soon as possible, and certainly well before the age of 18 months. The only method of definitive HIV diagnosis is by virological testing. Currently, one of the key challenges in improving access to ART for children in resource-limited contexts is the lack of facilities and capacity to conduct early HIV testing.

The various techniques for virological diagnosis of HIV in infants outlined by WHO in these new guidelines include:

- DNA tests
- RNA tests
- ultra-sensitive 24 (Up24) antigen tests

The dried-blood spot (DBS) specimen collection method can be used for all three methods of testing and has been shown to be particularly well-suited for resource-limited contexts and rural areas. DBS is practical in terms of logistics, enabling the decentralization of services and thereby extending the reach of centralized laboratories to areas that may have poor infrastructure or require long transport time.

OTHER HIGHLIGHTS IN THE NEW GUIDELINES

Aside from information on tests suitable for early HIV diagnosis, other elements highlighted in the WHO guidelines include: information on interpreting test results national programme priorities programme and policy requirements resources and capacity required for implementation organization of service delivery for a range of clinical settings presumptive clinical diagnosis (where virological testing is not possible)

These new WHO guidelines will be useful for policymakers on national and regional levels as they strive to implement HIV therapy services for children in the field.
