**Index Client Testing Form for HIV-Exposed Children**

**Instructions:** Discuss the importance of testing children with all women who test HIV-positive. Use this form to identify all children <12 years old who may have been exposed to HIV and whose HIV status is currently unknown. List the names of the children who need to be tested, trace these children either at home or through the HIV-positive mother/parent, and indicate the outcomes of this follow-up testing on this form. If the HIV-positive mother/parent does not consent to have her children tested for HIV, indicate this in the HTS register *(offered child testing, refused)* but do not complete this form. Transfer information from this form to the PNS register as soon as it is complete. If the HIV-positive mother/parent has more than 6 children, complete additional forms as needed so that all children are recorded. Review this information with the HIV-positive mother/parent at least annually and update as needed.

Children of HIV-positive male index clients do not need HIV testing except when the biological mother is deceased, when the mother is HIV-positive or her status is unknown, or when there is reason to believe the child has been sexually abused.

**Date form completed:** \_\_\_\_/\_\_\_\_/\_20\_\_\_\_\_\_ **Name of provider doing follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role of provider doing follow-up: □** HTS provider **□** Linkage provider **□** Peer Educator **□** ART provider/nurse

**□** Other clinical provider (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Hospital / Unit No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LGA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 1: INFORMATION ABOUT THE INDEX CLIENT**

**Index Client’s Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Other Names:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Index Client ID: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**  **Sex: □** M **□** F **Date of Birth:** \_\_\_\_/\_\_\_\_/\_20\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs

**Cell phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternative contact number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address/home location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LGA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For HIV-positive women only:** How many children age 12 and under does the index client have? \_\_\_\_\_\_\_\_\_\_

How many of these children need to be tested for HIV? \_\_\_\_\_\_\_\_\_\_

**Section 2: LISTING CHILDREN WHO NEED TESTING**

**Instructions:** Ask index client to list all the children they have aged 12 and under who may be at risk for HIV. For HIV-positive women this includes children whose status is unknown, or who were not confirmed HIV-negative in antenatal or postnatal care by a previous pregnancy. For HIV-positive male index clients, this includes children whose biological mother died, was known to be HIV-positive, or whose HIV status is unknown, or when there is reason to believe the child has been sexually abused.

|  |  |
| --- | --- |
| **List names(s) of all children who may be at risk for HIV** | **Child ID (use client ID + 0011, 0022, 0033…)** |
|  | **CLIENT ID + 0011** |
|  | **CLIENT ID + 0022** |
|  | **CLIENT ID + 0033** |
|  | **CLIENT ID + 0044** |
|  | **CLIENT ID + 0055** |
|  | **CLIENT ID + 0066** |

**Section 3: CHILD TESTING INFORMATION**

|  |  |
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| CHILD 1 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex: □** Male **□** Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status: □** HIV-positive **□** HIV-negative **□** Unknown **Child 1 tested for HIV?** **□** Yes **□** No  **If no, select reason:** **□** Known HIV-positive **□** Confirmed HIV-negative with previous pregnancy **□** Mother/parent refused  **□** Child refused **□** Could not contact/locate **□** Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** **□** HIV-positive **□** HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** **□** Yes **□** No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD 2 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex: □** Male **□** Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status:** □ HIV-positive □ HIV-negative □ Unknown **Child 1 tested for HIV?** □ Yes □ No  **If no, select reason:** □ Known HIV-positive □ Confirmed HIV-negative with previous pregnancy □ Mother/parent refused  □ Child refused □ Could not contact/locate □ Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** □ HIV-positive □ HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** □ Yes □ No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD 3 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** □ Male □ Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status:** □ HIV-positive □ HIV-negative □ Unknown **Child 1 tested for HIV?** □ Yes □ No  **If no, select reason:** □ Known HIV-positive □ Confirmed HIV-negative with previous pregnancy □ Mother/parent refused  □ Child refused □ Could not contact/locate □ Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** □ HIV-positive □ HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** □ Yes □ No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD 4 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** □ Male □ Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status:** □ HIV-positive □ HIV-negative □ Unknown **Child 1 tested for HIV?** □ Yes □ No  **If no, select reason:** □ Known HIV-positive □ Confirmed HIV-negative with previous pregnancy □ Mother/parent refused  □ Child refused □ Could not contact/locate □ Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** □ HIV-positive □ HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** □ Yes □ No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD 5 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** □ Male □ Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status:** □ HIV-positive □ HIV-negative □ Unknown **Child 1 tested for HIV?** □ Yes □ No  **If no, select reason:** □ Known HIV-positive □ Confirmed HIV-negative with previous pregnancy □ Mother/parent refused  □ Child refused □ Could not contact/locate □ Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** □ HIV-positive □ HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** □ Yes □ No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILD 6 | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex:** □ Male □ Female **Date of Birth:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_yrs  **Child 1 Current HIV Status:** □ HIV-positive □ HIV-negative □ Unknown **Child 1 tested for HIV?** □ Yes □ No  **If no, select reason:** □ Known HIV-positive □ Confirmed HIV-negative with previous pregnancy □ Mother/parent refused  □ Child refused □ Could not contact/locate □ Mother/parent agreed but never came for HTS  **If yes, date of HTS:**\_\_\_\_\_/\_\_\_\_\_/\_20\_\_\_\_\_\_\_ **Result of HTS:** □ HIV-positive □ HIV-negative  **If HIV-positive, successfully linked/enrolled in HIV care and treatment?** □ Yes □ No **Which facility?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |