

# Module 6: Course Summary, Practicum and Wrap Up

Infant HIV Testing  
Training Curriculum for  
Healthcare Providers

# Session 6.1

## Practicum Logistics and Expectations

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### **Session Objective**

After completing this session, participants will:

- Understand the practicum logistics and expectations



# Introduce the Practicum

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- *Have you participated in practicum sessions as part of other trainings?*
- *What was helpful about these practicum sessions?*
- *What could have been done better?*
- *What are your expectations for this practicum session on Infant HIV Testing?*

# Core Competencies

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- Participants will be asked to practise and demonstrate a number of skills learned during the training

**Refer to *Appendix 6A: Practicum Checklist* for more information on the core competencies.**

**This checklist will be used to assess your performance during the practicum**

# Conduct During the Practicum

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- Respect the wishes of those who work at the facility
- Keep all discussions and observations confidential
  - Only share with other participants, trainers, or preceptors, and *only* for learning purposes
  - If you discuss a case, change identifying information
- Inform the preceptor if you need to take a break or leave the facility
- Introduce yourself to other healthcare providers and clients
  - Explain why you're there
- Ask clients for permission to observe or practise
  - Clients have the right to refuse or to withdraw their consent at any time
- Always ask the preceptor if you have a question or concern

# Session 6.2

## Practicum Debrief and Action Planning

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### Session Objectives

After completing this session, participants will be able to:

- Identify their own strengths and weaknesses in providing infant HIV testing services
  - Share ideas for a site-specific action plan to initiate or improve infant HIV testing services
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# Exercise 1

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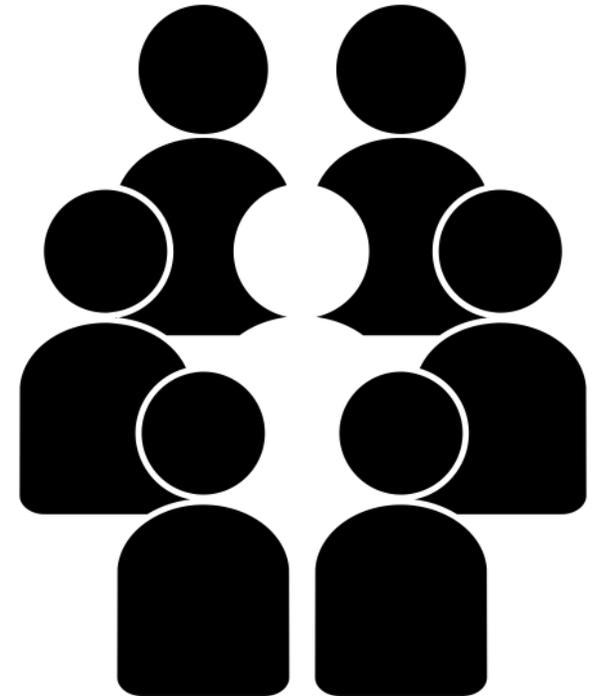
Final practicum debrief: Small and large  
group discussion

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# WHO Global Strategy on People-centred and Integrated Health Services

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- *What do you think is meant by people-centred care?*



# WHO Global Strategy on People-centred and Integrated Health Services

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- Patient care is more than the provision of quality, evidence-based services
- To attract and retain clients, the staff have to be more than technically competent -- services must also be people-centred
- A people-centred and integrated health strategy proposes that:
  - All people have access to health services
  - Services respond to their needs
  - Services are equitable, safe, effective, efficient, timely and of an acceptable quality

# People-centred and Integrated Health Services

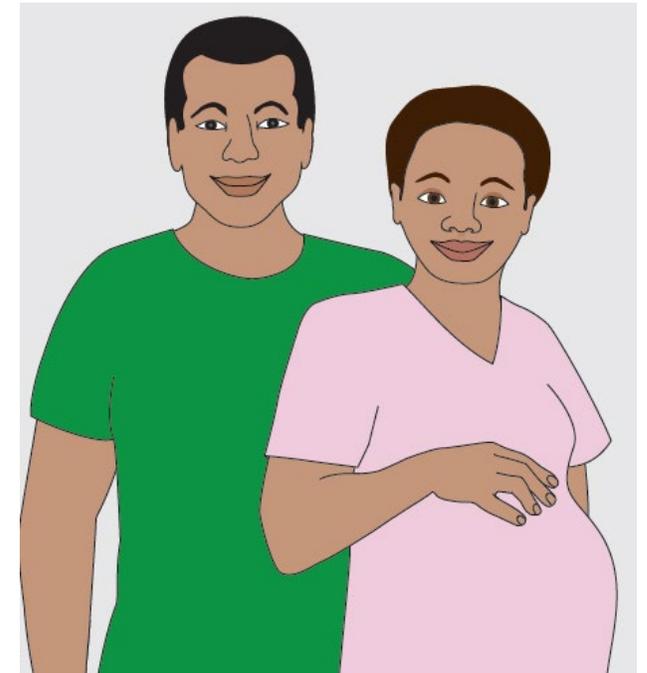
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- **People-centred health services** is an approach to care that adopts the perspectives of individuals, families and communities
- This approach sees patients as participants as well as beneficiaries of health systems
  - The health system respond to their needs and preferences in humane and holistic ways
- People-centred care requires that people have the education and support they need to make decisions and participate in their own care
- It is organized around the health needs and expectations of people rather than diseases

# People-centred and Integrated Health Services

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- **Integrated health services** are health services that are managed and delivered in a way that ensures that people receive a continuum of:
  - Health promotion
  - Disease prevention
  - Diagnosis
  - Treatment
  - Disease management
  - Rehabilitation and palliative care services
- These services are provided according to patient needs, throughout their whole life

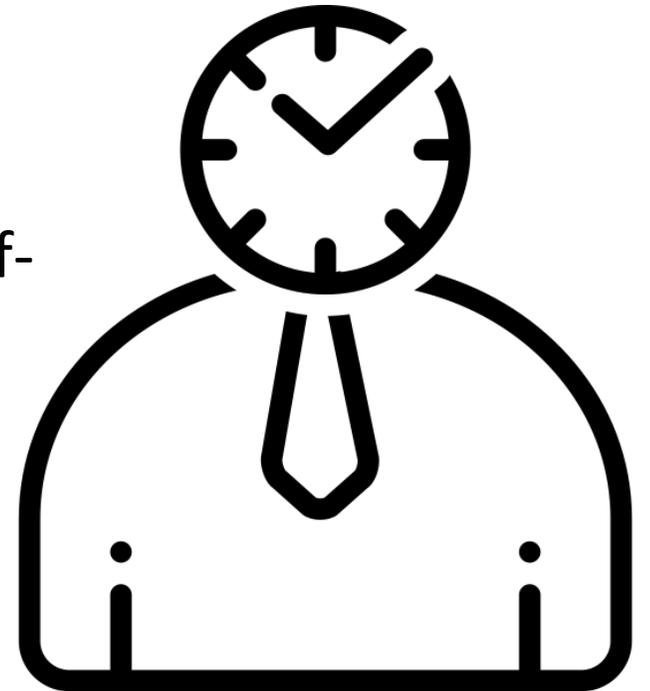


# People-centred and Integrated Health Services

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Within the context of HIV care service delivery, people-centred care:

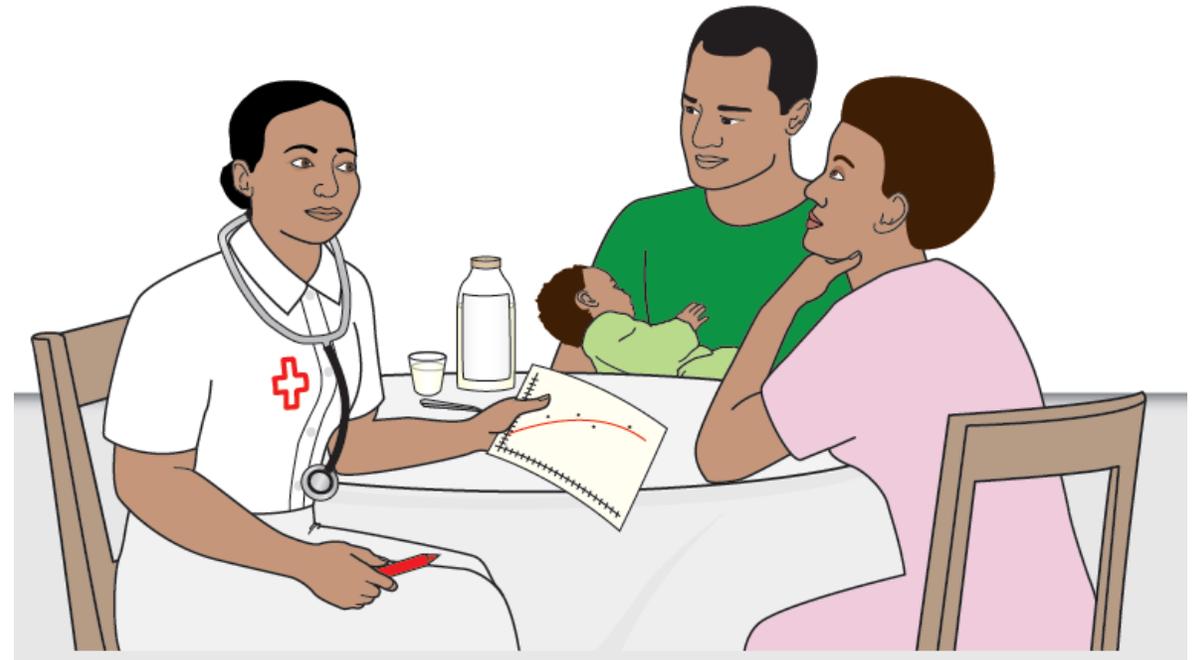
- Builds providers' skills for effective communication
- Provides information and supports people to make informed decisions and engage in their own care and self-management
- Offers a patient appointment system and acceptable frequency of facility visits
- Avoids long health facility waiting times
- Coordinates care when people require multiple services
- Provides comprehensive integrated services



# People-centred and Integrated Health Services

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- *In your own clinical practice what do you (and your colleagues) do to ensure that your services are people-centred?*
- *How would you go about making your services more people-centred?*



# Exercise 2

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Action planning: Small group work and large group discussion

***See Appendix 6B: HIV-exposed Infant Care Action Planning and Implementation Template***

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# Session 6.3: Reflection on Training Objectives and Concerns, Expectations, and Strengths

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## Session Objectives

After completing this session, participants will have:

- Discussed whether or not the training objectives were achieved
  - Reflected on the concerns, expectations, and strengths discussed on the first day
  - Listed next steps, including training follow-up and supportive supervision
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# Training Objectives

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1. Understand the importance of infant HIV testing
  - List the WHO recommendations for HIV testing of HIV-exposed and sick infants and children
2. Identify the infants that need testing and which test to use
  - Decide—based on age and HIV-exposure status—which HIV testing procedure to use to diagnose HIV in an HIV-exposed or sick infant or child
  - Understand the meaning of a positive and negative HIV virological nucleic acid testing (NAT) or serological test result
  - Understand the importance of re-testing to confirm HIV-positive test results

## For Objectives 1 & 2:

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- *Did we meet these learning objectives during the training?*
- *How confident do you feel that you will be able to do this when you return to your facility?*
- *What extra support would you like in this area?*

# Training Objectives

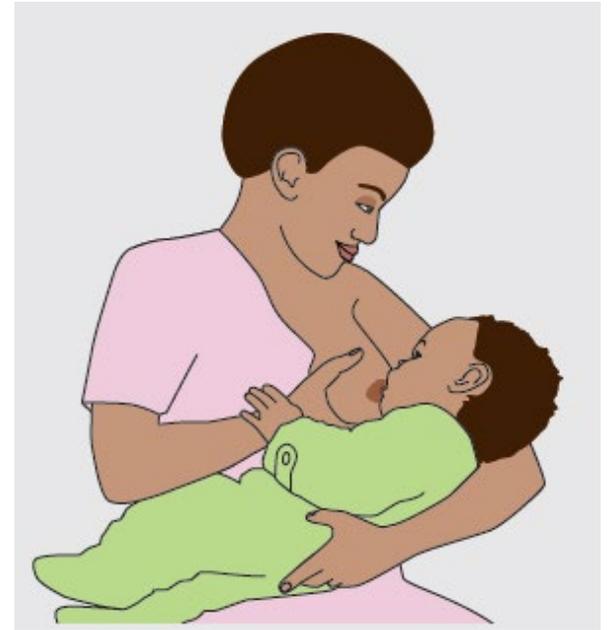
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3. Provide care for HIV-exposed infants and their families from birth through the end of breastfeeding
  - Describe the key components of care for HIV-exposed infants
  - Discuss strategies to support caregivers/parents of HIV-exposed children on adherence to their own ART regimen(s) and to their child's medication regimens
  - Describe the signs and symptoms suggestive of HIV infection in infants
  - Be able to counsel caregivers on the importance of bringing HIV-exposed infants promptly to clinic if they are ill to prevent morbidity and mortality
  - Understand the importance of infant retention in care from birth through the end of breastfeeding and final HIV test
  - Discuss ways to improve retention in care for HIV-exposed infants

## For Objective 3:

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- *Did we meet this learning objective during the training?*
- *How confident do you feel that you will be able to do this when you return to your facility?*
- *What extra support would you like in this area?*



# Training Objectives

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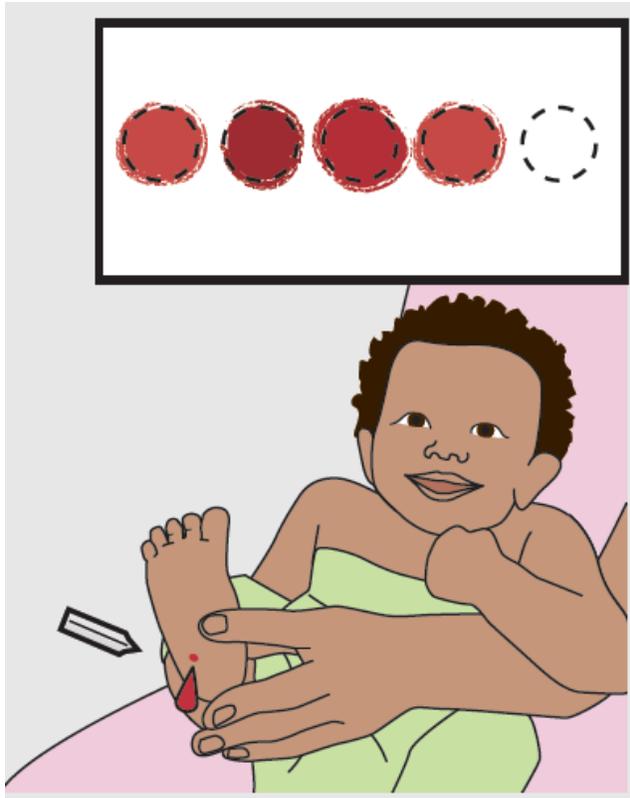
## 4. Provide HIV testing

- Conduct the HIV pre-test information session for any HIV-exposed infant scenario
- Obtain the infant blood sample by heel, toe or finger prick and collect on filter paper
- Dry, pack and store DBS blood samples
- Conduct the HIV post-test counselling session for any HIV-exposed infant scenario
- Discuss systems for maintaining database/registers and records with activities related to the care and testing of HIV-exposed infants

## 5. Recognize the importance of immediately initiating infants diagnosed with HIV on ART and timely linkages to other care services

# For Objectives 4 & 5:

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- *Did we meet these learning objectives during the training?*
- *How confident do you feel that you will be able to do this when you return to your facility?*
- *What extra support would you like in this area?*

# Strengths, Concerns, and Expectations

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- Refer to the lists of strengths, concerns, and expectations compiled during the first exercise of Module 1 (Exercise 1: “Getting to Know Each Other: Large group discussion and individual reflection”)
  - Would you like to add to the strengths list?
  - *Would you like to discuss your current perspective on the **concerns** we listed?*
  - Review the **expectations** and compare them with what was actually covered

# Share....

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- *What was the most valuable information or skill you learned during this training?*
- *What is one action that you will prioritize in your work with HIV-exposed infants?*

# Session 6.4:

## Post-test, Training Evaluation and Closing

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### **Session Objectives**

In this session, participants will:

- Complete the training post-test
- Evaluate the training and give suggestions for improvement



# Post-test review

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1. True or False: New HIV infections in infants and children under the age of 15 years have fallen dramatically since 2000.
  - A. True
  - B. False

- Answer: A, True

# Post-test review

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2. True or False: Birth testing (using nucleic acid testing, or NAT) accurately diagnoses HIV in infants who acquired the infection during childbirth.
  - A. True
  - B. False

Answer B, False

# Post-test review

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3. The World Health Organization (WHO) recommends final testing of HIV-exposed infants at least how many weeks/months after breastfeeding has ended?
- A. 3 weeks
  - B. 6 weeks
  - C. 3 months (12 weeks)
  - D. 4 months (16 weeks)

Answer: C, 3 months

# Post-test review

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4. Baby H, who is 6 months old, is brought to your outpatient clinic by her mother for diarrhoea. The mother reports that she and her baby have never been tested for HIV. You find no record of HIV testing on the antenatal card or child health card. What do you do to find out if the child is HIV-exposed?
- A. Test Baby H after complete cessation of breastfeeding
  - B. Test Baby H using rapid diagnostic testing (RDT)
  - C. Test the mother using RDT
  - D. Test the infant by virological testing using NAT technology

Answer: C, Test the mom using RDT

# Post-test review

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5. Because of declining levels of maternal HIV antibody in the infant, rapid diagnostic testing (RDT) cannot reliably be used to determine HIV-exposure in infants/children in what age group?
- A. At birth
  - B. From birth to 8 weeks of age
  - C. 2–4 months of age
  - D. 4–18 months of age

Answer: D, 4–18 months of age

# Post-test review

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6. When would you provide HIV testing for an infant, even if the mother tests HIV-negative?
- A. If the infant shows signs of HIV disease
  - B. There is no need to test an infant whose mother tests HIV-negative
  - C. At 6 weeks of age
  - D. If the mother is healthy

Answer A, If the infant shows signs of HIV disease

# Post-test review

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7. According to World Health Organization (WHO) guidelines, the following infants are at increased risk of acquiring HIV infection:
- A. Infants of mothers who received less than 4 weeks of ART at time of delivery,
  - B. Infants of mothers who have a viral load (VL) >1000 copies/mL in the 4 weeks before delivery,
  - C. Infants whose mothers are identified as HIV-infected during the breastfeeding period
  - D. All the above

Answer: D, All the above

# Post-test review

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8. Baby A tests HIV-positive by nucleic acid testing (NAT) at his 6 week visit. How do you interpret this test result?
- A. Baby A is HIV-exposed
  - B. Baby A is likely HIV-infected; start ART right away and send a confirmatory NAT
  - C. Baby A is likely HIV-infected; wait for the results of confirmatory NAT before starting ART
  - D. Baby A is in the window period

Answer: B, Baby A is likely HIV-infected; start ART right away and send a confirmatory NAT

# Post-test review

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9. Baby B is a 9-month old HIV-exposed infant and is still breastfeeding. Her 9-month nucleic acid test (NAT) result was negative. How do you interpret this result?
- A. Baby B is HIV-exposed and final HIV status is HIV-negative
  - B. Baby B is HIV-exposed and final HIV status is unknown
  - C. Baby B is not HIV-exposed
  - D. Baby B is HIV-infected

Answer: B, Baby B is HIV-exposed and final HIV status is unknown

# Post-test review

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10. Baby C is 20 months old and tests HIV-positive by rapid diagnostic testing (RDT). How do you interpret this result?
- A. Baby C is HIV-exposed
  - B. Baby C is HIV-infected
  - C. Baby C is not HIV-exposed
  - D. Baby C is not HIV-infected

Answer: B, Baby C is HIV-infected

# Post-test review

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11. Baby D is 2 months old and admitted to the hospital. His mother has died and his mother's HIV status is unknown. Baby D tests HIV-negative by RDT. How do you interpret this result?
- A. Baby D is HIV-exposed
  - B. Baby D is HIV-infected
  - C. Baby D is not HIV-exposed
  - D. Baby D is not HIV-infected

Answer: C, Baby D is not HIV-exposed

# Post-test review

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12. The infant ARV prophylaxis regimen for the breastfed infant whose mother started antiretroviral therapy (ART) during her second trimester of pregnancy and has an undetectable viral load is:
- A. Twice daily AZT + once daily NVP for 6 weeks
  - B. Twice daily AZT for 12 weeks
  - C. Once daily NVP for 6 weeks
  - D. Once daily NVP for 12 weeks

Answer: C, Once daily NVP for 6 weeks

# Post-test review

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13. At what age should HIV-exposed infants be started on co-trimoxazole prophylaxis?
- A. Birth-2 weeks of age
  - B. 4–6 weeks of age
  - C. 6–8 weeks of age
  - D. 10–12 weeks of age

Answer: B, 4–6 weeks of age

# Post-test review

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14. Which of the following infants have signs or symptoms suggestive of HIV infection and should be tested for HIV?
- A. Infants who are malnourished, underweight, failing to thrive
  - B. Infants who are have delayed developmental milestones (rolling over, sitting, babbling)
  - C. Infants who are diagnosed with TB
  - D. All the above

Answer: D, All the above

# Post-test review

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15. Which of the following best summarizes the World Health Organization (WHO) recommendation on the duration of breastfeeding for HIV-exposed infants if mother is on ART with adherence support?
- A. Women with HIV should breastfeed for at least 12 months, but up to 24 months or longer
  - B. Women with HIV should wean fully by 12 months of age
  - C. Women with HIV should wean fully by 8 months of age.
  - D. Women with HIV should formula feed for the first 12 months of life.

Answer: A, Women with HIV should breastfeed for at least 12 months, but up to 24 months or longer

# Post-test review

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16. True or False: The HIV pre-test counselling session for early infant diagnosis (delivered by the healthcare provider to the HIV-infected mother) would normally include a discussion of how HIV is transmitted between adults.
- A. True
  - B. False

Answer: B, False

# Post-test review

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17. If you were pricking an infant to obtain a blood sample for nucleic acid testing (NAT), where would you prick the infant who is 6 weeks old?
- A. Heel
  - B. Big toe
  - C. Finger
  - D. Vein in antecubital area of the arm

Answer: A, Heel

# Post-test review

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18. If you were pricking an infant to obtain a blood sample for nucleic acid testing (NAT), where would you prick the infant who is 9 months old?
- A. Heel
  - B. Big toe
  - C. Finger
  - D. Vein in antecubital area of the arm

Answer: B, Big toe

# Post-test review

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19. The 2016 WHO guidelines strongly recommend that test results from infant virological testing should be returned to the clinic and caregiver within what time period?
- A. 2 weeks
  - B. 4 weeks
  - C. 6 weeks
  - D. 8 weeks

Answer: B, 4 weeks

# Post-test review

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20. What is the criteria for ART initiation in an infant or child <18mo of age who tests HIV-positive by nucleic acid testing (NAT)?
- A. Low CD4 percentage (less than 15%)
  - B. WHO Clinical Stage 2, 3, or 4
  - C. High viral load at time of diagnosis (more than 100,000 copies)
  - D. Any infant or child testing HIV-positive by NAT should be started on ART immediately regardless of WHO stage or CD4 count

Answer: D, Any infant or child testing HIV-positive by NAT should be started on ART immediately regardless of WHO stage or CD4 count

# Exercise 3

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## Training evaluation: Individual work

***See Appendix 6C: Training Evaluation Form***

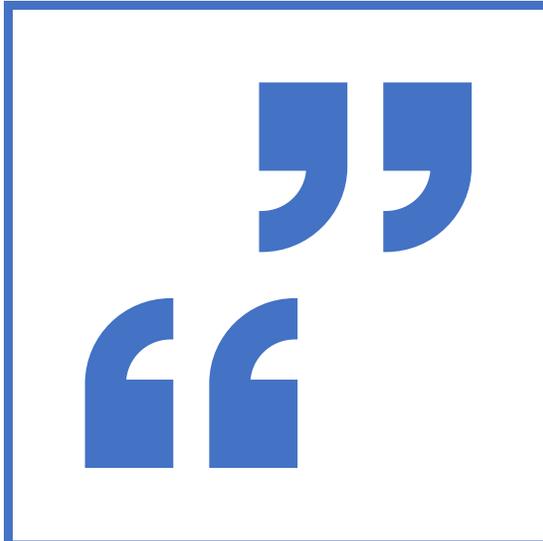
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Congratulations for  
successfully completing  
Infant HIV Testing Course



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