Uganda follows a World Health Organisation-approved testing algorithm, a strict multi-step process designed to eliminate doubt before a diagnosis is made. PHOTO/FILE

Should you trust your HIV results? What experts say

A recent case of a man wrongly treated for HIV for seven years has raised concerns about testing accuracy. Experts explain how HIV tests work, why errors are rare, and what you should do if you have doubts.

BY ELVIS KYEYUNE BASUDDE

The High Court in Jinja awarded Shs190m in damages to John Wataka after finding that he had been wrongly initiated and maintained on HIV treatment for seven years, despite being HIV-negative. It is a nightmare scenario for both patient and provider.

Wataka tested positive at The Aids Support Organisation (TASO) in July 2016 and was immediately enrolled on antiretroviral therapy (ARVs), a regimen he continued until 2023. A later test would confirm what few would expect: he had never been HIV-positive.

For anyone who has ever taken an HIV test, or is considering one, the question is unavoidable: if it happened to him, could it happen to me? To answer that, we spoke to leading HIV experts to understand how testing works, how rare errors occur, and why the system remains largely reliable.

A contradiction in terms

"Once positive, you will be positive forever. Nobody can test HIV-negative after a credible positive test has been done," says Dr William Tamale, clinic manager at the Joint Clinical Research Centre (JCRC).

He is describing a fundamental principle of HIV science. Standard antibody tests detect markers that remain in the body for life. In simple terms, a true positive result does not reverse.

So how did Wataka spend seven years on medication he did not need?

Experts say the explanation lies in a rare but possible occurrence known as a false positive, where a test mistakenly identifies non-HIV antibodies as HIV.

Dr Emanuel Muwanga, an HIV expert from Njeru HIV Health Centre, explains that while modern tests are highly accurate, no medical test is entirely foolproof. Laboratory errors can occur, and in some cases, other infections may trigger reactions that resemble HIV. In rare situations, even results can be mixed up.

System designed to prevent this

To prevent such outcomes, Uganda follows a World Health Organisation-approved testing algorithm, a strict multi-step process designed to eliminate doubt before a diagnosis is made. A first test is used to screen for HIV, followed by a second to confirm the result. If the two do not agree, a third test is used to break the tie. When followed correctly, this process achieves near-perfect accuracy.

The court's findings in Wataka's case suggest that this full protocol may not have been properly applied.

Dr Benard Micheal Etukoit, TASO's executive director, declined to comment on the matter saying it is currently before court and subject to an ongoing appeal. He notes that it would be sub judice to speak on the case at this stage, adding that TASO will be in a position to respond when the appeal process is concluded.

> Reassuring. **HIV tests are generally reliable, but no test is perfect. Mistakes can happen due to human error, faulty kits, or even rare medical conditions. That is why anyone who tests positive, or has doubts about their results, should repeat the test at a certified facility and seek counselling. Early confirmation and support are critical, because a wrong result can cause years of unnecessary treatment or emotional trauma,"** says Dr Joseph Kaggwa

A failure beyond the first test

Yet what makes the case particularly troubling is not just the initial diagnosis, but what followed.

Wataka remained on antiretroviral treatment for seven years without the error being detected. According to Dr Stephen Watiti, a veteran HIV expert, this points to a breakdown in ongoing care. He explains that routine follow-up tests and careful review of a patient's clinical history should, in most cases, raise questions if something does not add up.

Seven years of treatment is not just a clinical misstep. It can shape a person's emotional well-being, relationships, and life choices in profound ways.

Two cases, one key difference

Wataka's story is not entirely isolated. Another patient, Balikuddembe Mukasa, was once declared HIV positive at a community facility and started on treatment. However, after seeking a second opinion, two other facilities found him negative, and a subsequent PCR test confirmed he was HIV free.

The difference is stark. In Mukasa's case, the error was corrected within months. In Wataka's case, it went on for seven years, pointing not just to a testing failure, but to gaps in follow-up and patient monitoring.

Understanding the window period

Understanding HIV testing also requires recognising what is known as the window period. This is the early stage after infection when the body has not yet produced enough antibodies to be detected by standard tests. During this time, a person may test negative despite being infected.

For this reason, those who initially test negative are often advised to repeat the test after three months to confirm their status. For positive results, the same level of caution applies. No diagnosis should be made without confirmation.

What this means for you

Despite rare cases such as Wataka's, experts are clear that HIV testing in Uganda remains highly reliable when procedures are followed correctly. Patients who test positive at certified facilities are supposed to undergo confirmatory testing before treatment begins. If that process is not followed, they have a right to seek clarification.

For those already on treatment but experiencing doubt, specialists recommend speaking to a qualified healthcare provider. Centres such as the Joint Clinical Research Centre, Mildmay, and the Infectious Diseases Institute routinely handle re-testing and referrals for complex cases.

Dr Muwanga offers a balanced perspective, noting that in medicine, human error can never be completely ruled out. Dr Watiti, however, cautions against allowing rare cases to undermine trust in the system. He advises patients who are HIV positive to continue their treatment and not to question their diagnosis based on isolated incidents.

The path forward

The ruling by the Jinja High Court serves as both accountability and a reminder. It highlights the importance of strictly following testing protocols and maintaining consistent patient monitoring.

Uganda's HIV response remains one of the strongest globally, built on systems designed to protect patients and ensure accuracy. Cases such as Wataka's are rare but they matter. They show that even the strongest systems rely on careful human execution. And when that fails, the consequences are not just medical. They are deeply human.

HOW TESTING WORKS

HIV testing is designed to be highly accurate and is done in steps to make sure no one is wrongly diagnosed. The World Health Organisation recommends a serial testing algorithm, meaning tests are done one after another to confirm the result.

If the first test is negative, you are considered HIV-negative, unless you are in the window period, the early stage after infection, when the virus may not yet be detectable. In such cases, you are advised to test again after a few weeks.

If the first test is positive, a second, different test is done immediately to confirm the result.

If both tests are positive, the diagnosis is confirmed and treatment can begin.

If the results do not agree, a third test is used to resolve the difference. Until then, no final diagnosis is made.

This step-by-step approach is what makes HIV testing extremely reliable, with accuracy rates above 99 percent when properly followed. WHO also emphasises that testing should always be done by trained personnel, with proper counselling before and after the test, to ensure patients understand their results and next steps.