

Caring for Pregnant women with HIV Disease and preventing future HIV transmissions



Date & time:

Sunday June 27th, 2021 at 8 PM Pakistan
time (11:00 AM US Eastern Time)

Speaker



Prof. Susan Cu-Uvin, MD

Professor, Obstetrics and Gynecology & Medicine,
Brown University, Providence, RI
Director, Brown Global Health Initiative
Director, Providence/Boston Center for AIDS Research

Talk theme "Caring for women diagnosed
with HIV before and after delivery
to prevent HIV transmissions".

Moderator



Dr. Safana Mushtaq, MD

Family Medicine
St Joseph Hospital,
FM and Speciality- Milford NH, USA
Secretary, APPNE (New England
chapter of APPNA)

Panelists



Dr. Fatima Mir

Associate Professor
Department of Paediatrics and Child Health
Aga Khan University Hospital, Karachi, Pakistan

Talk theme "HIV care during and after Pregnancy,
and options for treatments in Pakistan."



Dr. Aisha Ilyas

Consultant Infectious Diseases,
Aga Khan University Hospital, Karachi,
Consultant Infectious Diseases and Infection Control,
Iqbal Kidney Institute, Karachi, Pakistan.

Talk theme "Safety precautions for healthcare
workers to avoid HIV Transmissions during delivery".

Registration Link: <http://bit.ly/merit-hiv>

In collaboration with

Brown University: Alpert Medical
School at Brown University,
Providence, RI



MMIDSP: Medical
Microbiology & Infectious Diseases
Society of Pakistan



Pakistan Society of Internal
Medicine



APPNE: Association of Pakistani
Physicians of New England



Prov/Bos CFAR:
Providence-Boston Center for
AIDS Research



CMU: Common Management Unit,
HIV, TB, and Malaria, Government
of Pakistan



Webinar 6 – Caring for Pregnant women with HIV Disease and preventing HIV transmissions (Jun 27, 2021)

Summary:

HIV Care During and After Pregnancy

- HIV Care in Children
 - Of 50 ART centers in Pakistan, 7 are dedicated to pediatric care
 - Remaining are for both adults/children
- National AIDS Control Program
 - Provides HIV medicine and diagnostic tests free of charge in all Paeds ART centers
 - Delivery of HIV medication and food ration packets
 - New Pediatric medication amounts for children
- Medication
 - ARV treatment based on weight (not age) below 10 years of age
- Issues
 - Availability of very few Paeds ID Physicians in Pakistan
 - Lack of proper linkage between Paeds & Adult ART centers
 - No formal linkage with Nutrition Programming with HLC Children Care
 - Remote location & distances for accessing HIV children services
 - Lack of trained Counselors for Breastfeeding & Conception for women of Childbearing age.
- Future
 - Expand Paeds HIV centers, and Pediatric Care Services
 - Extension of medication and other services in highly burdened districts

Avoiding HIV Transmissions During Delivery

- Acute HIV infections
 - A flu or "mono" like syndrome 2-6 weeks after exposure characterized by: Fever, Rash, Sore throat, Muscle Aches, Headache, Vomiting, Diarrhea, Stiff Neck
- Infections in Children
 - Most are infected via maternal to child transmission (10% in pregnancy, 15% in delivery, 15% in breastfeeding)
 - Most potentially preventable
 - Compounded by decreased access to health care, home delivery, lack of HIV awareness, lack of testing, poverty
- HIV to AIDS
 - Median time from HIV infection to symptomatic disease for children ranges from months to 2 years
- HIV infection in infants
 - Divided roughly into rapid (15-20%) and slow (80-85%) progressors
 - Mortality before age 4 is high in rapid progressors, with median survival of 11 months

- o Viral load increases rapidly in infected infants in first two months of life and then declines over the next two years
- o All infants under age 12 months with confirmed infection should receive antiretroviral therapy and PCP prophylaxis beginning at 4-6 weeks
- Common Clinical Presentations of HIV in Children
 - o Lymphadenopathy/Hepatosplenomegaly, PCP pneumonia, Lymphoid Interstitial Pneumonitis, Esophageal Candidiasis, Failure to Thrive/Developmental Delay, Encephalopathy, Recurrent Bacterial Infections, CMV Retinitis, colitis or pneumonia, Parotitis, Unexplained Fever, Recurrent/Persistent Diarrhea
- Development delay
 - o Persistent weight loss greater than 10% of baseline
 - o Downward crossing of more than two major weight for age chart
 - o Less than 5th percentile on weight for height chart on two consecutive measurements
 - o Impaired brain growth; gait impairment, motor deficits, paresis, spasticity, seizures, calcification of basal ganglia
- When to Initiate Therapy in Antiretroviral-Naive Children
 - o ART should be initiated for all people living with HIV
 - o Goal is to reduce HIV RNA
- Adherence to treatment
 - o Optimal suppression requires > 95% adherence
 - o 70-90% adherence associated with development of resistance