



## Webinar 7 – Lifelong Care of Infants and Children Living with HIV (Jul 18, 2021)

## Summary:

## **Pediatric HIV Care**

- Acute HIV infections
  - o 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
  - o Most are infected via maternal to child transmission (10% in pregnancy, 15% in delivery, 15% in breastfeeding)
  - o Most potentially preventable
  - o Compounded by decreased access to health care, home delivery, lack of HIV awareness, lack of testing, poverty
- HIV to AIDS
  - o Median time from HIV infection to symptomatic disease for children ranges from months to 2 years
- HIV infection in infants
  - o Divided roughly into rapid (15-20%) and slow (80-85%) progressors
  - o 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
  - 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

## Pediatric HIV Care in Pakistan

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