Children with Symptomatic HIV Infection

IMCI includes guidelines for identifying children at high risk of HIV infection. These children will then be tested for HIV and if found to be infected will receive ongoing care at primary level.

Research has shown that children are at high risk of HIV if they:

- **Have pneumonia**
- **Have ever had an ear discharge**
- **Are low weight for age**
- **Are failing to gain weight or have lost weight**
- **Have had diarrhoea lasting for 14 days or more now or in the past three months**
- **Have enlarged lymph glands in two different places (neck, armpit, groin)**
- **Have any thrush in the mouth**
- **Have an enlarged parotid gland**

Many of these conditions are common, but when three of them occur together in one child IMCI trained healthworkers will recommend to the mother that the child be tested for HIV. Pre- and post-test counselling will be provided for the mother by a trained counsellor. IMCI training does not include AIDS counselling but it does aim to encourage health workers to talk about HIV and refer mothers or carers for formal counselling where appropriate.

Post-test counselling is very important where the child has a positive HIV test but it is not enough. Mothers need ongoing support during the child's illness and the child will need continuing treatment. For this reason when an IMCI trained health worker identifies a child as possible symptomatic HIV infection, as well as referring for counselling she will ask the carer to come back and discuss the result once the post-test counselling is completed. In this way a caring relationship can be established and the health worker can arrange with the mother how best to provide ongoing care.

HIV testing in children

If the mother of a child is HIV infected, HIV antibodies can pass across the placenta from the mother to the baby. So it is possible for babies of HIV infected mothers to test positive for HIV when they are not infected themselves.

By the age of 15months the child will no longer have any antibodies from the mother and if the HIV test is positive you can be sure that the baby is really infected. In a younger baby who has no symptoms you should re-test the child when he is 15months old to confirm whether he is really infected. If the child has symptoms of HIV and has a positive HIV test it is very likely that he is infected even if he is younger than 15 months.

Another way to be sure whether the child is infected is to do a test for the presence of HIV virus instead of the usual HIV antibody test. This is called a PCR test but is not usually available.

TREATMENT OF SYMPTOMATIC HIV INFECTION IN CHILDREN

All children with HIV should be followed up regularly, usually every month. It is important that some continuity of care is provided for these children and carers, so they don't have to see a different healthworker every time they come. If possible clinics should try and arrange some way that this can be done in order to promote a trusting relationship between healthworkers and carers of HIV infected children.

At every visit you should do the following:

Check for any new problems and treat appropriately.

Check for mouth sores and thrush, these are very common and may cause poor appetite. If you find thrush treat with nystatin suspension 1ml four times daily. If the child has mouth sores advise the mother to give soft mashed food and avoid spicy or salty food.

Check the weight of the child and plot on the RTHC.

Ask about feeding and give appropriate advice, these children may have poor appetite and benefit from small frequent meals and advice about giving energy dense foods.

The child should be given co-trimoxazole prophylaxis. This antibiotic given regularly will stop the child from getting some infections, in particular a type of pneumonia that is common in HIV infected children called *pneumocystis carinii* pneumonia (or PCP). Give 5mls co-trimoxazole once daily 5 days a week (usually Monday to Friday), a bottle of co-trimoxazole will last for one month.

Advise about home care. The mother should know to bring the child back if a new illness develops, about checking for mouth sores at home and treating diarrhoea at home with salt sugar solution. She should know that hygiene is particularly important when preparing food for this child.

Provide pain relief. In some cases children with HIV may be in pain, this can often be controlled simply with regular paracetomol or if it is more severe with codeine phosphate suspension. Children with HIV have a terminal disease and should not have to suffer unnecessary pain. If the child is distressed despite giving the pain control you have available refer the child to the hospital where stronger pain relief can be provided.

Provide support for the family. It is very difficult to care for a dying child particularly when, because of stigma of HIV, it may be difficult for the carer to get support or even tell other family members or friends. Encourage her to tell someone she trusts about the child's illness. Encourage her to contact support groups if these are available in the area.

Counsel the mother about her own health. If the carer is the mother she will also need support to deal with finding that as well as caring for her sick child, she herself is also infected. Over time as you know her better try to help her to practise safe sex to avoid further spread of the virus and to use contraception so that she doesn't have another child. If she is pregnant or becomes pregnant you can also help her to access interventions like nevirapine which can help prevent the new baby from becoming infected.