THE TEN-POINT PACKAGE FOR COMPREHENSIVE PAEDIATRIC HIV/AIDS CARE

(AFRICAN NETWORK FOR THE CARE OF CHILDREN AFFECTED BY HIV/AIDS – ANECCA)

1. Confirm HIV status as early as possible:

- Allows for appropriate & timely care interventions to prevent/ reduce early morbidity and mortality.
- Provide routine testing for all sick children in high HIV prevalence areas
- Offer HIV testing to women who deliver with unknown HIV status
- Where DNA PCR not available treat presumptively if infant was exposed and symptomatic.
- Urgent need to avail HIV DNA PCR tests for young infants exposed to HIV.

2. Monitor the child's growth & development:

- Growth failure is greater in HIV-infected children than in uninfected children.
- Growth monitoring helps identify the vulnerable child and monitors the effect of interventions.
- Allows for early identification of growth faltering and institution of corrective measures to promote growth & development.

3. Immunizations: Start and complete according to the recommended schedule (national EPI):

- For BCG vaccination at a later age (vaccination for no scar or missed earlier vaccination), exclude symptomatic symptomatic HIV infection.
- Avoid live vaccines when child is symptomatic for HIV/AIDS BUT
- Give measles vaccine even when symptoms are present.

4. Prophylaxis against opportunistic infections, particularly PCP (pneumocystis pneumonia). Cotrimoxazole Preventive Therapy is indicated for:

- All infants born to HIV-infected mothers irrespective of ARV use during pregnancy and labor. Continue prophylaxis till HIV infection is excluded.
- Age < 1yr: all HIV infected infants regardless of clinical stage or CD4 count.
- Age 1-5 yrs, any WHO stage with CD4 < 25% OR WHO stages 2, 3 & 4 regardless of CD4%.
- Age 6 yrs or older: WHO clinical stage 3 & 4 regardless of CD4 level, or any WHO clinical stage with CD4 < 350.
- Any child with history of PCP: continue with secondary prophylaxis for life.

5. Treatment of acute infections and other HIV-related conditions:

- Actively look for and treat infections early.
- More aggressive and longer treatment courses may be necessary.
- Exclude/treat tuberculosis.

6. Counsel the mother/caregiver and family on:

- Optimal infant feeding to:
  - minimize MTCT
  - prevent malnutrition
  - promote growth & development
- Good personal and food hygiene to prevent common infections.
- Follow up schedule (WHO recommendations).

7. Conduct disease staging for the infected child (with or without laboratory support):

- Provides a guide to the prognosis.
- Provides a guide to interventions needed at different stages.
- Staging is a monitoring tool for disease progression/ improvement.

8. Offer ART for the infected child, if needed:

- Counselling for ART necessary.
- Follow national guidelines.
- ART works and is well tolerated by children.
- ART promotes the survival of HIV-infected children.
- Preserves, enhances, or reconstitutes the immune system and therefore reduces opportunistic infections.

9. Provide psychosocial support to the infected child, mother/caregiver & family.

10. Refer the infected child for higher levels of specialized care if necessary, or for other social or community-based support programs.

" No matter what your level of resources, there is always something that can be done for HIV-affected children"

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