

## HIV Paediatric case 3 – Baby Elizabeth



*Baby Elizabeth was born yesterday. She was delivered at a health centre, but had birth asphyxia, so she was transferred to the hospital and has just arrived. She had a birth weight of 2.4 kg.*

### **HISTORY:**


*Her 40 year old mother tested HIV positive 5 years ago. 12 months later she started to lose weight rapidly. She was started on ART with wasting, a WHO stage three condition. She had good adherence recorded during her pregnancy with no side effects. Elizabeth is her sixth child.*

*Elizabeth has until now been fed with expressed breast milk from a cup as she has been too weak to suck. Today, however, she has started slowly to feed.*

### **STOP POINT**

#### **WHAT NEEDS TO BE DONE TO TRY TO ENSURE THAT ELIZABETH HAS THE BEST CHANCE OF AVOIDING HIV INFECTION?**

- Nevirapine syrup or another recommended prophylaxis until age 6 weeks. This should be started straight away. Co-trimoxazole to be taken afterwards until definitive result of status.
- Check that the mother is taking her ARVs properly as full adherence to ART will keep her viral load suppressed. Make sure the mother understands that her adherence is the best protection for her baby as she is non-infective when successfully on treatment.

 Elizabeth was having trouble feeding at all, so she is a day late starting to take Nevirapine syrup. This is a problem. Nevirapine should have been started as soon as possible after birth. This is to try to eliminate any of the virus that may have been passed to Elizabeth before or during the birth or through breast feeding.


*It is also very important that Elizabeth's mother keeps taking her ARVs properly. This should be checked, preferably by seeing the mother taking her medicines. When the mother is asked when she last took her medicines she says it was two days ago, before the birth. She forgot the medicines at home, when she came into hospital to deliver.*

## STOP POINT

### WHAT ACTION WOULD YOU TAKE IN THIS SITUATION?

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Mother needs to be given extra ARVs to cover her stay in hospital or until her own medicines can be brought from home. She needs to have adherence counselling.

 Elizabeth's mother is given some extra ARVs to cover her stay in hospital. She is reminded that she needs to take them daily and should not miss a dose as this will also protect her baby.

### FIVE DAYS LATER:

*Baby Elizabeth has improved well and is now ready to be discharged from the hospital.*

## STOP POINT

### WHICH HIV TESTS DOES BABY ELIZABETH NEED TO DETERMINE HER STATUS AND WHEN SHOULD THEY BE DONE?

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- DNR PCR (at 6 weeks of age)
- Age 12 months – rapid test
- Age 24 months + 6 weeks after weaning- rapid test

### WHAT OTHER TREATMENT AND ADVICE DOES SHE NEED?

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- The child should take the NVP syrup daily until age 6 wks.
- Baby should be brought to the clinic if any side effects such as a rash appears.
- Baby should be brought to the clinic at age 6 weeks to get DNA-PCR test done and start CPT prophylaxis (Co-trimoxazole).
- Weight must be taken at regular intervals and the growth chart filled out. This is a very good indicator if there are problems.
- Co-trimoxazole to be given until age 24 months + 6 weeks after mother stops breastfeeding and the baby has tested HIV negative.
- If HIV positive: continue CPT and start ART

## WHAT FEEDING ADVICE DO YOU GIVE?

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- Exclusively breastfeeding until baby age 6 months, then add other foods to breast milk (complementary feeding) until age 22-24 months age and wean slowly over a month.
- What is the difference between complementary feeding and mixed feeding?
- Complimentary feeding = breast milk + other foods (age 6 mon. + older).
- Mixed f. = breast milk + formula +/- food in age less 6 mon.; not recommended because children less than 6 mon old have immature immune and gastrointestinal systems. Mixed breast milk with other foods or formula weakens the intestinal lining, increasing the chance that HIV in the breast milk will cross over into the bloodstream and infect the baby.
- What advice should you offer the mother regarding her ART?
- Continue ART; lifelong; decrease risk of transmitting HIV to baby. Mother needs to understand importance of it!

## WHAT ELSE WOULD YOU CHECK?

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- Does she have other children? Have they been tested? Does her husband know her status? Has he been tested? Does she need help to tell here husband?



*The mother has 5 more children. She says the 4 older ones all tested HIV negative. But the fifth child, who is seven, has not been tested.*

## STOP POINT

### IS THERE A POSSIBILITY THAT THE FIFTH CHILD IS HIV+?

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Her mother's status was unknown when the child was born. The mother tested HIV positive when the child was 2 years old, just as she finished breast feeding so there is a strong possibility of HIV infection that needs to be checked.