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 **BASICS**

BASICS PEDIATRIC HIV TOOLKIT

**PEDIATRIC HIV ALGORITHM FOR
CHILDREN AGED 0-9 MONTHS
USING PCR-DBS**



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Rapid test and PCR-DBS algorithm for the diagnosis of HIV in infants between 0-9 months

Entry point to care: ANC/PMTCT, Pediatric in/out patient, Immunization, VCT, ART, OVC, Nutrition clinics and HIV/TB clinics



▶ Child with 1 or more symptoms as listed in chart A OR
▶ Child with known HIV positive mother during pregnancy/ Breast feeding period.

Do PCR-DBS by 6 weeks of age

PCR Positive

PCR Negative

Repeat PCR one month before stopping Breast feeding

PCR Positive

PCR negative, consider weaning at six months based on AFASS conditions

Child infected, continue Breast feeding

Consider rapid test at 9 months

Rapid test Positive

Child tests Negative

Initiate recommendations in Chart B

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Initiate recommendations in Chart C

Chart A: Presumptive diagnosis of HIV infection in children based on clinical signs

- Un explained severe wasting or severe malnutrition not adequately responding to standard treatment.
- Un explained persistent diarrhea (>14 days).
- Un explained fever (persistent or Intermittent for >1month).
- Oral candidiasis (Post neonatal period).
- Cough that is not responding to treatment for more than 2 weeks duration.
- Recurrent severe bacterial infections.
- Chronic labial herpes simplex infections.
- Recurring skin infections.
- History of maternal HIV.

Any one or more of the above signs and symptoms leads to presumptive diagnosis of HIV and application of recommendations in chart B.

Chart B: Recommendations for PCR or Rapid Test positive

- Give Cotrimoxazole to prevent opportunistic infections
- Schedule follow up visit within 14 days to monitor side effects of the drugs and every one month to ensure that child is not lost to care.
- Confirm HIV infection with serological test at 9 months for children tested positive with PCR, then confirm HIV infection with PCR at 18 months for children tested positive with rapid test*
- Refer for clinical staging and assessment for ART eligibility.
- Counsel parents on infant feeding.
- Advise parents on home care for the child.
- Continue immunization schedule.
- Counsel parents on their own HIV status and advise that other members of the family go for HIV testing.
- Link parents and child to support groups.
- Counsel parents on birth spacing and advise on where to go for family planning.

*Serological tests = Rapid test or Elisa

Chart C: Recommendations for PCR or rapid test negative

- Treat other diseases.
- Counsel parents and follow up on any child concerns.
- Advise parents about infant feeding.
- Counsel parents on their own health.
- Counsel parents on how to remain HIV negative.
- Counsel parents on birth spacing and where to go for family planning.

"AFASS" CRITERIA FOR STOPPING BREASTFEEDING (for HIV exposed)

- Acceptable:** Mother perceives no problem in replacement feeding.
- Feasible:** Mother has adequate time, knowledge, skills, resources, and support to correctly mix formula or milk and feed the infant up to 12 times in 24 hours.
- Affordable:** Mother and family, with community can pay the cost of replacement feeding without harming the health and nutrition of the family.
- Sustainable:** Availability of a continuous supply of all ingredients needed for safe replacement feeding for up to one year of age or longer.
- Safe:** Replacement foods are correctly and hygienically prepared and stored.

