PAEDIATRIC HIV CASES

OCTOBER 7TH 2011
AWACC CONFERENCE
DURBAN
KWA ZULU NATAL – PAEDIATRIC
HAART
PUBLIC HEALTH PROGRAMME

1. Largest in the world - > 55000 children on HAART

2. PMTCT – programme showing some success

3. Challenges – changing our scope of practice

- Ensuring sustainability – Nurse initiated ART- NIMART – for children
- Adolescent care – disclosure, ensuring sexuality dealt with
- Resistance to 2nd line therapies
- **TB co-infection – prophylaxis**
- *Dealing with treatment failure – including – caring for the dying child and teenager*
<table>
<thead>
<tr>
<th></th>
<th>EC</th>
<th>FS</th>
<th>GP</th>
<th>KZN</th>
<th>LP</th>
<th>MP</th>
<th>NC</th>
<th>NW</th>
<th>WC</th>
<th>ZA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>27.6</td>
<td>32.9</td>
<td>29.9</td>
<td>38.7</td>
<td>20.7</td>
<td>35.5</td>
<td>16.2</td>
<td>29.0</td>
<td>8</td>
<td>29.3</td>
</tr>
<tr>
<td>2009</td>
<td>28.1</td>
<td>30.1</td>
<td>29.8</td>
<td>39.5</td>
<td>21.4</td>
<td>34.7</td>
<td>17.2</td>
<td>30.0</td>
<td>16.9</td>
<td>29.4</td>
</tr>
</tbody>
</table>
HIV TESTING IN INFANTS

SA (incl KZN): PCR testing of HIV-exposed children of all ages 2008 - 2010

Early infant diagnosis of HIV infection in South Africa: 2008 to 2010

Gayle Sherman\textsuperscript{a,b}, Rivka Lilian\textsuperscript{b}
200 000 deliveries/year
30% antenatal seroprevalence
80 000 HIV exposed infants/year

HIV infected infants/year

No PMTCT → 26 000
sdNVP → 12 000
Dual Therapy → 4 000
HAART at 350 → 800
NUMBER CHILDREN INITIATED ON HAART

105 123 Children Initiated on HAART

AUGUST 2010
National Comprehensive HIV and AIDS Plan Statistics*
8 YEAR OLD M M
HIV +
CD4 5% STAGE 4

• Social – orphan with 2 siblings (elder-HIV negative)- lives with maternal grandmother and maternal aunt

• Started 1 year ago on HAART (Abacavir +3TC +Efavirenz)

• Progress since HAART initiation – very slight weight gain by 6/12 – CD4 increased to 12% and Viral load suppressed

• In school – intermittently – very often ill – needed 5 admissions past 1 year (previous year needed 7 admissions)
CLINICAL COURSE  
PAST 1 YEAR

• 4 Feb 2010 – age 7 Yrs. Completed ARV training
• Chronic Lung Disease – stunted, clubbing and chest deformities
• Completed 2 courses of PTB – at age 5 and again at 6 yrs. – no MDR TB
• CXR – Bronchiectasis – Spiral CT scan confirmed this
• Repeated sputa – various multiplicity of organisms
• Regular physiotherapy – intermittent postural drainage at home
• First 3 admissions – Increasing Respiratory distress with fever, raised White cell count and bilateral wheeze and crackles
• Responded to antibiotics (iv), intense physiotherapy, Oxygen and B2 agonist nebulisations
ADMISSIONS

- Last 2 admissions – more distressed, tender RUQ – hepatomegaly, loud P2 – palpable P2 – Right parasternal heave
- CXR – increased cardiac size  ECG – RVH
- Responded to IV furosemide
- Impression – Chronic Ling disease secondary to Bronchiectasis-(repeated chest infections) – pulmonary hypertension – RVH – RVF-Cor Pulmonale
- Echo – shows cardiomyopathy – poor Ejection Fraction and Fractional shortening – impression Cor Pulmonale
- Suggest diuretics and inotropic support
- Overall poor prognosis
- No transplant possible
NEW ADMISSION – 6TH

• Severely distressed

• Admitted – IV – Oxygen – antibiotics – bloods – repeat CXR – Furosemide – Ace Inhibitors – inotropic support

• Deteriorates – more distressed – pulmonary oedema
PSYCHO SOCIAL

• Child 8 years – has never been asked about what she thinks - ? Not sure of disclosure

• Grandmother and aunt – not in favour of disclosure

• Child hates admissions – last admission – ‘begged’ to go home

• Granny and aunt – want to know why HAART not working

• Social Worker input, psychologist not available
DECISION TIME:

- Consultants – decide not for escalation of care
- Morphine to be given orally – supportive care
- Notes made – not for resuscitation
- Granny counselled – accepts decision
SUBSEQUENT DAY

- Aunt arrives – afternoon – 2 interns – handover – she overhears (‘we are not doing anything for this patient’ Not for ventilation)
- She is angry
- Child dies later that night
REVIEW

1. Nurses – upset – they were not consulted
2. Aunt upset
3. ?Child – what did she think and feel?
4. Was morphine enough?
5. Exclusion criteria in public health programme – end organ damage?

WHAT ARE YOUR THOUGHTS?