Opportunistic Infection(OI)

in

Pediatric HIV/AIDS

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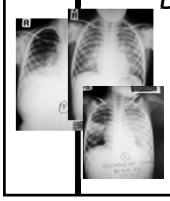

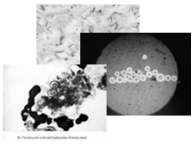

An 11year old boy

CC. Fever,,cough,dyspnea – 2 days

PI. - 1 Mo. PTA, presenting with cough, wt loss, dermatitis and had known for positive anti HIV test from clinic. CXR suspected for TB but negative AFB stain. CD4 = 4 cells/mm.(0% IRZE regimen and bactrim were started.

- 2 Days PTA, he developed fever and dyspnea, then he was admitted.

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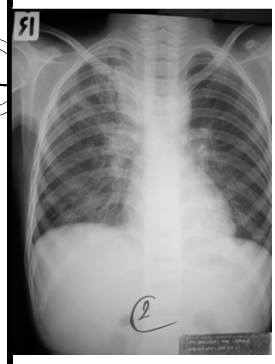

Question:

1) What are the possible OIs and how to manage?

2) What about your plans for ARV initiation ?

On admission

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Outline

- Epidemiology
- Clinical management
  - Treatment
  - Secondary prevention
- Concerned issues
  - IRIS
  - Interaction with HAART
  - Can we stop primary/secondary prevention?
- General prevention

Epidemiology

- Pre HAART era
  - Presenting symptoms, leading cause of death
  - Different OIs related to the geographic area
- HAART era
  - Presenting symptoms, but significantly decreased OI incidence
  - Immune Reconstitute Syndrome (IRS) is becoming important – different type related to the geographic area
  - Primary prevention and treatment strategies prior to ART initiation are great concerns

5 Most Common Opportunistic Infections in HIV-Infected Children, Thailand, 2007

PCP	6.6%
Recurrent bacterial pneumonia	5.4%
Tuberculosis	3.3%
Candidiasis	1.5%
Cryptococcosis	1.1%

Situation of HIV/AIDS infected from maternal in children. WESR 2007;38(47):829-35.