

Clinical Tract

Case studies

On

Paediatric HIV

Case 1:

M.M. is a mother, who has just delivered her healthy infant. The pregnancy was uneventful, except for the fact that after voluntary counselling and testing, an HIV test was done on her, which came back with a positive result. Nevirapine was given both to the mother and the infant, and the mother decides not to breastfeed her infant.

Questions for non-medical staff

1. The mother asks you, when she will be told whether or not her baby is HIV positive. What do you need to tell the mother regarding the HIV-testing of her infant?
2. What information do you need to give to the mother regarding the follow-up of her baby?
3. The mother is worried that the routine immunizations might harm her baby. What do you need to tell her in this regard?

Questions for the medical staff

1. What are you going to explain to the mother regarding the options of HIV-testing of her infant?
2. How must the follow-up of this baby be structured, and whose responsibility is it to do the follow-up? What needs to be done at these follow-up visits?
3. Discuss the issue of immunizations in this infant. What will you tell the mother regarding the need for immunizations in her baby?

Case 2:

B.S. is a 4-month-old baby girl, who presents to casualties with the complaint of coughing, fast breathing and the inability to drink her milk. On examination she is cyanotic, and has severe respiratory distress. The auscultation of the lungs is remarkably normal, and the chest X-ray shows an interstitial picture. Otherwise she is a healthy-looking infant, who has grown well up to now. After enquiry, the mother tells you, that she tested positive for HIV in pregnancy. The delivery was uneventful. The baby is on formula feeding, and the immunizations are up to date. The infant was well up to now, and was receiving no medication.

Questions for non-medical staff:

1. What is the likely diagnosis in the baby?
2. What treatment will be given to the baby during her stay in hospital?
3. Could this illness have been prevented?
4. What should the further management of the baby be after discharge? How would you counsel the mother?

Questions for medical staff:

1. What is the likelihood that this baby is HIV-infected?
2. What is the differential diagnosis of the current illness of the infant?
3. What treatment will you prescribe for the infant?
4. Could this illness have been prevented?
5. What is the WHO staging of this infant?
6. Describe the further management of this baby.

Case 3

S.M. is a 9-month-old baby, presenting with chronic diarrhoea and poor weight gain. She is seen at the primary health care clinic, where treatment is given for the diarrhoea. The mother is also counselled regarding the nutrition of the infant. After 1 month, no improvement is seen.

Questions to non-medical staff:

1. What important tool is used at primary health care level to assess the severity of the problem in this baby?
2. What is the further management of the child?
3. What other symptoms and signs should be sought, in order to decide whether or not the child needs to be tested for HIV?

Questions to medical staff:

1. How would you assess the seriousness of the situation?
2. What does the management of this child entail?
3. Which symptoms and signs would you try to elicit, in order to decide whether or not this child needs HIV-testing?

Case 4:

E.P. is a 2 year and 6 month old child presenting to hospital with a second episode of pneumonia. The child is also severely malnourished, with an expected weight for age of 54%. The HIV test is done and is positive. The CD4+ count is 16.5%. A TB-work-up is done, and on the one gastric juice sample, the microscopy shows acid-fast bacilli, confirming the suspicion of TB.

Questions to non-medical staff:

1. What is the WHO staging of this child?
2. Does this child qualify for antiretroviral therapy?
3. What counselling do you need to give to the mother?

Questions to medical staff:

1. What is the WHO staging of this child?
2. Does this child qualify for antiretroviral therapy? If yes, what regimen would you choose? What possible problems would you have to look out for in this child, if you were to start antiretroviral therapy?
3. Describe the further management of this child.

Case 5:

T.M. is a 12-year old girl, who is referred to the ART clinic with weight loss, lymphadenopathy, hepatosplenomegaly and persistent oral thrush. She has also been on TB-treatment for the last 3 months. She was tested HIV-positive at the TB-clinic. Her CD4+ count is 2.5%. She is brought in by her aunt, because her mother passed away 6 months ago.

Questions to the non-medical staff:

1. Does this child qualify for antiretroviral therapy?
2. What problems need to be addressed in this child?
3. What do you need to discuss during the counselling sessions?

Questions to medical staff:

1. Does this child qualify for antiretroviral therapy? If yes, which regimen would you choose, and why? When would you start with the treatment?
2. What issues need to be discussed during the counselling sessions?