



Early Identification of Infected Children Including the Youngest in Need

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EGPAF International Family AIDS Initiatives



- **Acknowledges all of the host countries for supporting this work,**
- **Thanks all of our staff in the US and in country,**
- **Thanks all the people we serve, and**
- **Permission for pictures was obtained and should not imply anything about HIV status**

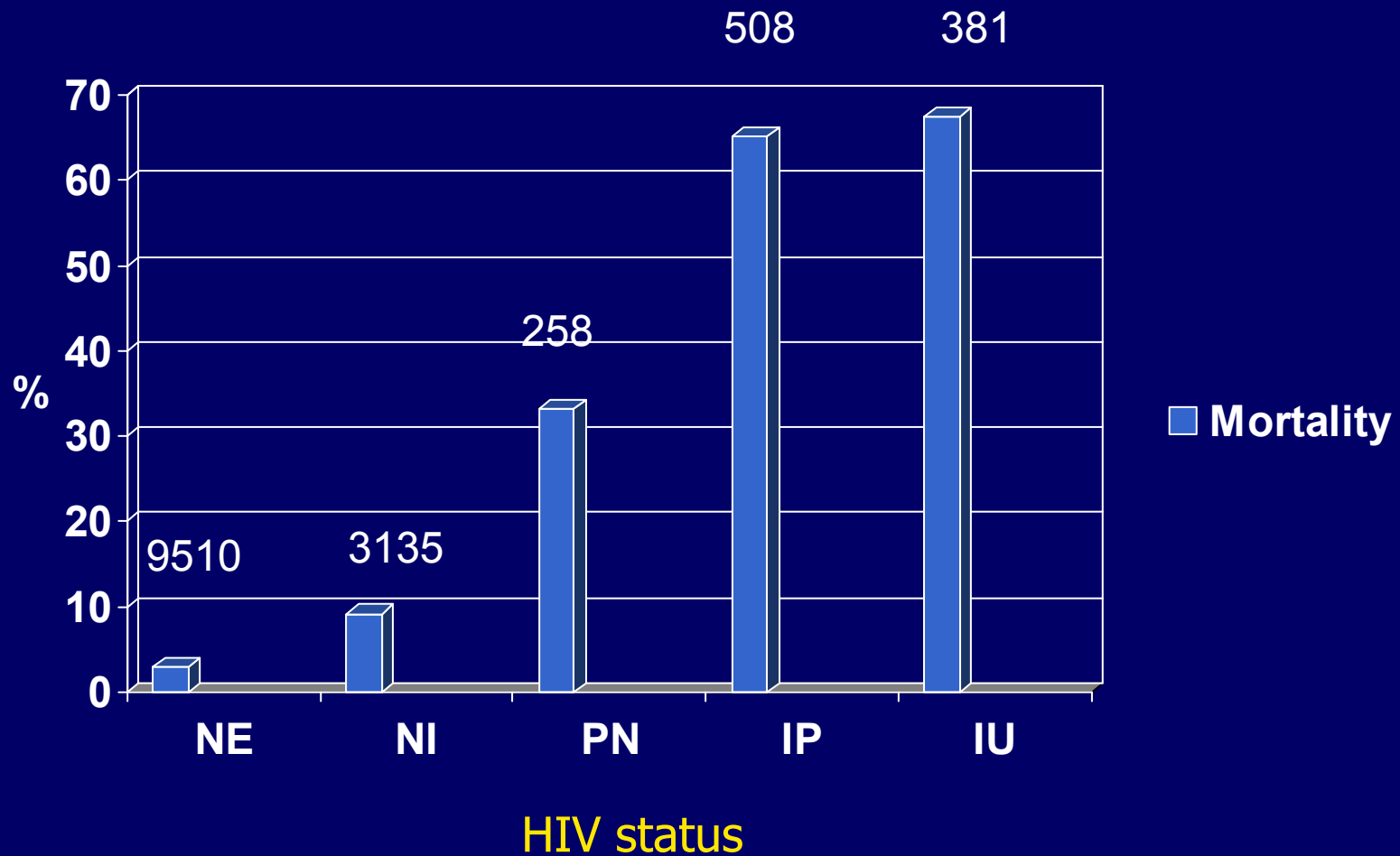


Tanzania

2 year Mortality (Zvitambo)

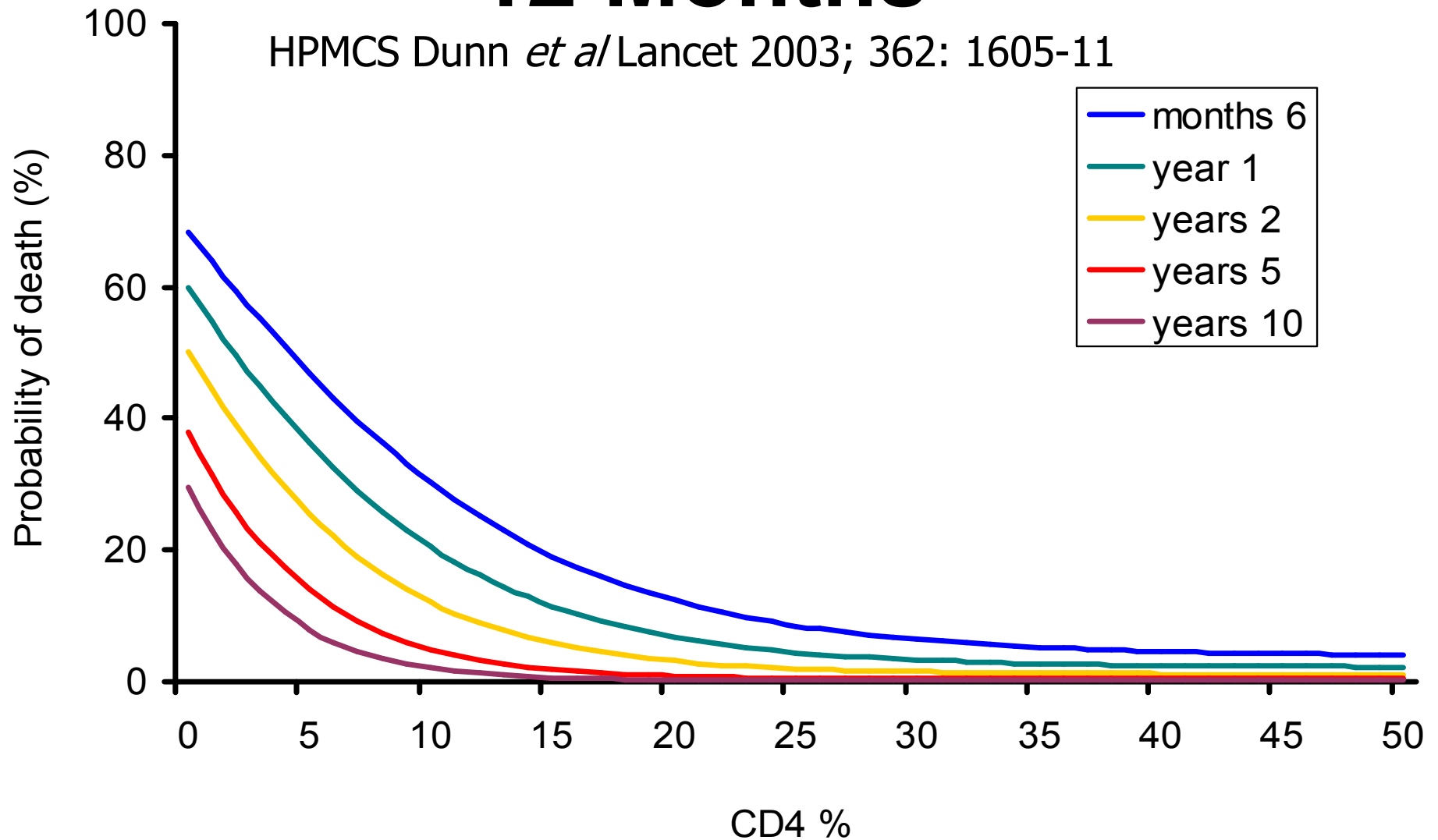
Marinda et al. Ped Inf Dis J 2007;26:519-26

NE - not exposed; NI - HIV-exposed uninfected; PN - postnatal, IP - intrapartum; IU - *in utero*



Probability of Death Within 12 Months

HPMCS Dunn *et al*/Lancet 2003; 362: 1605-11



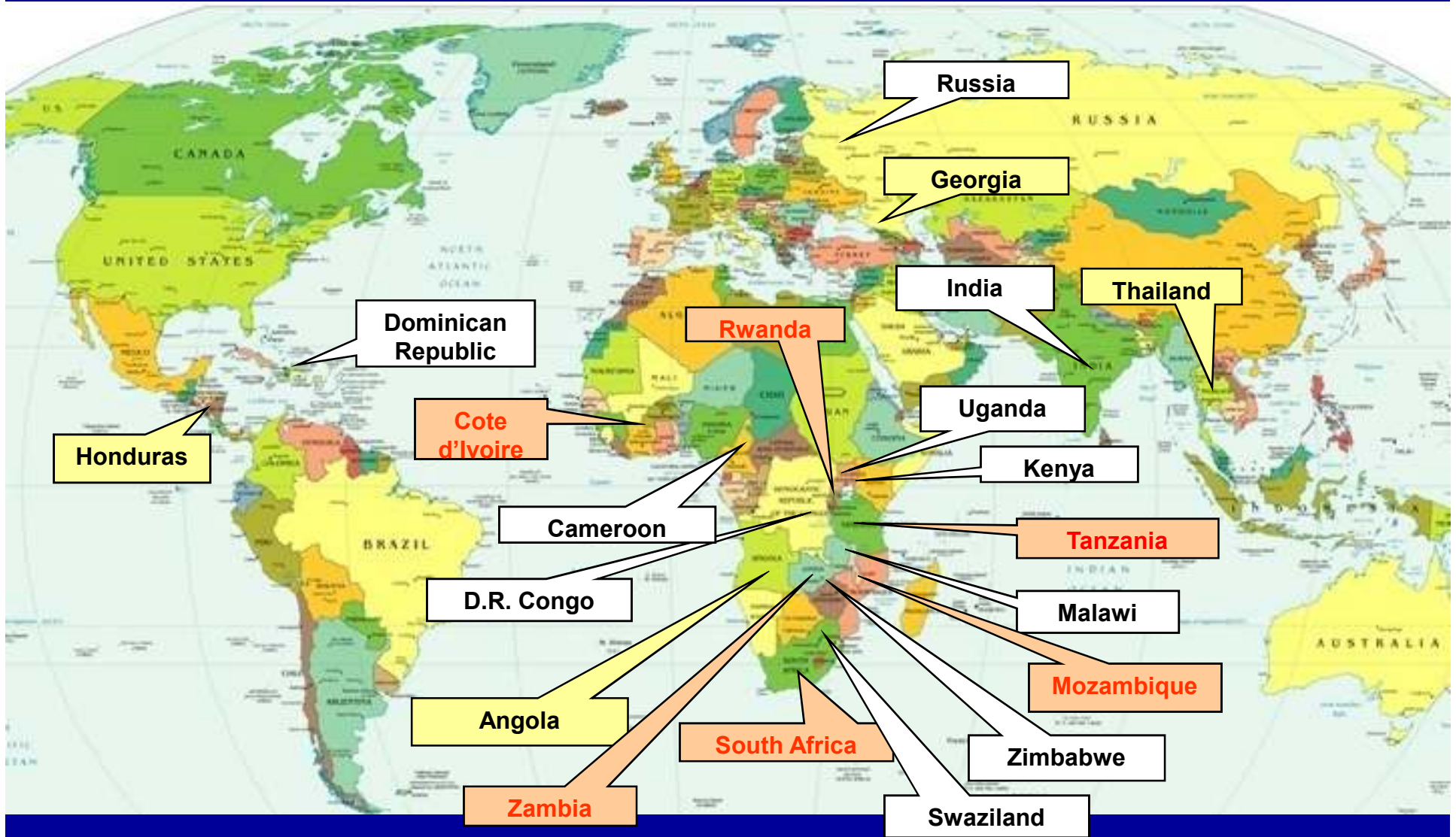
Uganda



EGPAF Country Programs

2000 8 sites in 6 countries

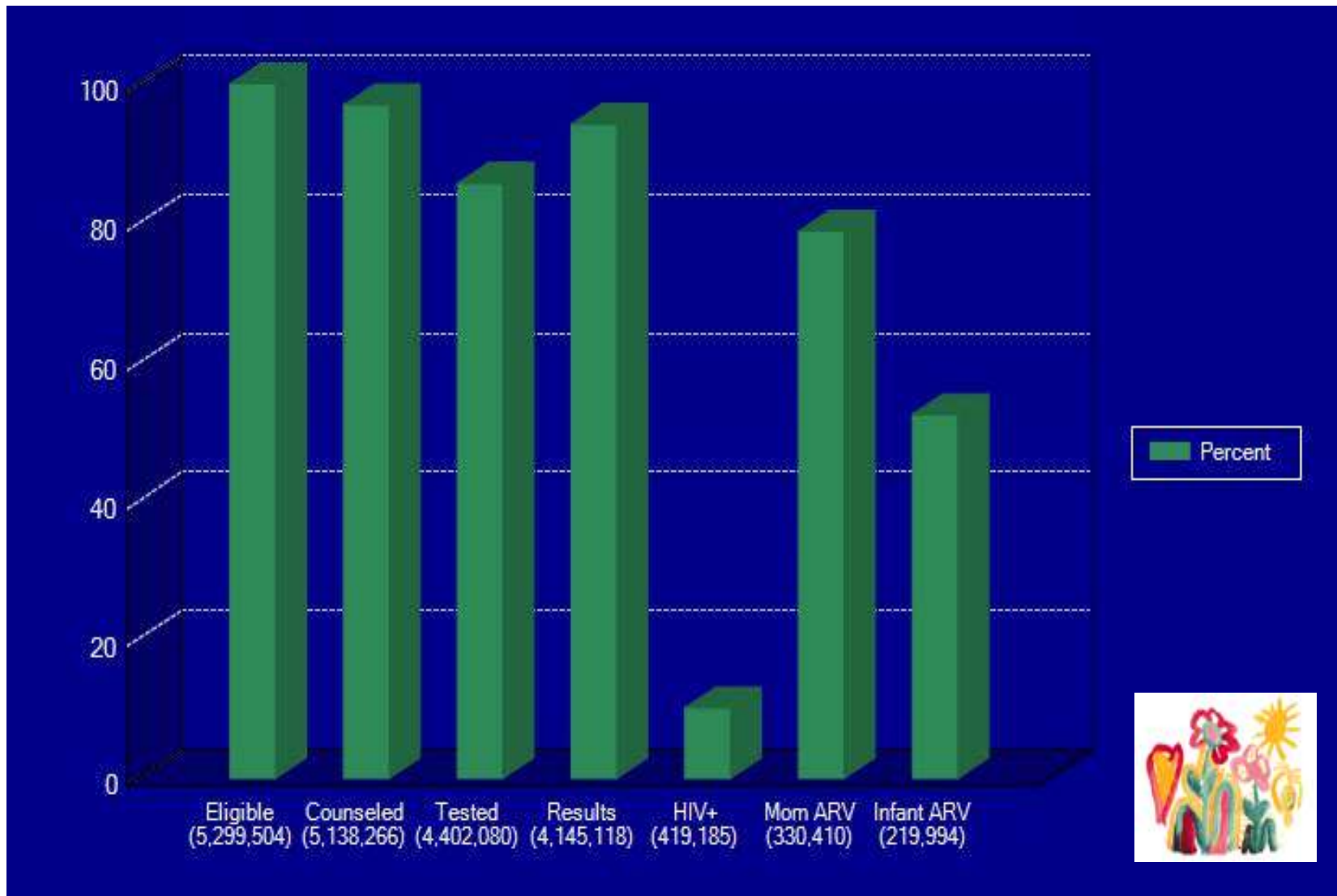
2008 >2500 sites in 17 countries



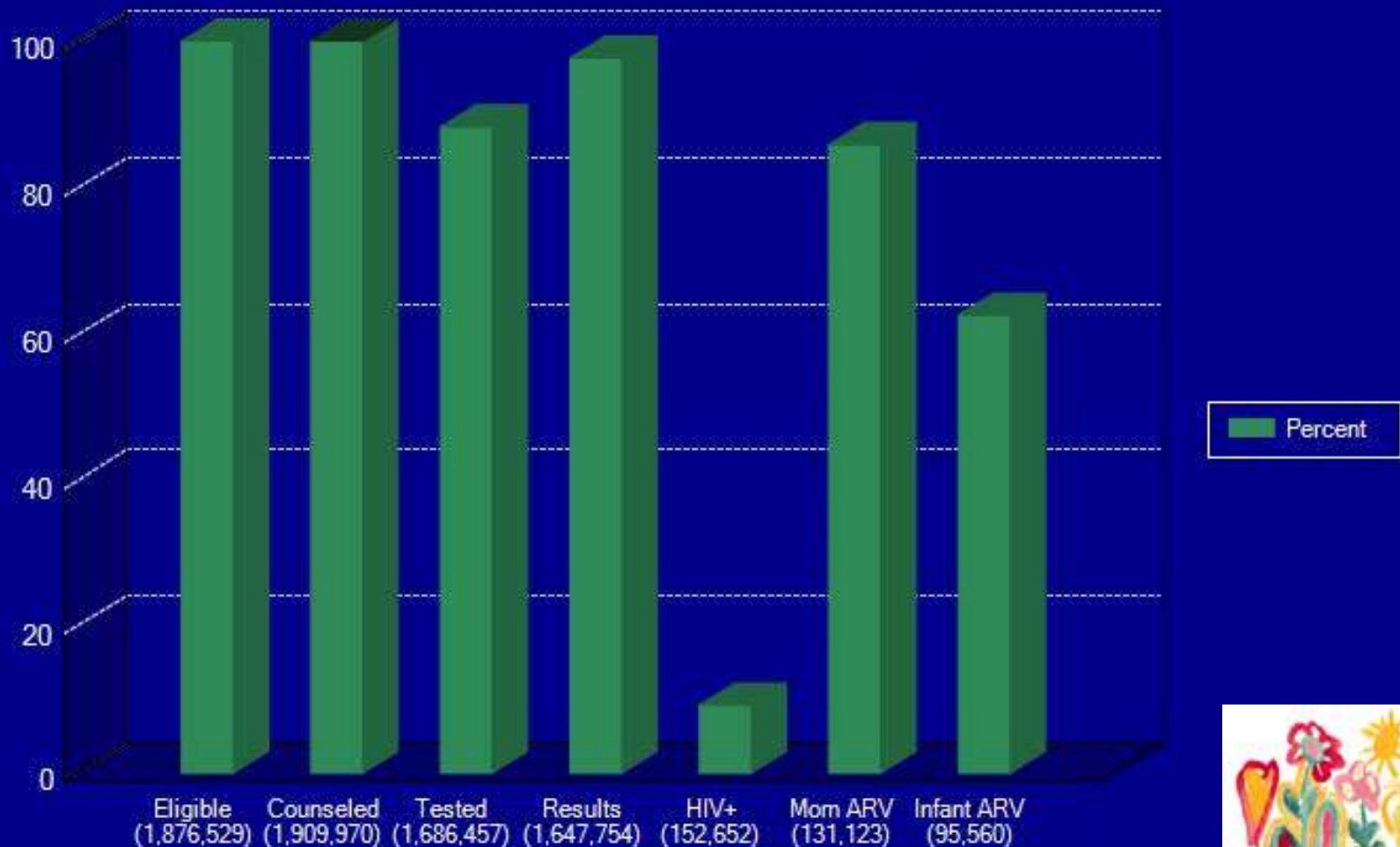
Uganda



Cumulative PMTCT Cascade All Countries 2000-2008



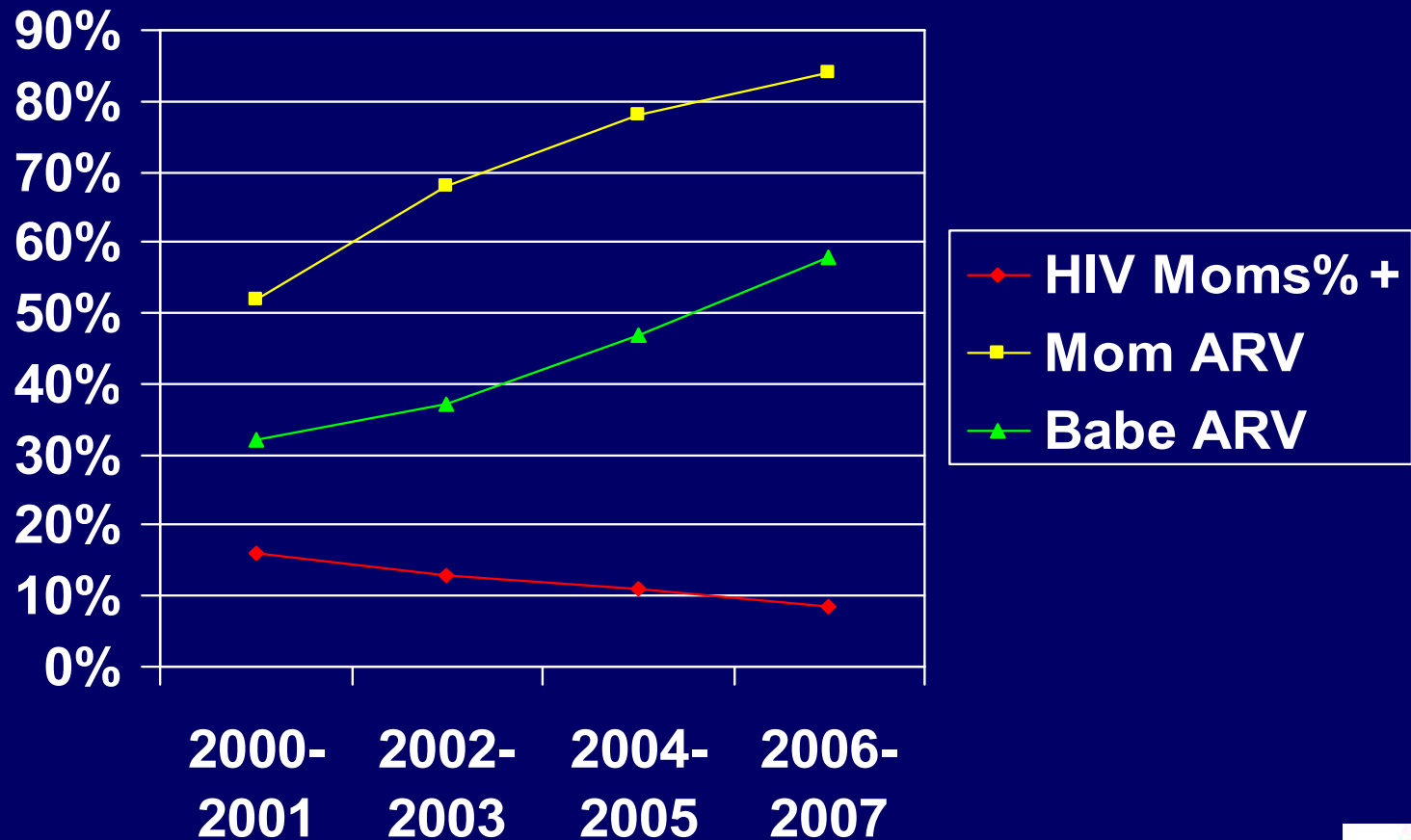
PMTCT Cascade African Countries 2007-2008



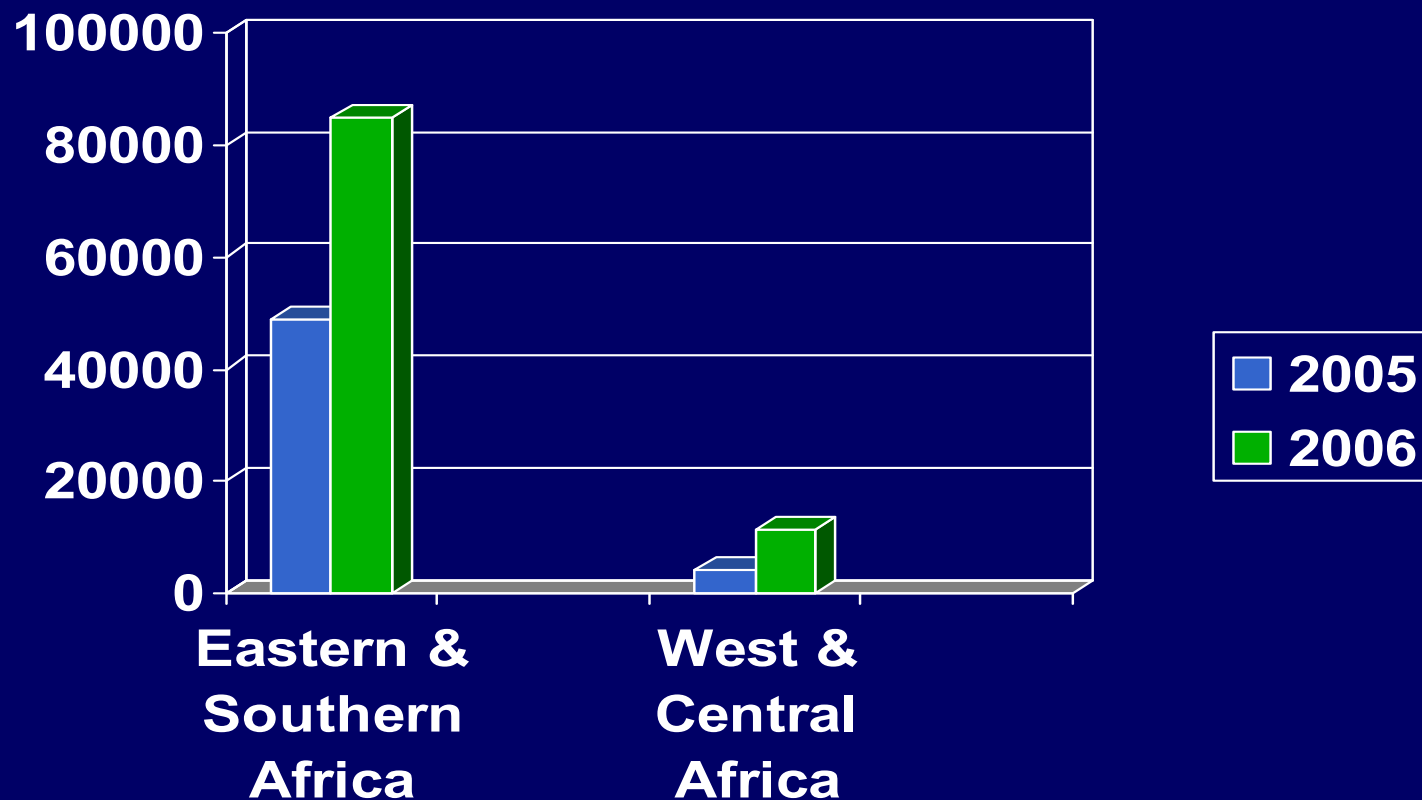
Uganda



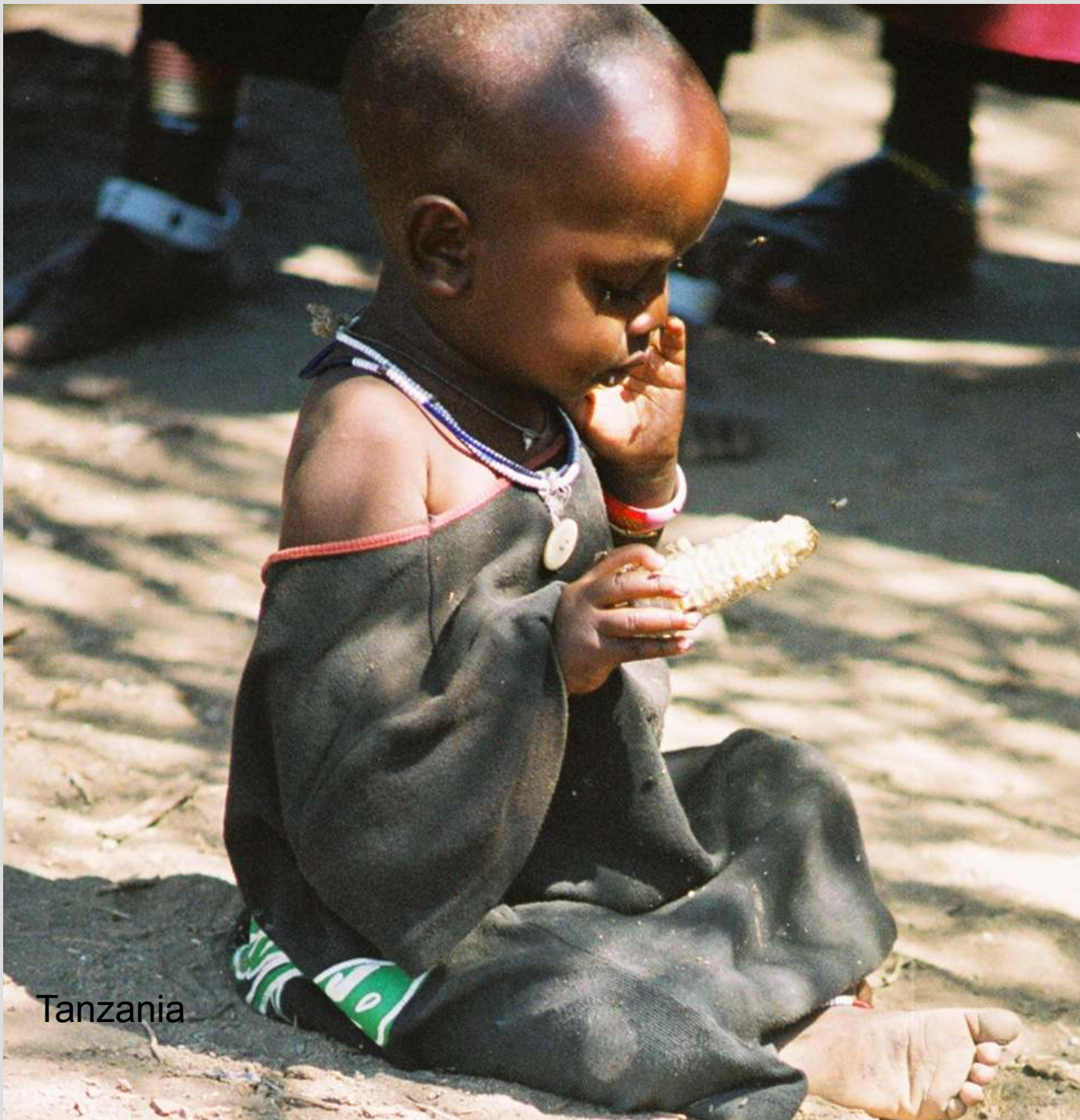
HIV Prevalence, % Moms Receiving ARV, % Babies Receiving ARV



Number of HIV Infected Children <15 yrs Receiving Antiretroviral Treatment



UNICEF Estimates 2.1 million children living with HIV in 2007



Tanzania

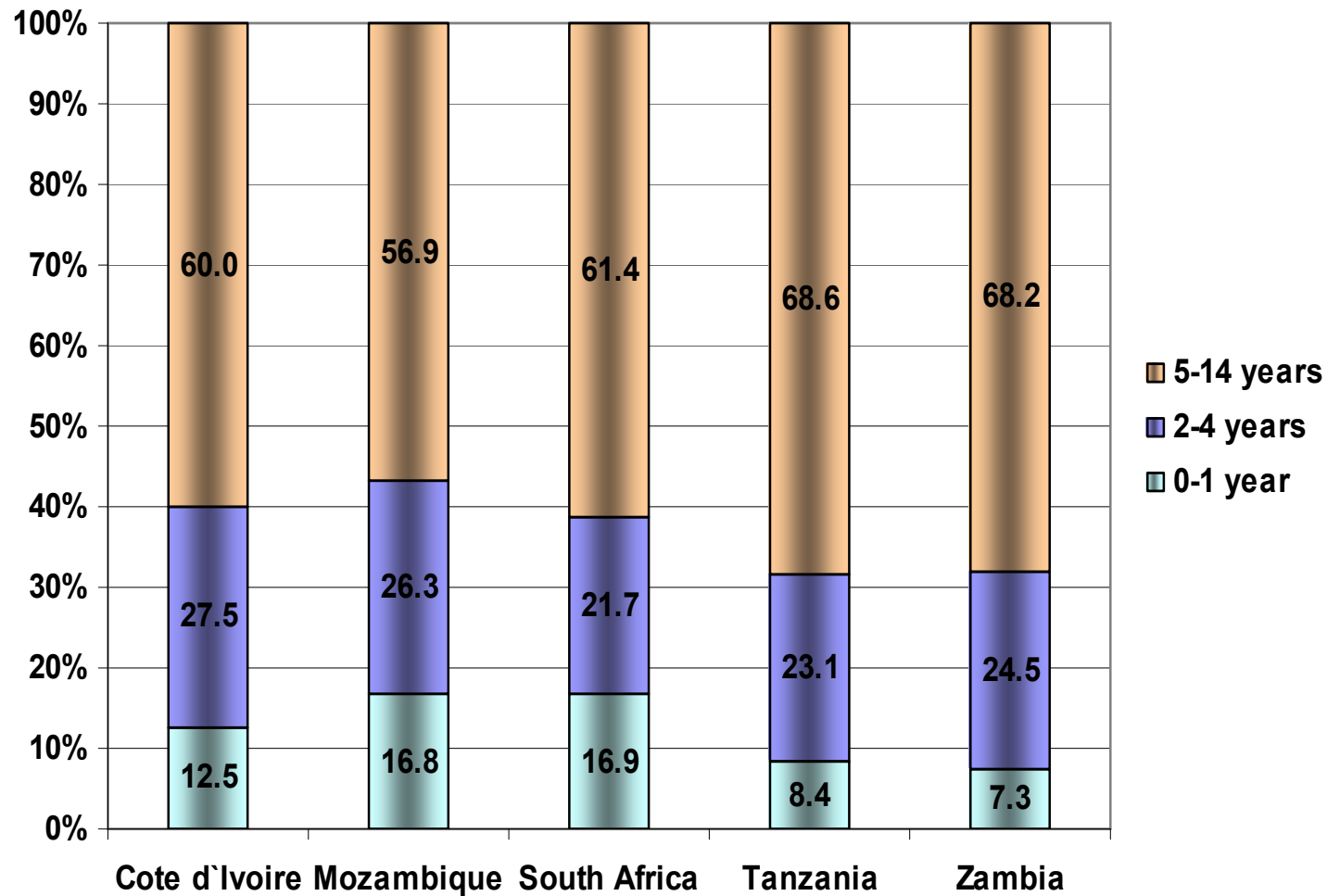
EGPAF's Cumulative Care and ART Data

EGPAF Care and Treatment Data: As of Dec 31, 2007						
	Number of sites providing C&T	Cum Care Total	Cum Ped Care (subset of total)	Cum ART Total	Cum Ped ART (subset of total)	% ever on ART who are children
Cote d'Ivoire	71	74331	3239	33427	1241	3.7%
Mozambique	20	24285	1395	7543	389	5.2%
South Africa	23	54458	5354	34632	3820	11.0%
Tanzania	38	42344	4467	19593	1828	9.3%
Zambia	53	128377	9018	80668	5522	6.8%
DRC	1	873	650	583	441	75.6%
Rwanda	19	n/a	n/a	1695	229	13.5%
Swaziland	2	n/a	n/a	2399	203	8.5%
Total	227	324668	24123	180540	13673	7.6%

Note: Data in this table reflects only data from current sites. Swaziland data is from end of Sept 2007.



Project HEART (EGPAF): Percentage Distribution of Children Currently on ART at the End of Dec 2007, by Age Group





Zimbabwe

Africa: Women Reported to Receive Prophylaxis for PMTCT



CARE SCHEDULE

COUNSELLING ON INFANT FEEDING

0-3 months	3-6 months	6-9 months	9-12 months
0-3 months	3-6 months	6-9 months	9-12 months
0-3 months	3-6 months	6-9 months	9-12 months

Follow up time

0-3 months	3-6 months	6-9 months	9-12 months
0-3 months	3-6 months	6-9 months	9-12 months

Parent/Caregiver has been counselled to start eat

Child's weight

WCT Number

Parent/caregiver has been counselled to start breast feed

Start breast feed

Continue Breastfeeding?

If yes refer to treatment card

CARD COMMENTS

IMMUNISATIONS SCHEDULE

AGE	IMMUNISATION
8 MONTHS	DTP1, Hib, PCV1, 1
9 MONTHS	DTP2, Hib, PCV2, 2
13 MONTHS	DTP3, Hib, PCV3, 3
18 MONTHS	MEASLES
18 MONTHS	DTP AND PCV4, 4
5 YEARS	DTP, PCV5

DTP1: Diphtheria, Pertussis (Whooping cough) and Tetanus
Hib: Haemophilus influenzae
PCV: Pneumococcal Polysaccharide Vaccine


VACCINE	1	2	3	4	5
DTP					
Hib					
PCV					
DTP					
Hib					
MEASLES					
DTP					

VITAMIN A SCHEDULE

AGE	1	2	3	4	5
DTP					
Hib					
PCV					

First dose 6-11 months or earlier if not immunizing
Second dose 12-17 months

MINISTRY OF HEALTH CHILD HEALTH CARD ZIMBABWE



PRACTICE SAFER BREAST FEEDING
Use only breast milk for the first 6 months.
Introduce solids and liquids from 6 months.
Continue breast feeding up to 24 months or beyond unless medically contraindicated.

MUTAMWISA KWAKANAKA
Isi-mhema mhema a wakatiwa zvine pamwechete
mushumba yakutanga
Isi-kumwa kufika kana kumwa kubva pamwechete
kubva kwako

Pamwechete kwakanyanya kuvaka pamwechete musati
kana kubvika kumwa kwakuti mubatsirirwa
mushumba kana yakuti
MUNYISA KWAKANAKA ANGELI BANGELI
Munyisa kwako pamwechete kwakanyanya
kuvaka.

Uye musiyisa ukuvaka kwakanyanya ku-kurambirwa
yaka-kurambirwa kwakanyanya
Cheneka ukumbirwa kwako pamwechete kana
musati kana kana kwakanyanya, kwakanyanya
yaka-kurambirwa kwakanyanya kana kwakanyanya.


NAME OF HEALTH CENTRE _____
PLACE OF BIRTH _____
NAME OF CHILD _____
NUMBER OF CHILD _____
SEX [] MALE [] FEMALE [] _____
NAME OF MOTHER _____
MEDICAL HISTORY _____

MILK AND WATER SOLUTION

Use the solution as often as possible to feed
the child until it can continue feeding and
breastfeeding.

MUNYISA KWAKANYANYA
Isi-mhema mhema kwakanyanya kwako kana
kwakanyanya, kwakanyanya kwakanyanya
kwakanyanya.

MUNYISA KWAKANYANYA KWAKANYANYA
Munyisa kwakanyanya kwakanyanya kwakanyanya
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NOTE

MahomvaA, Miller A et al



Zimbabwe

Counseling and testing of parent/guardian for child test

Space for recording cotrimoxazole prophylaxis to infant

Integrated with EPI schedule

Infant test result
If positive, includes instruction to refer/complete information on "treatment card"

birth? NO

	10D	6W			
Follow-up	5M	9M	12M	15M	18M
Cotrimoxazole (dose/supply)					

Parent/Caregiver pre-test counselled for infant test NO YES

Child tested date:

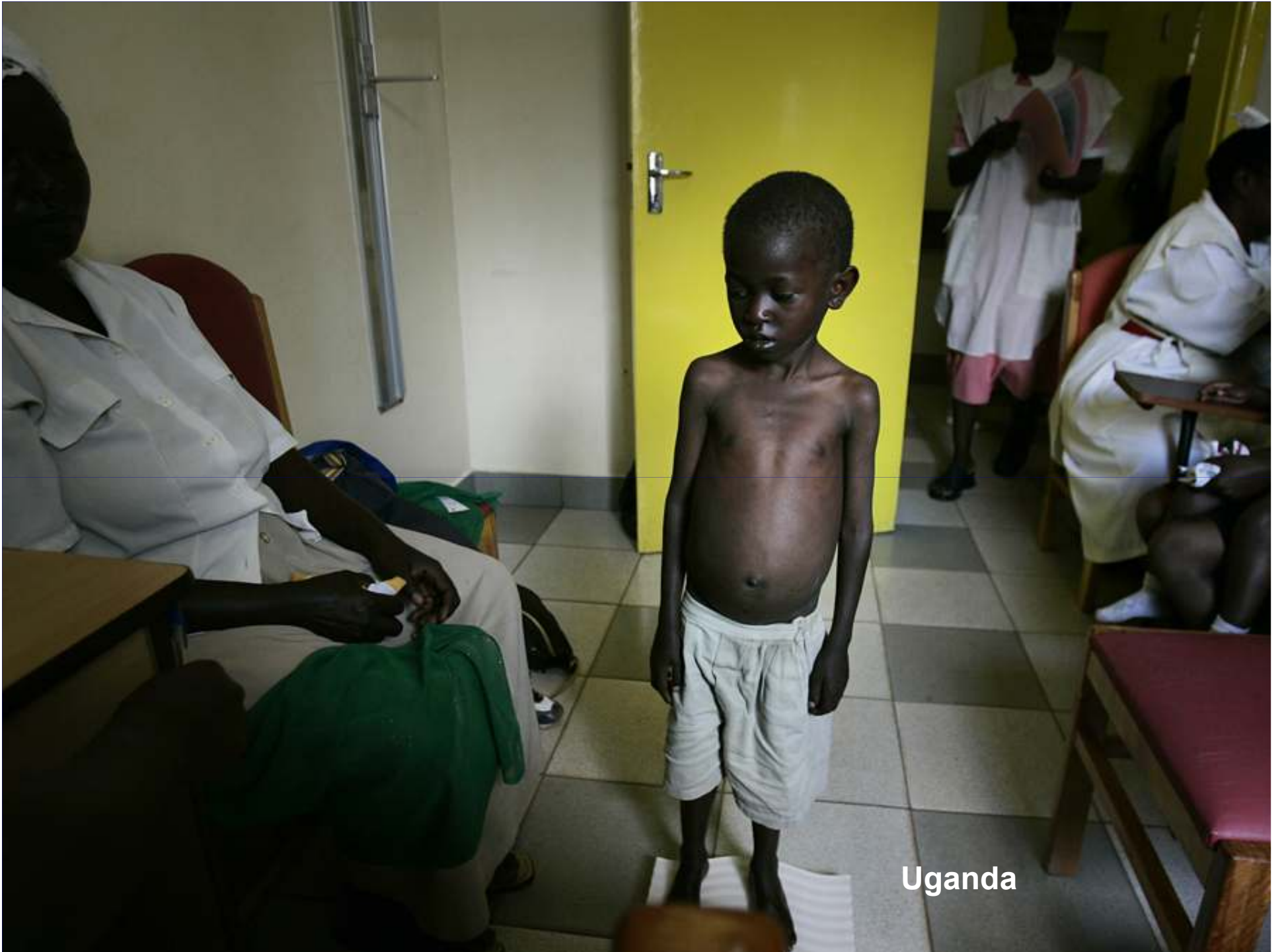
VCT Number:.....

Parent/Caregiver post-test counselled for infant result date:

Infant sample result

Continue Cotrimoxazole?
If yes refer to treatment card.

CARE COMMENTS



Uganda

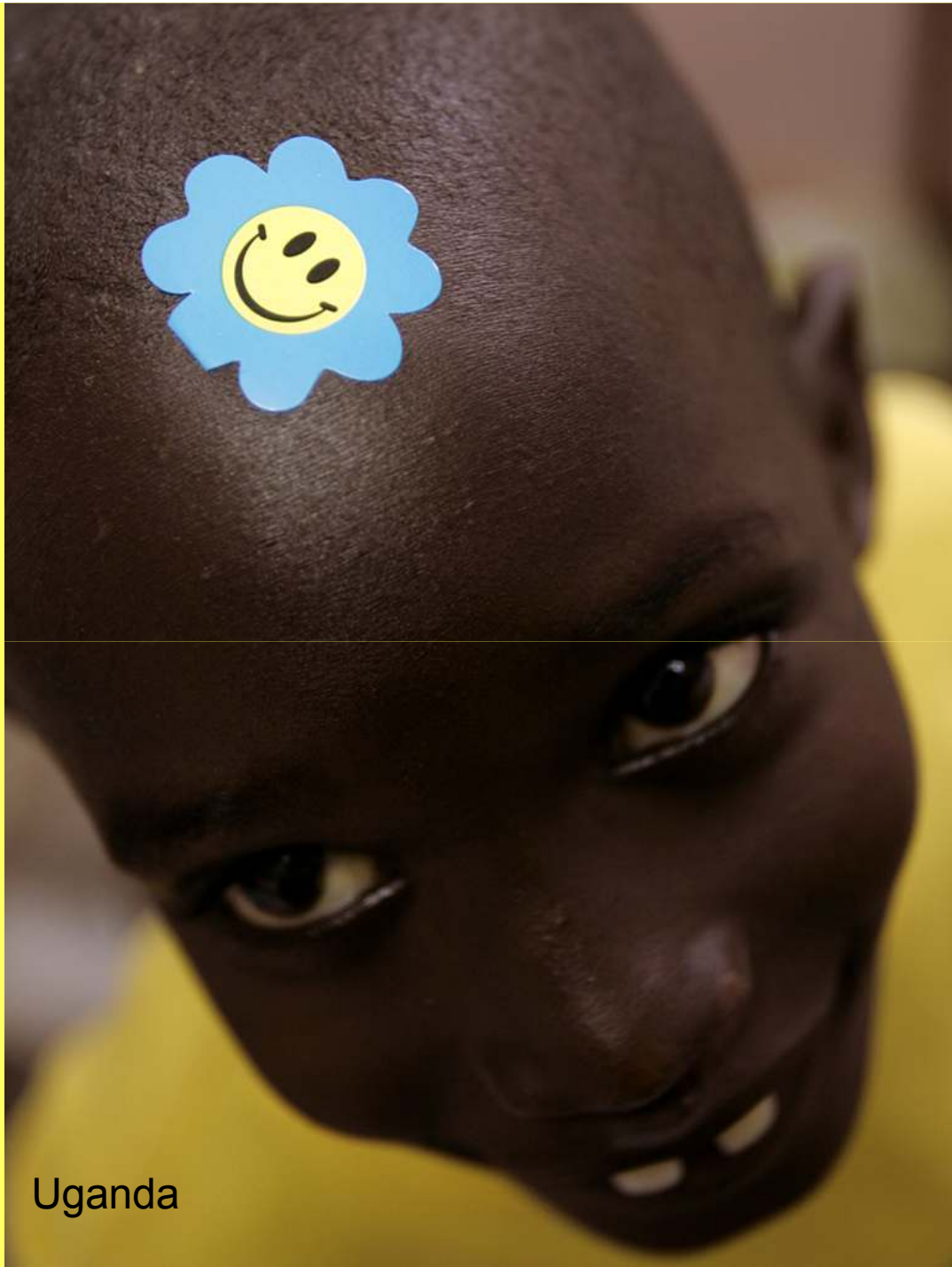
At Risk Factors

- Birth Weight less than 2kg
- Fifth child or more
- Multiple births
- MTCT
- Birth intervals less than 2 years
- Single parent
- Death of any child under 5 in family
- Severe jaundice

With Special No. _____

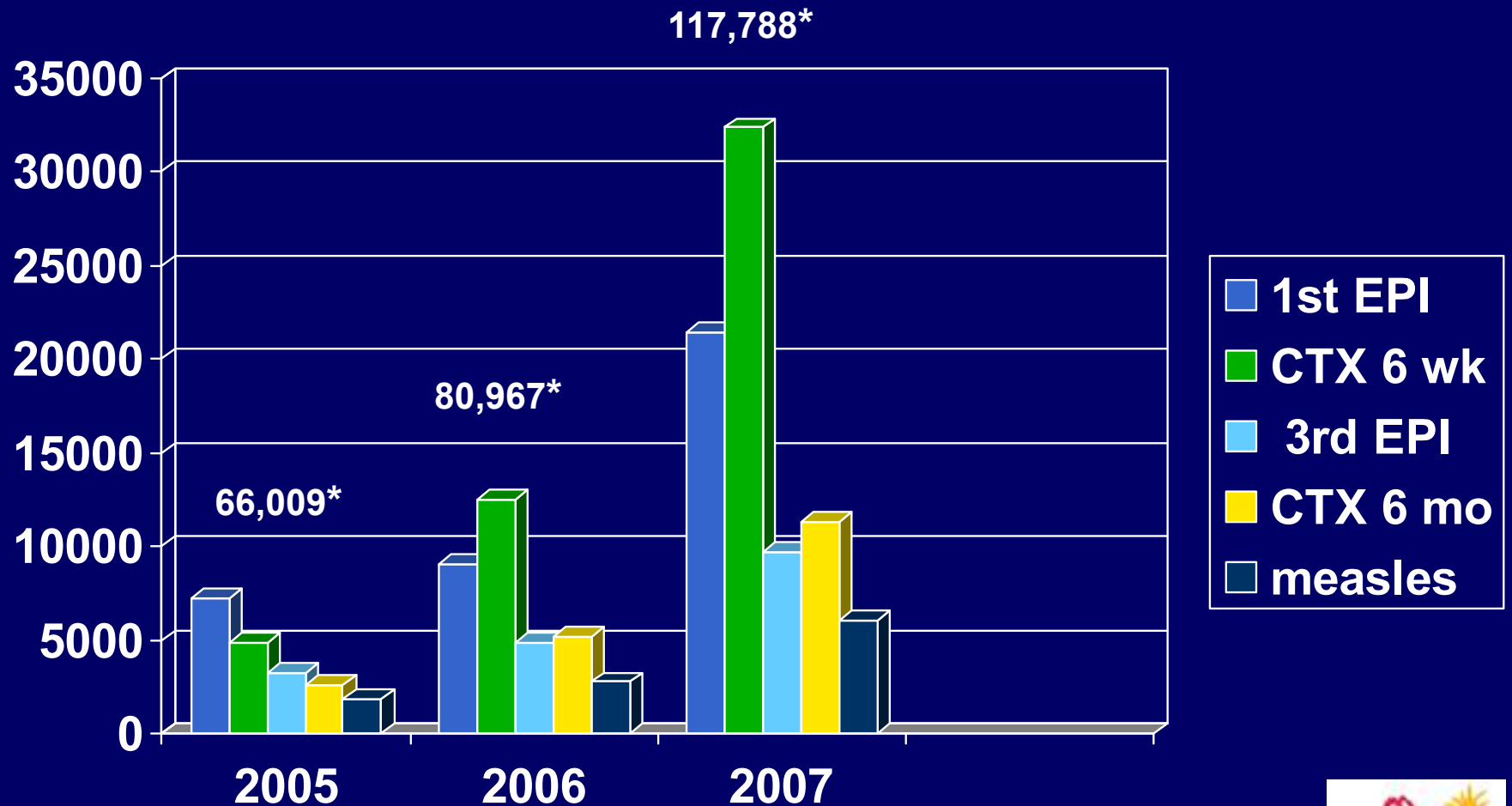
BIRTH WEIGHT LESS THAN 2 KG	<input type="checkbox"/>	BIRTH INTERVALS LESS THAN 2 YEARS	<input type="checkbox"/>
FIFTH CHILD OR MORE	<input type="checkbox"/>	SINGLE PARENT	<input type="checkbox"/>
MULTIPLE BIRTHS	<input type="checkbox"/>	DEATH OF ANY CHILD UNDER 5 IN FAMILY	<input type="checkbox"/>
MTCT	<input type="checkbox"/>	SEVERE JAUNDICE	<input type="checkbox"/>

HC
STAIR
MOHC



Uganda

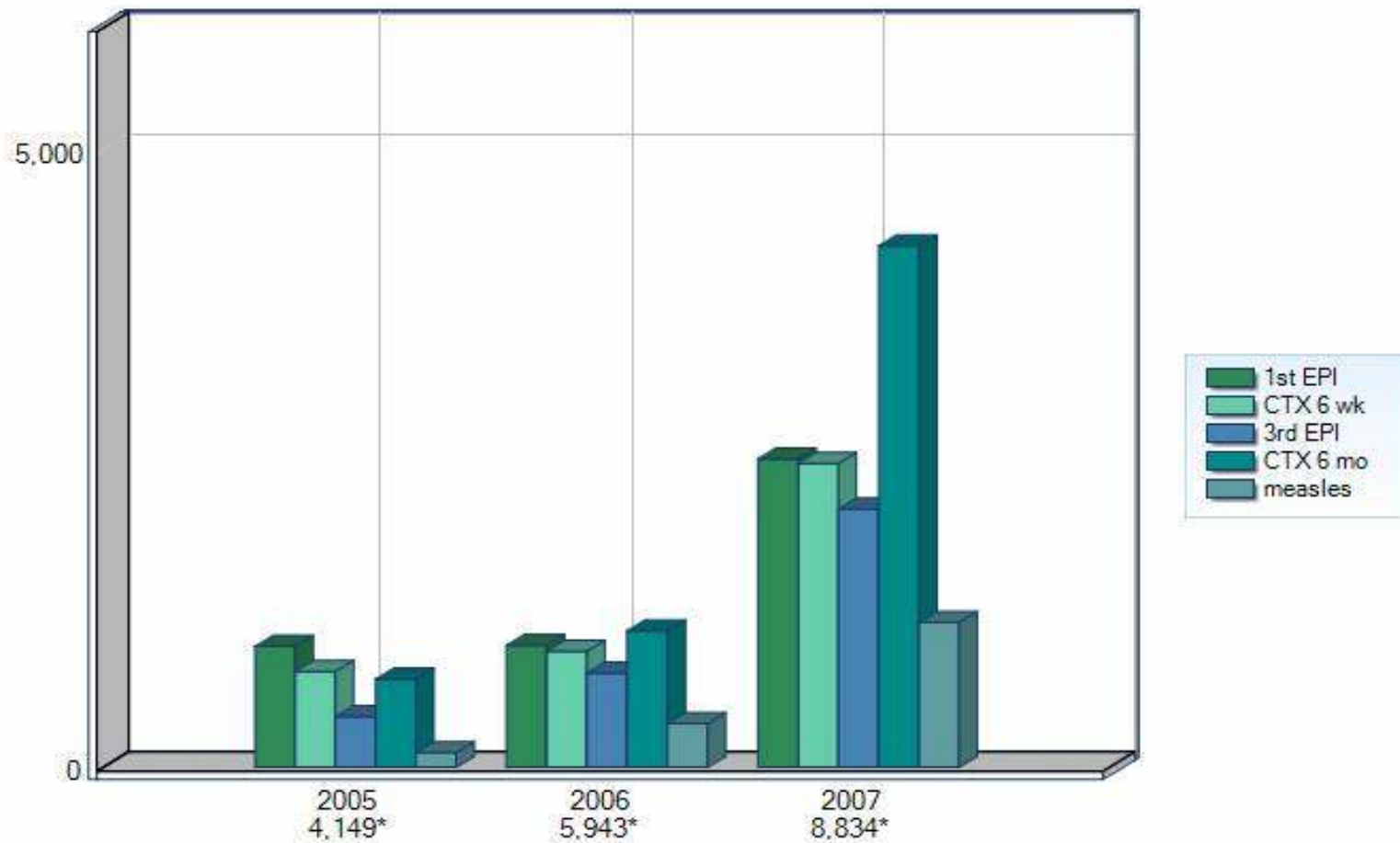
HIV Exposed Infants: Number Reported At Regular Well Child Visits



* Number of HIV Exposed Infants



Tanzania—HIV Exposed Babies Identified in Well Baby Clinic

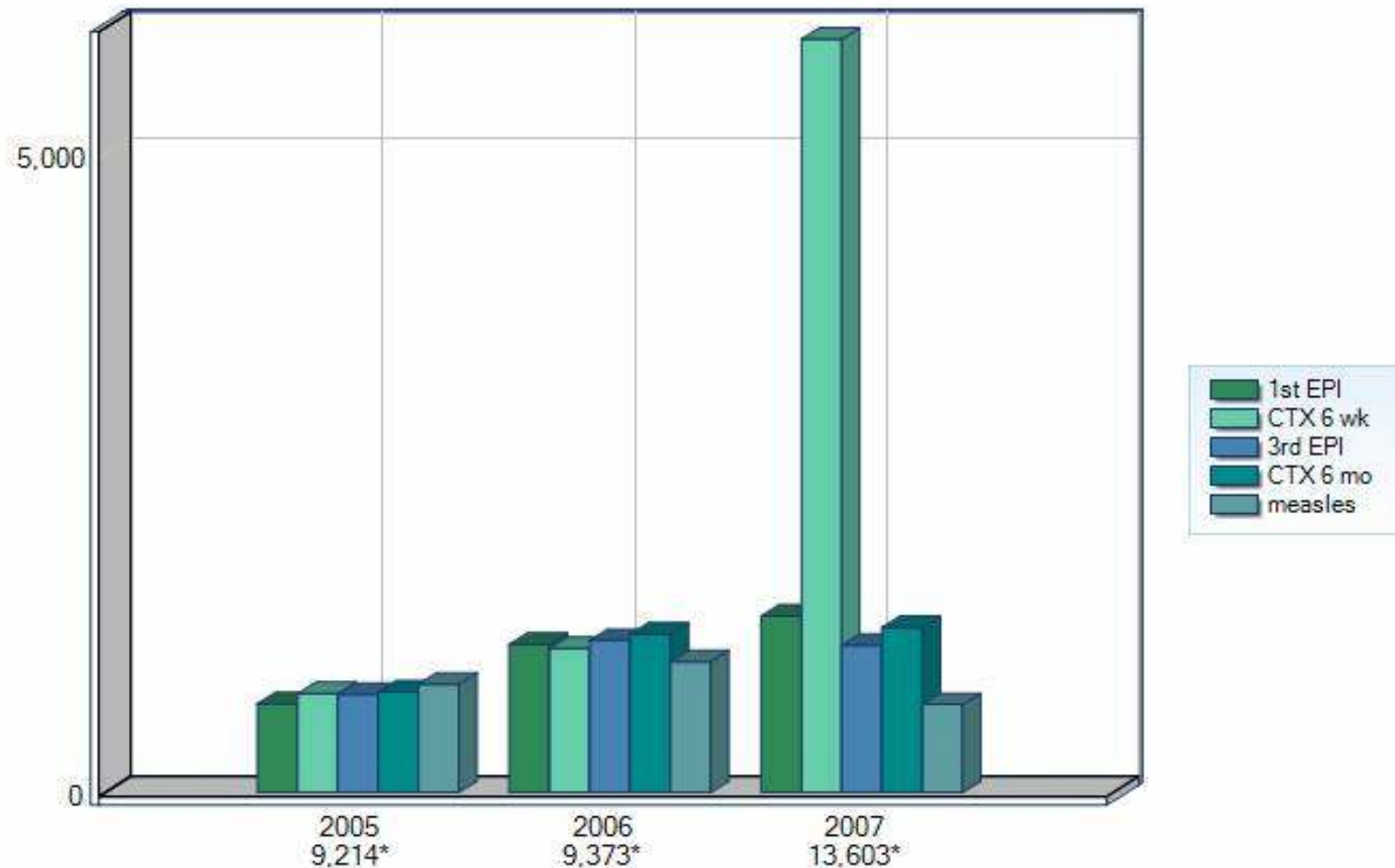


*Number of HIV Exposed Infants



Tanzania

Zimbabwe HIV Exposed Infants Identified In Well Baby Clinic



Mortality Rates

Variable	Arm 2 & 3 n = 252	Arm 1 n = 125	Total n = 377
Died (%)	10 (4%)	20 (16%)	30 (8%)
Person Years of follow-up	167	79	246
Rate per 100 PY (95% CI)	6.0 (2.9; 10)	25.3 (15.5; 39.0)	12.2 (8.2; 17.4)
Hazard Ratio			0.24 (0.11; 0.51)
P - value			0.0002

**Children with HIV Early Antiretroviral Therapy (CHER) Study
Cotton et al**



Uganda

Risk of death

Death rate per 100 person-years (Arm 2&3 vs. 1)

– 3 months 10 vs. 41

– 3 to 6 months 4 vs. 23

– 6 to 12 months 3 vs. 9

Children with HIV Early Antiretroviral Therapy (CHER)

Study: Cotton et al

Summary & Conclusions

- **Starting ART before 12 weeks of age reduces early mortality by 75%**
- **Findings were used to construct new guidelines advising ART in early infancy whenever virological test of infection is obtained (WHO 2008)**
- **These results support the need for enhanced PMTCT programmes, early infant diagnosis and effective transition to care.**

Tanzania



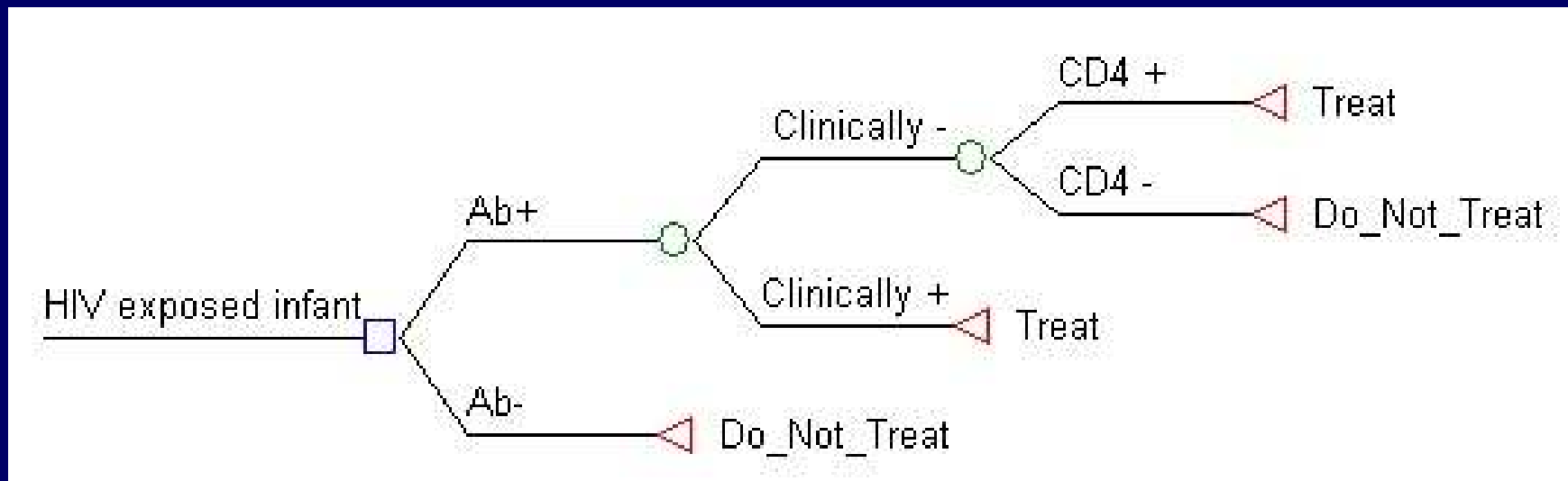
WHO Guidelines—Meeting Apr 2008

- HIV exposed infants should have virological test at 4-6 weeks or earliest opportunity
- All infants under 12 months of age with confirmed HIV infection should be started on ART
- When virological testing not available infants under 12 months with clinical diagnosed presumptive HIV should start ARV
- Infants with history of exposure to nevirapine should receive protease inhibitor based ART, or if not available nevirapine based therapy



Pediatric ART Eligibility Diagnostic Algorithm

- Rapid Antibody Test
- Clinical Diagnosis
- CD4 Testing (as available)



Strategies to Better Treat Infants

- Mom's status on infant hand held record
- Provider Initiated Counseling and testing of all sick children
- Possible provision of Care & treatment in MCH
- Antivirologically + infants less than 12 months treated per WHO
- Algorithm utilizing clinical illness to make presumptive diagnosis





Malawi

Congo



Clinical Diagnosis of HIV Status

Sign or symptom	WHO	KZN	Zim	Illif	Definition
Pneumonia (3)	X	X	X	X	Cough AND fast breathing
Persistent diarrhoea (3)	X	X	X		
Diarrhoea		X		X	Diarrhoea
Ear discharge (2)	X	X	X	X	Ear discharge ever
VLW	X	X	X	X	Weight-for-age <3 rd centile
Poor weight gain (3)		X	X	X	Zero or negative weight change over >=3 months
Gen lymphadenop (1)	X	X	X	X	LN's >=0.5cm in >=2 of 3 sites (neck, axill, inguinal)
Oral thrush (3)	X	X	X	X	
Parotid swelling (2)	X	X	X		
Child, sibling or parent with TB			X	X	Child on TB Rx or in contact
Weight =< 0 Z score				X	Infant's weight =< median weight-for-age