

HIV Infection _

A. Knowledge

Etiology-discussion of viral etiology with effects on T-cells survival, function, antibody function, and monocyte activity

Definition-based on CDC classification of pediatric AIDS, p-O, indeterminate, p-1 asymptomatic, p-2 symptomatic

Definition of HIV positivity and the vagaries of defining "pediatric positivity", e.g., age dependent

Recognition of risk factors and deciding whom to test

Epidemiology-discussion of risk factors

Counseling

Discussion of privacy issues, how to provide information regarding testing, explaining meaning of positive and negative tests in adults and infants

Prevention strategies

Home precautions

Helping family members

Informing other parties (sexual contacts, family, caregivers, etc.)

Issues of daily living (day care, school, swimming, whom to tell, literature on HIV, support groups)

HIV testing

Elisa Western blot

Viral culture

PCR

Discussion of testing before and after 15 months

Other lab work

IgG

CBC

T-4 number

T-4/T-8 ratio

Natural history of disease

Low birth weight

FTT

Lymphadenopathy

Hepatosplenomegaly

Parotitis

Recurrent bacterial fungal and viral illnesses

Pulmonary disease

Cardiac disease

Hepatitis

Developmental delay

General pediatric care

Immunizations

Use of IPV, pneumonvax, influenza

Prophylaxis

AZT

Other drugs

IgG

Bactrim

Aerosolized pentamidine, etc.

Care of febrile child with HIV

Threshold for Rx

Consider opportunistic infection/broad spectrum antibiotics

When to hospitalize

Emphasis on careful monitoring

Care of child with LRI or cough

Viral vs bacterial

CXR, O₂ saturation

Early consideration of treatment with Bactrim

Indications for bronchoscopy, lavage, biopsy

Care of child with HIV/FTT

Emphasis on nutritional support: nasogastric tubes,

Gastrostomy feeds

Care of child with chronic diarrhea

Bacterial cultures, O+P, viral culture

HIV colitis

Research protocols

Discussion of available protocols

Why try given regimens

What will research teach us about disease

AIDS prevention

How to deliver prevention message to different age groups

Review of age appropriate educational materials including

Videotapes, e.g., "Thumbs Up for Kids", "AIDS and Adolescence"

Universal precautions

Review CDC standards

Social and Public Health Issues

Privacy

Dissemination

Housing

Daycare

Insurance

Health care delivery

Need for respite, hospice, foster care

Orphans and "boarder babies"
Death and dying issues
Review of high risk adolescent/parental sexual practices
(See section on "infant abstinence syndromes")

B. Skills

Obtaining informed consent for lab testing
Counseling around diagnosis and prognosis
Educating parents, other caretakers concerning HIV:
 Precautions at home, in school and in day care
 Altering high risk behaviors
Understanding societal prejudice
Monitoring growth, development and nutritional status
Referral to other care providers and specialists: ability to make a referral work and have patient establish a relationship with the specialist
Coordination of care/team approach
Managing care for chronically ill/dying patients (frequently with dead or dying parent)
Managing care for siblings (infected and noninfected)

C. Attitudes

Realizing the importance of confidentiality in often difficult circumstances
Awareness of barriers to health care and testing
Awareness of need to address parental drug abuse/addiction as one of the primary concerns
Recognizing weakening and fragmentation of the family structure caused by substance abuse and HIV infection
Acknowledging the emotional difficulty in caring for a dying child
Appreciate the importance of referring infecting parents for medical care (primary and consultative)

D. Barriers to Care

Lack of insurance coverage for expensive procedures
Homelessness (especially prevalent)
Drug addiction (especially prevalent)
Lack of education concerning high risk behaviors
Noncompliance
Discrimination based on race, gender and sexual practices and sexual orientation
Discrimination based on infection status

E. Advocacy

Advocacy with social agencies for extensive support services to treat children appropriately, e.g., specialized day care

In service training for providers on methods of legal and political advocacy for civil rights for HIV patients

Training others outside the hospital concerning HIV

Advocate for improved funding for programs which provide care for HIV infected children

Advocate for increased funding for AIDS prevention/education services

References

Louis ME, et al. Human immunodeficiency virus infection in disadvantaged adolescents, JAMA, Vol 266, No 17 2387-2391, 1991.

Hein K. Commentary on adolescent acquired immunodeficiency syndrome: The next wave of the human immunodeficiency virus epidemic? J Peds 114, 1, 144-150, 1989.

Falloon J, Eddy J, et al. Human Immunodeficiency Virus Infection in Children. J Peds 114, 1, 1-30, 1989.

Crocker A, Cohen H. Guidelines on Developmental Services for Children and Adult with HIV infection. 2nd edition, Silver Springs, AAUAP, 1990.