

HIV Paediatric case 2 – Baby Chisomo



This new born baby girl has been brought into the hospital after being found, abandoned by a river

Nurse: *The child was dumped in Chikupiru river. She was found near the river bank. A certain old lady took the baby here to the hospital with the police...*

As the mother couldn't be identified, the baby has been admitted to the kangaroo ward and given the name Chisomo.

Nurse: *On examination here at the hospital, we found that the baby was covered in dirt and also the umbilical chord was not cut, so what we did here was to take the baby, we bathed the baby and we cut the umbilical chord. And we managed the baby by warming and covering it up with clothes. Chisomo weighs 2.6kg. She has some white spots in her mouth....*

STOP POINT

**THE WHITE SPOTS LOOK LIKE ORAL THRUSH, WOULD YOU BE WORRIED ABOUT THIS?
WHAT MANAGEMENT WOULD YOU GIVE REGARDING POSSIBLE HIV INFECTION?**

- 1) Not necessarily, thrush is quite common in non-infected babies for the first few weeks. If it persists, however, you should be more worried.
- 2) Because the mother is not known, Chisomo should be treated as exposed.

 *Chisomo has some oral thrush, for which she is given treatment. Because the HIV status of the mother is unknown, she is also started on Nevirapine syrup*

STOP POINT

FOR HOW LONG WOULD YOU GIVE NEVIRAPINE SYRUP OR OTHER RECOMMENDED ARV PROPHYLAXIS?

WOULD YOU GIVE ANYTHING ELSE?

WHEN AND HOW COULD YOU TELL IF CHISOMO IS HIV POSITIVE?

WHAT FEEDING PLAN WOULD YOU FOLLOW?

- 1) She should be started on NVP immediately. NVP should be given for six weeks and a DNA-PCR done at six weeks.
- 2) No other HIV treatment until status is known.
- 3) Chisomo's status is unknown. She may have been exposed to the virus during birth. Because she is no longer breast feeding, she is no longer exposed to the virus, so a DNA-PCR at six weeks should be definitive. However follow up reactive tests could be done if there are any worries about HIV related symptoms (there can always be lab errors), especially at 12 months.
- 4) Replacement feeding (formula).

 *Chisomo is being fed with formula milk. She will continue on a plan for replacement feeding.*

4 DAYS LATER

Four days later, Chisomo's weight is increasing. The oral thrush has cleared up. Her general condition is good. The Hospital Social worker is in contact with the police for further investigations to find Chisomo's mother. As, unfortunately, the mother could not be found, Chisomo was discharged to an Orphanage.

STOP POINT

WHICH ADVICE WOULD YOU GIVE IN THE REFERRAL LETTER TO THE ORPHANAGE?

- Vaccinations: (Polio received, TTV + BCG still needed)
- Continue replacement feeding
- Continue NVP until age 6 weeks.
- DNA-PCR test to be done at age 6 wks. If the DNA-PCR test is negative, then this should be a definitive answer to her status as previously discussed. If the test is positive - then start on ART and cotrimoxazole. If the test is negative - then Chisomo is no longer exposed as she will not be breast feeding. No further treatment should be necessary. But could do rapid test at 12 months to be 100% sure as there can always be lab errors.