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Podcast Title: World AIDS Day

Department: Paediatrics

Category: (Select relevant category)
Public awareness

TRANSCRIPT

This world AIDS Day December 1, 2022, UNAIDS is urging each of us to address the inequalities which are holding back the progress in ending AIDS

The EQUALIZE is a call to action and help end AIDS.

India's ART programme is the 2nd largest globally and has been acclaimed as one of the best public health programme providing HIV care services.

As a signatory to the United National declaration of SDG's, India a committed to achieve, 'END OF AIDS as a public health threat' by 2030.

Being Paediatrician, let me share few perks about PPTCT. Parent to child transmission is a major route for HIV infection (4% of HIV infection in India)

Aim is EMTCT (Elimination of Mother to Child Transmission)

Children born to women living with HIV acquire infection from mother; during pregnancy / labor/breastfeeding which is largely preventable with appropriate intervention by provide ART to mother and ARV prophylaxis.

Essential package of PPTCT services include:

- Routine offer of HIV counselling & testing to all pregnant women attending antenatal care with 'OPT OUT' option.
- Ensure involvement of spouse & other family members & move from an ANC centric to family centric approach.
- Provide ART to all HIV infected pregnant women regardless of WHO staging and CD4 count results.
- Promote institutional delivery for all HIV infected pregnant women, care for associated condition, nutritional counselling, psycho social support, measures for initiating exclusive breastfeeding.
- There are 2 feeding options available for HIV positive mother
 1. Exclusive breastfeeding (EBF)
 2. Exclusive replacement feeding (ERF)
- Mixed feeding never advisable because it increases the risk of transmission; counseling for infant feeding should begin in the AN period itself.
- ERF can be given when EBF is not possible (Maternal sickness), or of mother's choice. It should be affordable, feasible, acceptable, sustainable and safe

ARV prophylaxis: Single drug for 6 weeks – infants with low risk of HIV transmission (Regard less of the type of feeding)

Dual drug for high risk infants – 6 weeks (ERF), 12 weeks (EBF)

Start complementary feeding from 6 months of age

Mother will receive lifelong ART

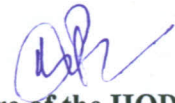
Special interventions during infancy:

- Observe for sign & symptoms of HIV infections
- All exposed infant will received Cotrimoxazole from 6 weeks of age & stopped for HIV uninfected
- Follow standard immunization schedule, route will baby visit
- Early infant diagnosis by TNA(Total Nucleic Acid) that detects HIV pro viral DNA and RNA
- 18 month visit for HIV antibody testing, to initiate first line ART if positive regardless of WHO clinical stage or CD4 count.
- Breastfeeding should be stopped once a nutritionally adequate and safe diet can be provided.

Above all children should receive Psycho social support.
Let us give a child love, laughter & peace, not the tag of AIDS
Try to eliminate the disease, not the diseased
Thank You



Signature of the Resource Person



Signature of the HOD

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