



Australian Paediatric Surveillance Unit
STUDY PROTOCOL
Perinatal exposure to HIV

COMMENCED
MAY 1993

HIV infection among children in Australia is a rare occurrence.

Following the introduction of screening for HIV infection at blood donation, resulting in the virtual elimination of HIV infection due to receipt of blood or blood products, mother-to-child transmission has become the most frequent source of exposure to HIV among children in Australia. In the past five years, 19 cases of HIV infection were newly diagnosed in children including 8 Australian born children. Mother-to-child transmission of HIV accounted for 79% of cases and 16% were in children who were born in a high prevalence country.

The risk of mother-to-child transmission of HIV may be substantially reduced through the mother's use of antiretroviral therapy during pregnancy and antiretroviral and prophylactic treatment of the child, elective caesarean delivery, if appropriate, and avoidance of breastfeeding. Use of these interventions, by women whose HIV infection was diagnosed antenatally, reduces the risk of mother-to-child transmission to less than 2%.

OBJECTIVES

1. To monitor the pattern of perinatal exposure to HIV among children born to women with HIV infection
2. To monitor the uptake of interventions for minimising mother-to-child transmission among women whose HIV infection was diagnosed antenatally
3. To monitor the pattern of mother-to-child transmission in Australia

CASE DEFINITION AND REPORTING INSTRUCTIONS

Please report any neonate or child who meets the case definition seen in the past month, even if they have already been reported to the National HIV Registry.

Any child born to a woman with HIV infection: exposed to HIV either perinatally by *in utero* exposure or through breastfeeding, even if they are subsequently confirmed as HIV antibody negative.

FOLLOW UP OF REPORTED CASES

Clinicians reporting a case of Perinatal exposure to HIV are asked to complete the following case report forms (CRFs):

- Child with perinatal exposure to HIV
- Mother with perinatally exposed child

If the reporting clinician cannot complete the CRF for the child's mother, they are asked to complete the section "Child born to the woman with HIV infection" on the CRF and forward the CRF to the doctor providing the mother's HIV care for completion.

INVESTIGATORS

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The project is overseen by a Clinical Advisory Group, with representation from each state and territory

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