Background

Pediatric HIV/AIDS estimates in Niger
- Children <15yrs living with HIV/AIDS (UNAIDS 2006) : 8 900
- Children <15yrs in need of ART (WHO/UNAIDS/UNICEF 2007) : 3 600

Free care and ARV treatment for HIV-positive children is available since 2004, thanks to INNARV and technical support provided by the NGO Solthis.

We report here an evaluation of the national pediatric cohort in its entirety.

Methods

Cohort study of all children with confirmed HIV infection and those with presumptive severe HIV disease followed up in all HIV centers in Niger.

Inclusion criteria: HIV infected children: PCR+ at any age or serology+ and age >18 months

Children with severe HIV disease (presumptive diagnosis): HIV antibody+ at any age (or HIV antibody+ mother) and WHO stage III or IV and/or advanced or severe immunodeficiency

Results

Whole national pediatric cohort: 565 children

Severe HIV (presumptive diagnosis):
- HIV- : 311
- HIV+ confirmed: 133
- HIV exposed and symptomatic: 59

Study period: November 2004 – May 2008

Children included in the study: 192

Demographical and clinical characteristics at inclusion

- Male sex M = 79 (42%)
- Median age 23 months [IQR: 12 – 46]

WHO clinical stage
- I : 78 (41%)
- II : 16 (8%) 
- III : 71 (37%)
- IV : 20 (11%)
- N.A. : 6 (3%)

Median Hb (g/dL) (n=56) 8.7

Ongoing OI prophylaxis 172 (90%)

Z-score Weight for Age

Z-score Height for Age

Z-score progression on ART

Conclusions

Most children enrolled in the pediatric cohort are symptomatic, identified at a late phase of HIV infection.

Active and early screening in high risk groups (i.e. malnourished children) and an improvement of infant PMTCT follow-up is crucial to the successful implementation of pediatric care.