

OI PROPHYLAXIS AND IMMUNISATIONS

The management of the HIV-exposed infant, including considerations of prophylaxis against *Pneumocystis jiroveci* pneumonia (PCP), are summarised in *Chapter VIII: Care of Children Born to HIV-Infected Mothers*. The diagnosis and management of OIs in HIV-infected children are detailed in *Chapter X: Diagnosis and Treatment of Opportunistic Infections (OIs) among HIV-Exposed and -Infected Children*, while paediatric OI prophylaxis recommendations are summarised in *Chapter VI: Recommendations for Adult and Paediatric Opportunistic Infections (OIs) Prophylaxis*. Immunisation recommendations are detailed in *Chapter VI, Table 4*.

Tuberculosis (TB)

TB deserves special mention for reasons related to epidemiology, diagnosis, and treatment. Alarming increases in active TB in Caribbean children have been recently documented in Jamaica and Haiti. HIV co-infection among paediatric TB cases has increased dramatically as well, with rates of 50% in some prospective studies.ⁱ These children usually have close household exposures and/or contact to family members with active (and often undiagnosed) TB.

Paediatric TB-HIV co-infection presents several diagnostic challenges. TB and HIV infection have the same features of chronic cough, recurrent fever, growth failure, lymphadenopathy, and abnormal chest radiographs. Children with HIV/AIDS are often anergic and may not respond to the Mantoux skin test.

Experience in the management of Jamaican children with TB-HIV co-infection has suggested that those who were treated with TB medications alone typically improved initially, but subsequently deteriorated or died, whereas those treated with anti-TB medications *and* HAART usually improved. Hence, treatment with both HAART and anti-TB drugs generally leads to improved survival and the best long-term outcomes in children with TB-HIV co-infection. However, the timing of HAART initiation as well as the selection of the initial HAART regimen must be considered carefully and should be performed in consultation with an expert in the management of both diseases.

ⁱGeoghagen M, Farr JA, et al. Tuberculosis and human immunodeficiency co-infections in Jamaican infants and children. *West Indian Med J*, 2004;53:(5)339-345.