

**Australian Paediatric Surveillance Unit  
STUDY PROTOCOL**

**Monitoring paediatric HIV infection and perinatal exposure to HIV in Australia**

HIV infection among children in Australia is a rare occurrence. From 1985 to 2008, a total of 281 children aged less than 16 years were diagnosed with HIV infection in Australia. The children's source of exposure to HIV was attributed to mother-to-child transmission in 36%, treatment for haemophilia in 36%, receipt of blood in 8%, from a high HIV prevalence country in 4%, male homosexual contact in 3%, injecting drug use in 1%, heterosexual contact in 2% and remained undetermined in 10%.

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, 36 cases of HIV infection were newly diagnosed in children including 11 Australian born children. Mother-to-child transmission accounted for 75% of cases and 25% 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 newly diagnosed HIV infection among children aged less than 16 years at HIV diagnosis
- 2 to monitor the pattern of perinatal exposure to HIV among children born to women with HIV infection
- 3 to monitor the uptake of interventions for minimising mother-to-child transmission among women whose HIV infection was diagnosed antenatally
- 4 to monitor the pattern of mother-to-child transmission in Australia

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**CASE DEFINITION AND REPORTING INSTRUCTIONS**

**Any child aged less than 16 years at diagnosis of HIV infection in Australia and any child born to a woman with diagnosed HIV infection is notifiable. Children born to women with HIV infection who are known to have been exposed to HIV either perinatally by *in utero* exposure or through breastfeeding, are notifiable, even if they are subsequently confirmed as HIV antibody negative. Please report any neonate or child who meets the case definition who you have seen in the past month and have not previously reported to the APSU. This includes both new and old patients, even if they have been reported to the National HIV Registry.**

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**Follow up of reported cases**

The questionnaire "Child with HIV infection or perinatal exposure to HIV", requesting information on the child, their source of exposure to HIV and HIV status, will be forwarded to practitioners who have reported a case.

A questionnaire on the child's mother will also be forwarded to practitioners. If the practitioner who reported the child cannot complete the questionnaire for the child's mother, they are asked to complete the section "Child to the woman with HIV infection" on the questionnaire "Woman with perinatally exposed children" and forward the questionnaire to the doctor providing the mother's HIV care.

**If you have any questions please contact:**

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