



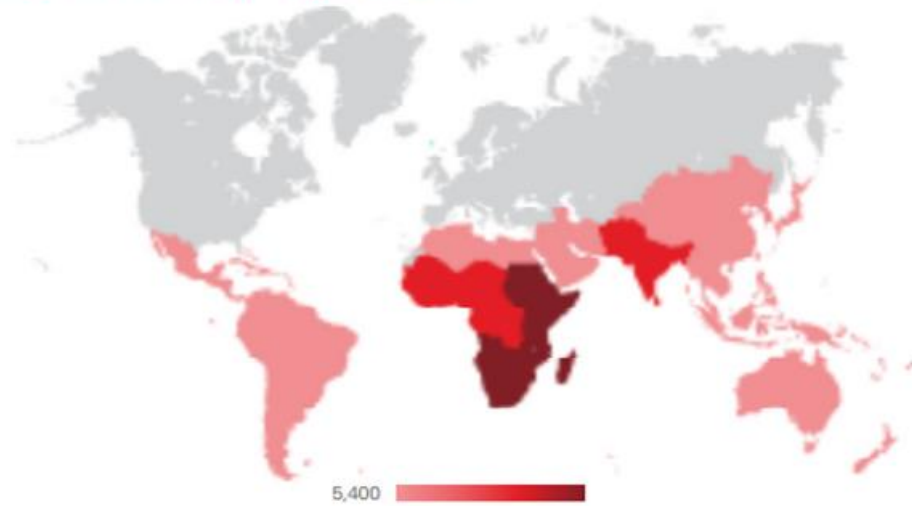
**SOCIODEMOGRAPHIC,  
CLINICAL, AND IMMUNOLOGIC  
PROFILE OF CHILDREN AGED  
< 18 YEARS WITH HUMAN  
IMMUNODEFICIENCY VIRUS  
(HIV) INFECTION ENROLLED IN  
A TREATMENT HUB IN  
NORTHERN MINDANAO FROM  
JULY 2013 TO DECEMBER 2021**

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<sup>1</sup> Northern Mindanao Medical Center

# BACKGROUND OF THE STUDY

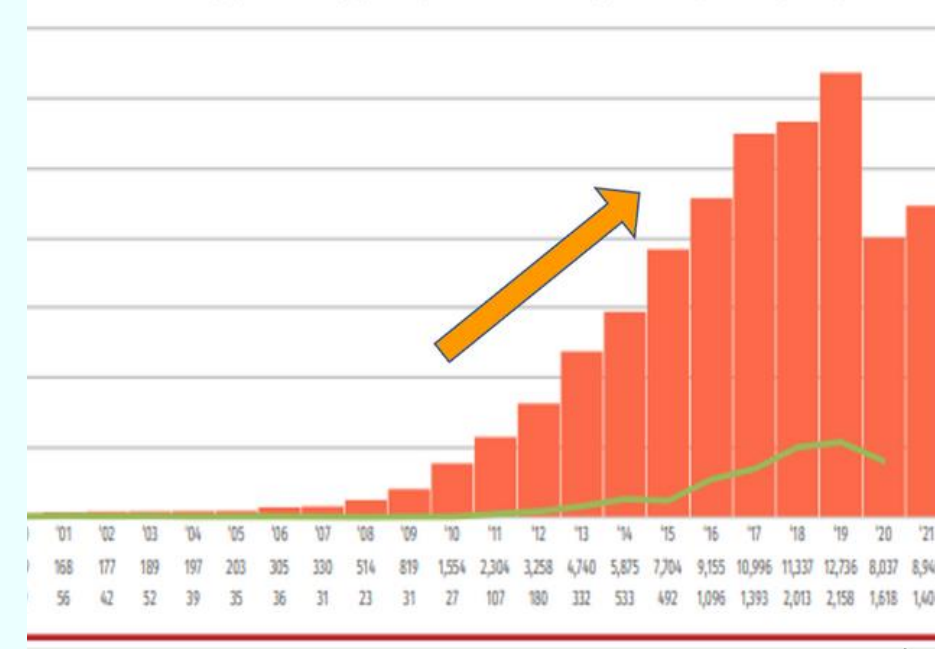


**Figure 1:** Number of children and adolescents aged 0-19 years living with HIV, by region, 2020



**~38 million people living with HIV worldwide**

ed in the Philippines by year, Jan 1984-Sep 2021 (N=90,960)



**Exponential rise of HIV cases in the Philippines is continuously alarming**

**Fig. 8:** Diagnosed cases among children and adolescents by age group, Jan 1984-Sep 2021 (n=3,947)



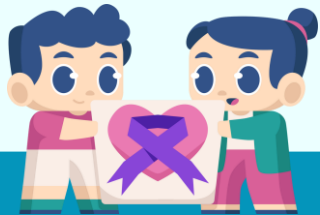
**Among children and adolescents, there has been a significant increase of cases in the 15-17 years age group in the year 2019**



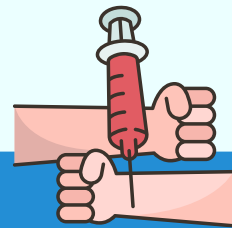
**NO EPIDEMIOLOGIC STUDY AMONG PEDIATRIC POPULATION**



# OBJECTIVES



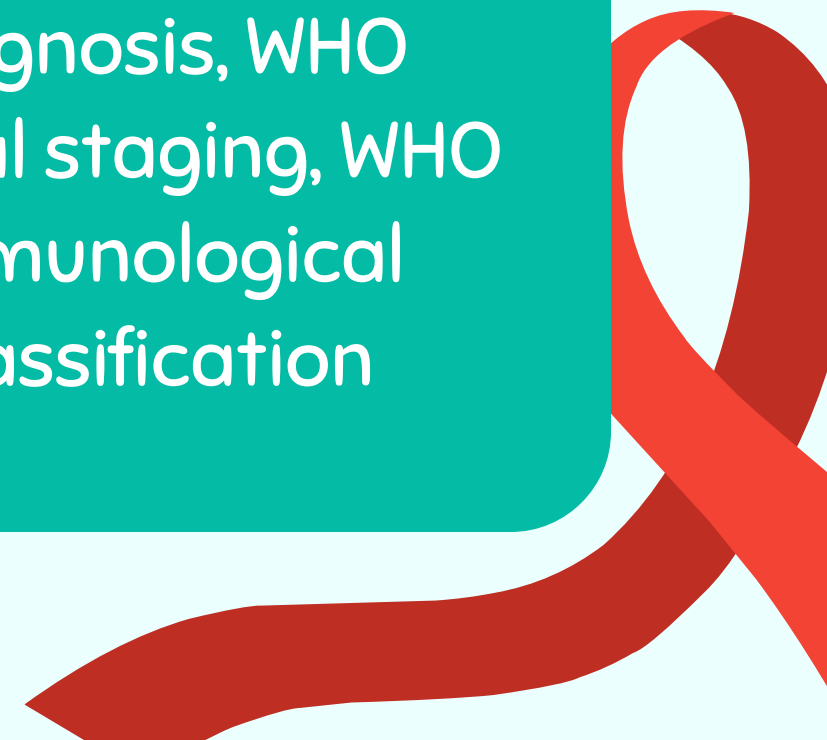
To describe the sociodemographic profile of children with confirmed HIV infection according to age at diagnosis, sex, residence, educational attainment (caregiver), socioeconomic status of the family



To identify the mode of transmission of children infected with HIV: sexual, perinatal, others (blood/blood products, sharing of infected needles, needlestick injury), unknown



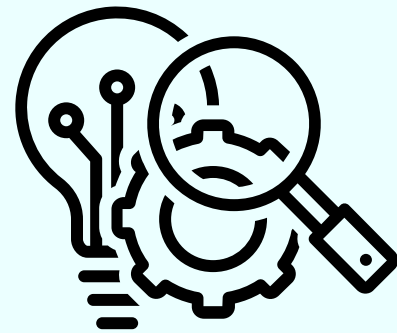
To determine the clinical profile of children infected with HIV according to the nutritional status, clinical features at diagnosis, WHO clinical staging, WHO immunological classification



# METHODOLOGY

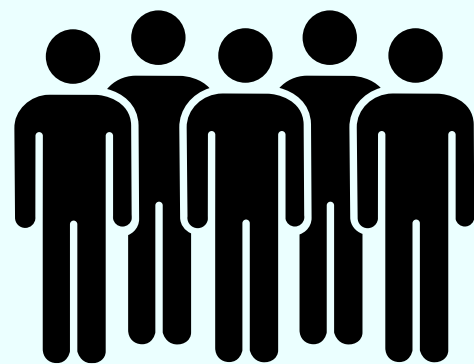
## STUDY TYPE

Descriptive Study



## PARTICIPANTS

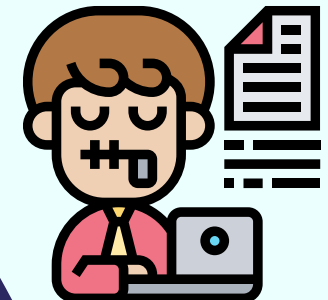
•All pediatric HIV patients aged < 18 years enrolled in a treatment hub in Northern Mindanao between July 2013 to December 2021



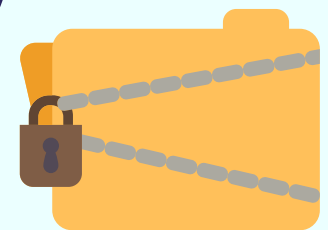
REB Approved

APPROVED

Treatment hub personnel was hired



Password protected google sheet form



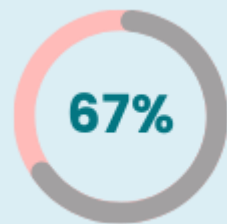
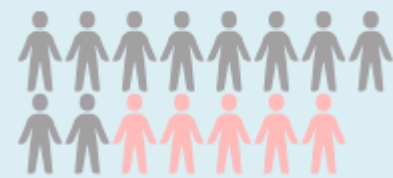
# RESULTS N=15



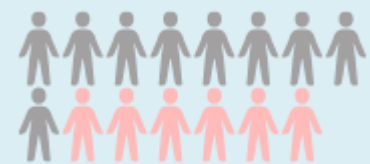
**A total of 15 confirmed HIV subjects were included in this study.**



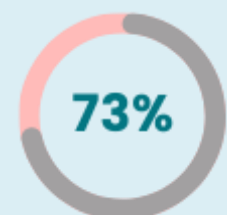
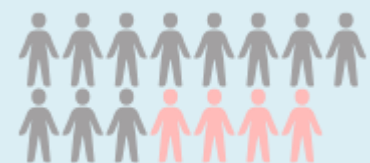
53% of these subjects were adolescents aged 10 -17 years old



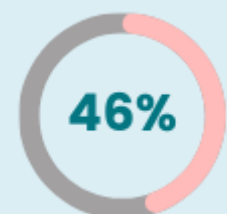
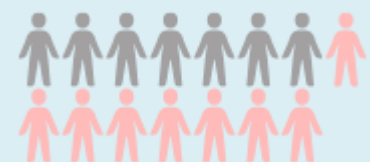
Mostly are males



Majority of the subjects are from outside the city



Most of the subjects are considered poor



Most of the caregivers finished up to secondary level of education

# RESULTS N=15



MODE OF TRANSMISSION	FREQUENCY (n)	PROPORTION (%)
Sexual		
Male-Female sex	0	0
Male-Male sex	7	47
Sex with males and females	0	0
Perinatal	8	53
Others		
Blood/blood products	0	0
Sharing of infected needles	0	0
Needlestick injury	0	0
Unknown	0	0

# RESULTS N=15



NUTRITIONAL STATUS		FREQUENCY (n)	PROPORTION(%)
<b>Weight-for-Length/ Height (Birth to 5 years old)/ BMI-for-Age (5-19 years old)</b>	Normal	12	80
	Obese	0	0
	Overweight	2	13
	Possible risk of overweight	0	0
	Wasted	0	0
	Severely wasted	1	7
<b>Height/Length-for-Age</b>	Normal	9	60
	Stunted	4	27
	Severely stunted	2	13

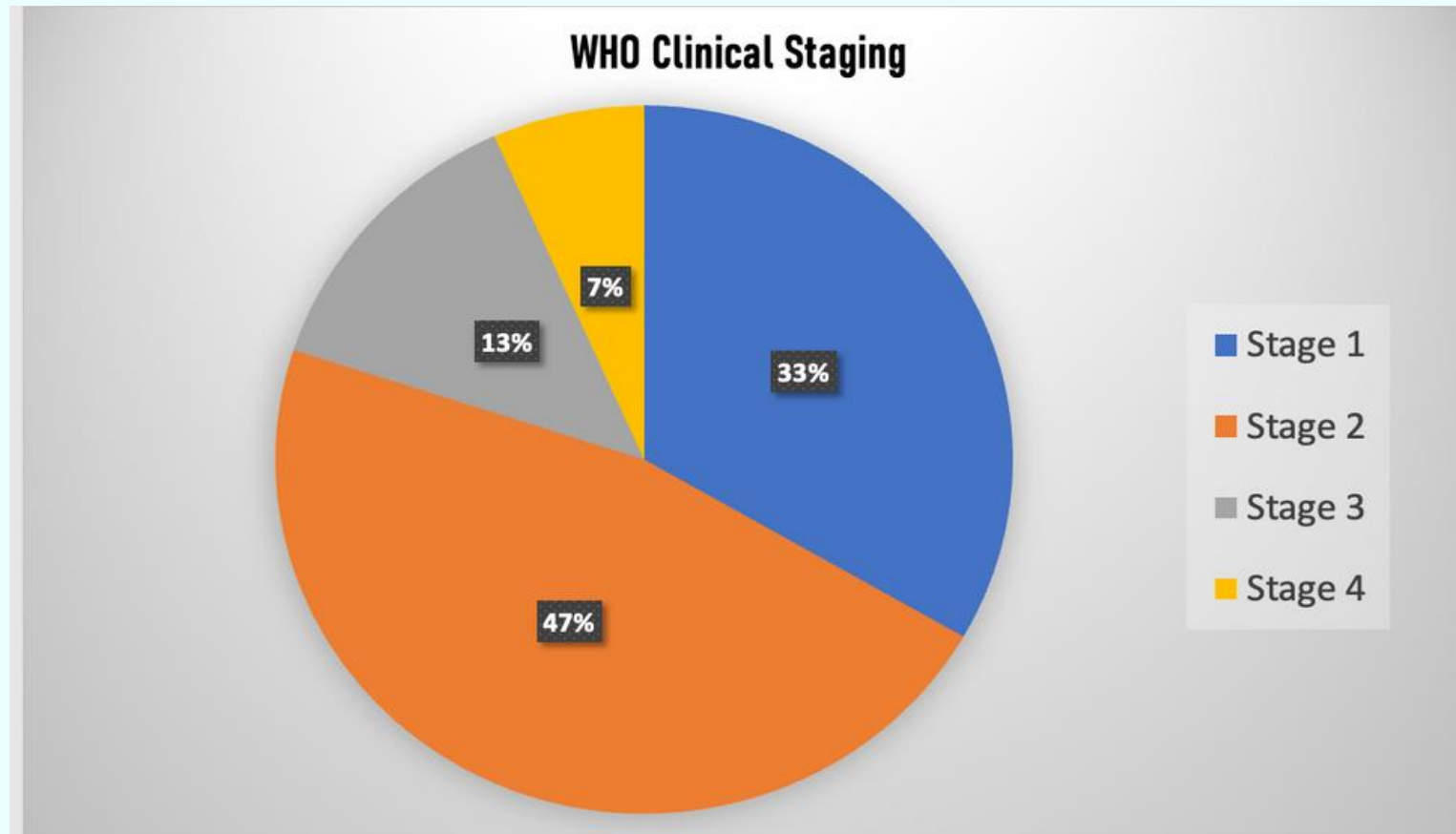
# RESULTS N=15



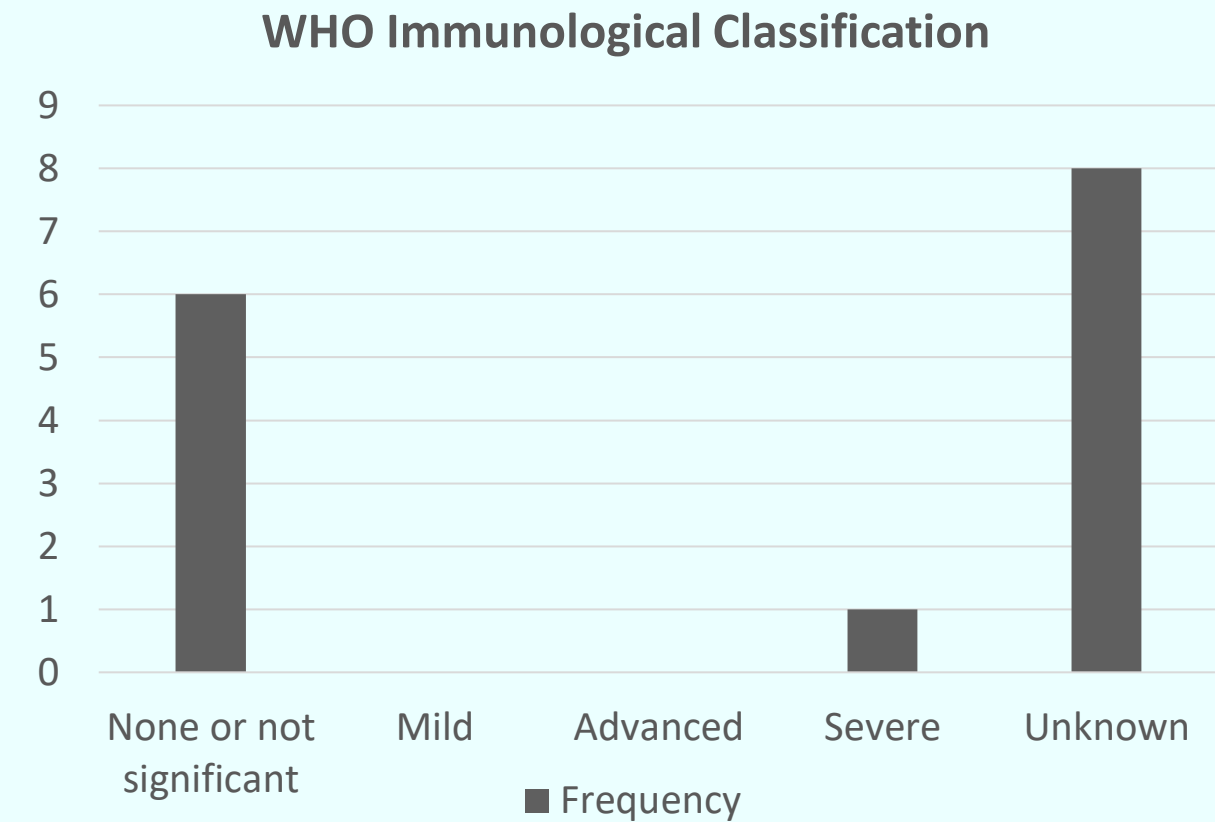
<b>Clinical Features</b>	<b>FREQUENCY (n)</b>	<b>PROPORTION (%)</b>
<b>Cough</b>	5	33%
<b>Fever</b>	4	27%
<b>Skin lesion/rash</b>	4	27%
<b>Penile Discharge</b>	2	13%
<b>Anal warts</b>	1	7%
<b>Failure to thrive</b>	1	7%



# RESULTS N=15



47% of the subjects were at clinical stage 2 based on the WHO clinical staging



Immunologic classification assesses the immune status of patients with HIV by measuring the absolute number (per mm<sup>3</sup>) or percentage of CD4<sup>+</sup> cells, however, this was not done in 53% of our patients because the test was not always available

# CONCLUSIONS AND RECOMMENDATIONS



## CONCLUSION

- There is a preponderance of male adolescents in pediatric patients with HIV infection.
- Most patients live outside Cagayan de Oro City and belong to the low socioeconomic status.
- Perinatal and male-male sex are the common modes of transmission
- Cough, fever, and skin lesions – most common clinical features
- Majority had nutritional status within normal range and were still at early stages
- Unknown immunological classification

## RECOMMENDATIONS

- Promotion of sexual health and gender-sensitivity education
- Reduce barriers to health-care delivery
- Decentralizing HIV management or at least the disposal of antiretroviral therapy to rural health units
- Timely monitoring of the immunological status and ensuring availability of the tests necessary for monitoring treatment response
- Further studies on outcome and treatment adherence