STANDARDS OF CARE
FOR HIV-EXPOSED AND INFECTED INFANTS AND CHILDREN

In infants and children, untreated HIV infection causes rapidly progressive disease with high mortality during early childhood. Early recognition of HIV and timely management with appropriate prevention, care and treatment helps to save young lives. Most HIV-exposed infants – infants born to HIV-positive women – do not become HIV-infected, particularly if the mother receives antiretroviral treatment or prophylaxis and ensures safe infant feeding.

**All HIV-exposed and infected infants and children need:**

1. Identification, enrolment and retention in on-going care.
2. Regular monitoring of growth, nutrition and development.
3. Child survival interventions, including immunizations, treatment of diarrhoea, pneumonia and other acute illnesses, and provision of insecticide-treated bed nets for prevention of malaria in areas with malaria risk.
4. Early HIV testing to determine HIV status including viral tests for children below 18 months.
5. Regular nutritional counselling and support and avoidance of mixed feeding in the first 6 months of life.
6. Cotrimoxazole prophylaxis starting at 4-6 weeks of age, continued for those infected.
7. Screening for, and prophylaxis or treatment for TB.

**HIV-infected infants and children also need:**

8. Antiretroviral therapy for all HIV-infected infants and treatment-eligible children, provided as child-friendly formulations.
9. Regular clinical monitoring, clinical staging and measurement of CD4.
10. Life-long care as well as psychological, social and treatment adherence support.

**Key resources:**


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