

INCIDENCE OF INFECTIONS OF RESPIRATORY TRACT IN HIV-INFECTED CHILDREN TREATED IN THE DEPARTMENT OF PEDIATRICS AND INFECTIOUS DISEASES IN WROCLAW

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Introduction: HIV and AIDS are risk factors for infections and respiratory symptoms are a frequent complaint among HIV-infected individuals. On the other hand, HIV-infected children are under high standard of care in Poland (e.g. expanded program on immunizations, HAART treatment and facilitated access to medical care). **Aim:** to evaluate the incidence of infections of respiratory tract in HIV-infected children. **Material and Methods:** A descriptive study included 26 children (aged 4 to 18 years, mean age 10 years 4 months, 17 girls) vertically infected treated in our center. All studied children receive HAART and have undetectable viral load in PCR testing. All attending educational institutions. 6/26 children suffer from an underlying chronic disease (1/6 hepatitis C; 1/6 tuberculosis; 1/6 pollinosis and allergy; 1/6 dilated cardiomyopathy; 1/6 hypoplasia of the corpus callosum; 1/6 left side hemiparesis). Children are also treated at the general practice 24/26, and primary care physician was informed of the HIV infection in 18/26 cases, 2 children are treated only in our Department..

Social and economic conditions of the family as good declared 10/26 carers, average 12/26; and difficult 4/26. Exposure to tobacco smoke at home declared: 17/26, including 8 children > 20 cigarettes per day, 4 children 5-10 cigarettes, 3 children -10-20 cigarettes, 2 children <5 cigarettes. Data were collected from caregivers of children with a questionnaire consisted of 24 questions on demographic data, details of HIV infection, incidence of infections of respiratory tract in the last year (including colds, sore throat, tonsillitis, otitis media, sinusitis, laryngitis, tracheitis, bronchitis and pneumonia), taking into account coincidence of the chronic diseases, infection-promoting factors like cigarette smoking by household members, attending educational institutions, social conditions, details of the diagnosis and treatment of respiratory infections, also including whether the doctor was informed about HIV infection in a child. We analyzed the hospitalizations. **Results:** The incidence of infection in the last calendar year: 2/26 children had no infection, 1 infection occurred in 8/26, 2-3 infections-in 12/26, more than 3 infections declared 3/26 people, many infections (unspecified number) -1/26 people. Type of infection: 5 of 26 children in the study were hospitalized (4/5- radiologically confirmed pneumonia, including one child with tuberculosis who was hospitalized twice, 1/5 bronchitis). Seasonality of infection: lack of seasonal 10/26, Fall / Winter 6/26, Fall 5/26; winter 3/26, Spring 2/8. Routinely treated with antibiotics for each infection were 4/26 (average 3 times per year) no antibiotic treatment 20/26. **Conclusions:** HIV-infected children in our center rarely acquire respiratory infections, mostly common colds. Hospital admissions were associated with pulmonary tuberculosis.