

## Pediatric Classification and HIV Status of Mothers

All infants born to an HIV positive mother should be reported to the state health department, even though the final HIV status of the child is not known until later. By the end of 2005, a total of 509 children had been born to HIV positive mothers since the beginning of record keeping. During the year 2005, no new cases of pediatric infection were recorded. All children recorded in the HARS database are classified in one of four categories:

- Exposed: Children that are born to HIV+ women, but their laboratory testing has not yet determined their HIV status
- HIV: Children that are born to HIV+ women and their laboratory has confirmed their HIV+ status
- AIDS: Children that are born to HIV+ women and they meet the definition for pediatric AIDS
- DNI: Definitely Not Infected, the laboratory testing has confirmed that child is definitely not infected

In Figure 38 the distribution of children among these four categories is shown. The numbers are cumulative.

**Figure 38: Cumulative Number of Children born to HIV positive Mothers up until December 31, 2005**

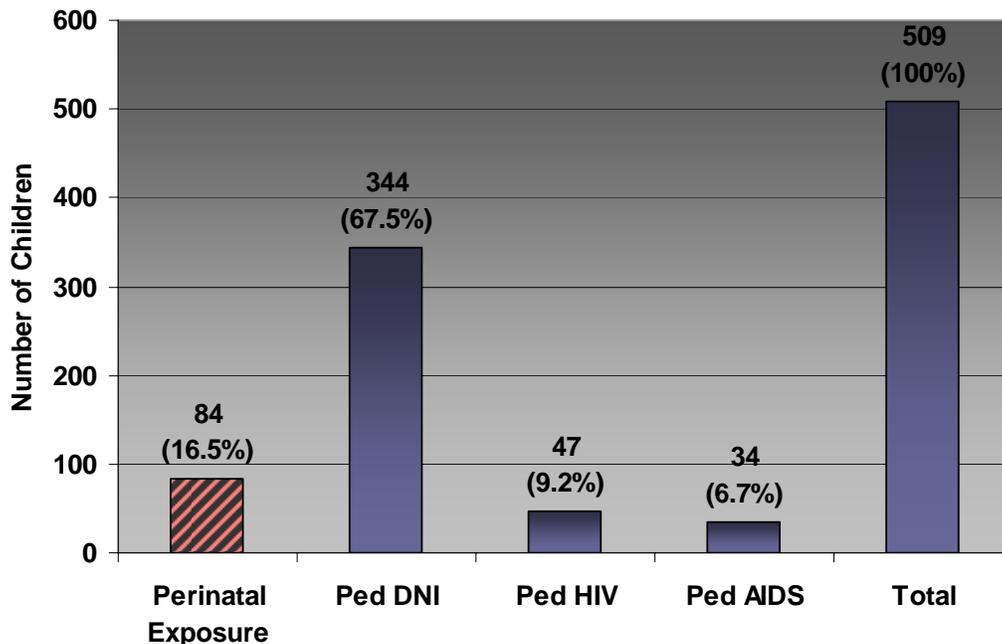


Table 28 shows the number of children that were born to HIV positive mothers by the time of the mother's diagnosis.

**Table 28: Cumulative Number of Children born to HIV positive Mothers by the Time of the Mother's Diagnosis, 2005**

<b>HIV Status of Mother</b>	<b>Perinatal Exposure</b>	<b>Pediatric HIV</b>	<b>Pediatric AIDS</b>	<b>Definitely Not Infected</b>	<b>Total</b>	<b>Percent</b>
<b>Referred to HIV Testing</b>	0	0	1	0	1	0.2%
<b>Unif. after Birth</b>	0	3	0	0	3	0.6%
<b>HIV+ at Delivery</b>	1	1	0	6	8	1.6%
<b>Unknown</b>	0	2	3	2	7	1.4%
<b>HIV+ Time Unknown</b>	2	4	3	3	12	2.4%
<b>HIV+ sometime before Birth</b>	13	5	3	25	46	9.0%
<b>HIV+ after Birth</b>	1	20	15	30	66	13.0%
<b>HIV+ during Pregnancy</b>	18	8	4	103	133	26.1%
<b>HIV+ before Pregnancy</b>	49	4	5	175	233	45.8%
<b>Total</b>	<b>84</b>	<b>47</b>	<b>34</b>	<b>344</b>	<b>509</b>	<b>100.0%</b>

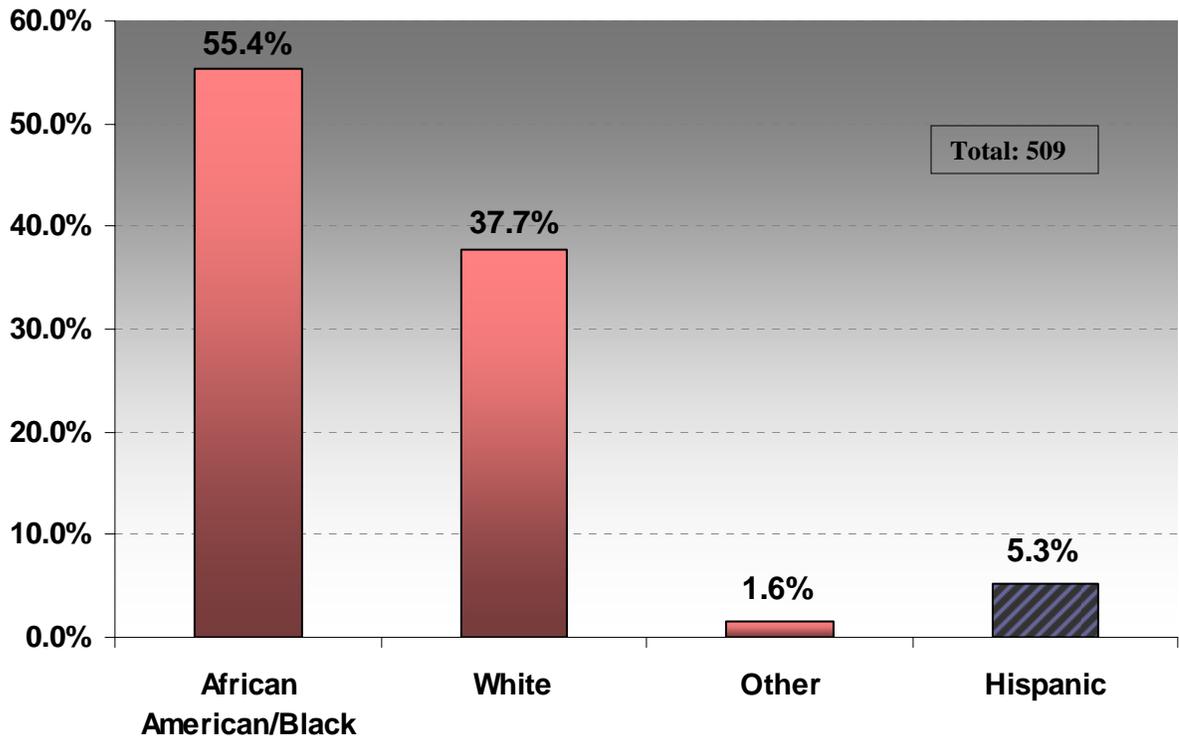
A majority of children was born to mothers who's HIV positive status was determined either before (45.8%) or during (26.1%) a pregnancy. The time of detection of the HIV positive status of the mother is important in estimating the risk to the children of infected mothers. Early detection of the mother's status improves the chances of preventing the spread of the virus from the mother to the child, either during birth or after the child is born. Accordingly, the number of children that were diagnosed as HIV positive or meeting the criteria for pediatric AIDS was about three times larger if the status of the mothers was diagnosed as HIV positive after the child was born, or where the time of infection in regards to the diagnosis was unknown.

No new pediatric cases of HIV or AIDS were diagnosed in 2005.

The ethnic and racial distribution of the group of children that were born to infected mothers is presented in Figure 39. The figure includes those children that are currently in

the *Exposed* category, pending the outcome of their laboratory results, as well as those that were diagnosed as either *HIV* positive, *AIDS*, or *Definitely Not Infected*.

**Figure 39: Cumulative Number of Children born to HIV+ Mothers by Race/Ethnicity, 2005**



More than half of all children born to infected mothers were African-American. Table 29 shows the absolute numbers and corresponding percentages for all four categories by race and ethnicity. The different percentages of children in each category are consistent with the overall distribution of children by category and race/ethnicity.

**Table 29: Cumulative Number of Children born to HIV+ Mothers by Race/Ethnicity**

Race/ Ethnicity	Exposure	%	Pediatric HIV	%	Pediatric AIDS	%	DNI	%	Total	%
African American/ Black	60	71.4	26	55.3	21	61.8	175	50.9	282	55.4
White	18	21.4	19	40.4	12	35.3	143	41.6	192	37.7
Other	0	0.0	1	2.1	1	2.9	6	1.7	8	1.6
Hispanic	6	7.1	1	2.1	0	0.0	20	5.8	27	5.3
<b>Total</b>	<b>84</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>	<b>34</b>	<b>100.0</b>	<b>344</b>	<b>100.0</b>	<b>509</b>	<b>100.0</b>

Indiana law requires the primary prenatal care provider to offer the pregnant women HIV information, counseling and voluntary testing. Medical studies have shown that pregnant women

who are HIV positive can reduce the risk of passing the virus on to their children by two-thirds with proper perinatal care and anti-viral treatment during pregnancy, labor, delivery, and to the child after birth. Table 30 shows the number of children by their infection status broken out by the time the mother received drug treatment to lower her viral load.

**Table 30: Cumulative Number of Children by their Infection Status and by the Availability of Drugs, 2005**

<b>Mother received drug...</b>	<b>...prior to Pregnancy</b>	<b>...during Pregnancy</b>	<b>...during Delivery</b>	<b>Child received drugs</b>
Exposure	34	50	56	72
Pediatric HIV	50	8	7	11
Pediatric AIDS	56	3	0	3
DNI	72	211	210	247

In case of the mother receiving anti-viral drugs before the pregnancy no case of pediatric HIV or AIDS has been diagnosed. When taking the drugs during pregnancy the number of infected children is still very low compared to the not infected children of that same group.