



Yenidoğan ve HIV

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Enfeksiyon Hastalıkları Ünitesi

Review

The end of AIDS: HIV infection as a chronic disease

Steven G. Deeks, Sharon F. Davis, Diane V. Havlir

The success of antiretroviral therapy has led some people to now ask whether the end of AIDS is possible. For patients who are motivated to take therapy and who have access to lifelong treatment, AIDS-related illnesses are no longer the primary threat, but a new set of HIV-associated complications have emerged, resulting in a novel chronic disease that for many will span several decades of life. Treatment does not fully restore immune health, as a result several inflammation-associated or immunodeficiency complications such as cardiovascular disease and cancer are increasing in importance. Cumulative toxic effects from exposure to antiretroviral drugs for decades can cause clinically-relevant metabolic disturbances and end-organ damage. Concerns are growing that the multimorbidity associated with HIV disease could affect healthy ageing and overwhelm some health-care systems, particularly those in resource-limited regions that have yet to develop a chronic care model fully. In view of the problems inherent in the treatment and care for patients with a chronic disease that might persist for several decades, a global effort to identify a cure is now underway.

by Ateş Kara, Hacettepe University, Ankara, Turkey

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Review

The end of AIDS: HIV infection as a chronic disease

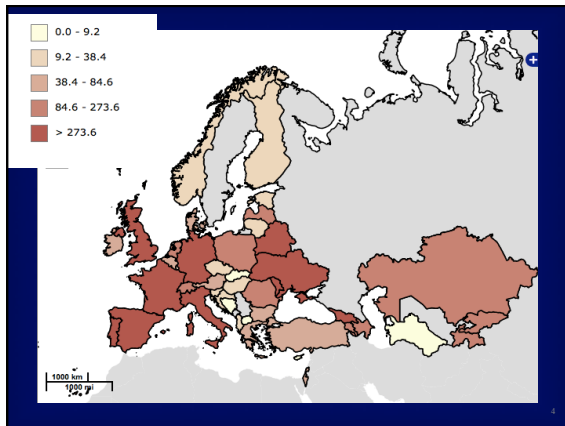
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Estimated number of children living with HIV younger than 15 years receiving antiretroviral therapy, children needing antiretroviral therapy and percentage coverage in low- and middle-income countries according to region, December 2011

Geographical region	Reported number of children (0-14 years) receiving antiretroviral therapy	Estimated number of children needing antiretroviral therapy [range]	Antiretroviral therapy coverage among children [range]
Sub-Saharan Africa	495 700	1 830 000 [1 600 000-2 000 000]	27% [24-30%]
Eastern and southern Africa	426 800	1 310 000 [1 200 000-1 400 000]	33% [30-37%]
West and central Africa	68 900	520 000 [450 000-600 000]	13% [12-15%]
Latin America and the Caribbean	17 000	39 000 [31 000-48 000]	43% [35-54%]
Latin America	13 500	29 000 [22 000-38 000]	46% [36-60%]
The Caribbean	3 500	10 200 [8 500-12 000]	34% [29-41%]
East, South and Southeast Asia	44 400	111 000 [51 000-200 000]	40% [22-88%]
Europe and Central Asia	8 200	7 800 [7 500-8 200]	>95% [>95%]
North Africa and the Middle East	900	6 500 [5 200-7 900]	14% [11-17%]
Total	566 000	1 990 000 [1 800 000-2 300 000]	28% [25-31%]

Source: WHO, UNICEF, UNAIDS

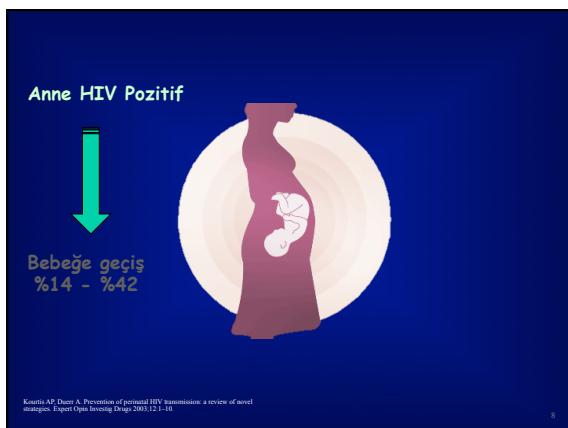
Estimated number of children living with HIV younger than 15 years receiving antiretroviral therapy and percentage coverage in low- and middle-income countries according to region, December 2011

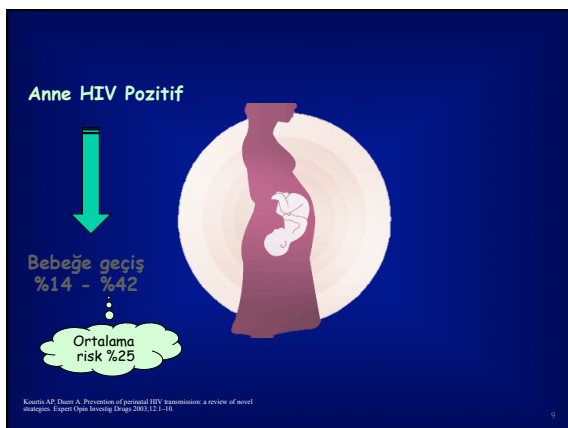
Dünya genelinde 430.000 yeni, 15 yaş altı çocuk

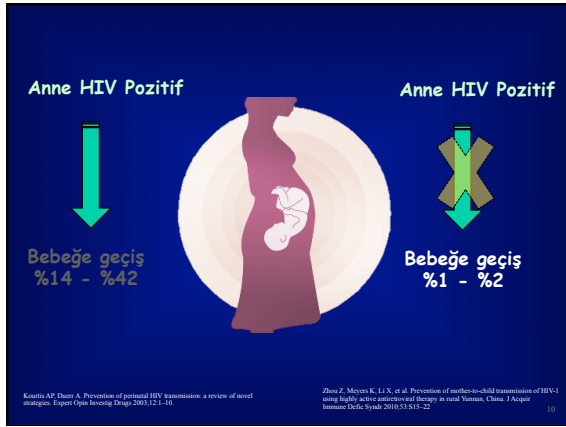
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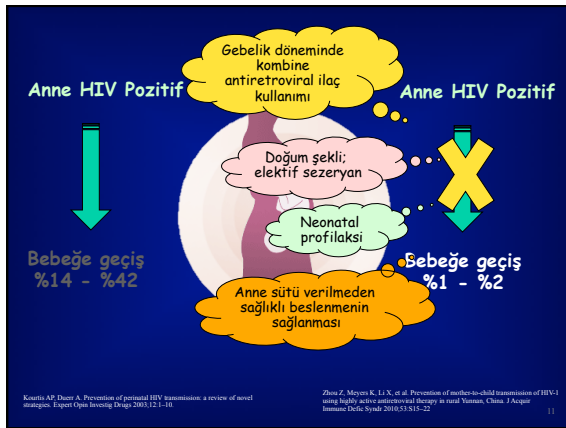
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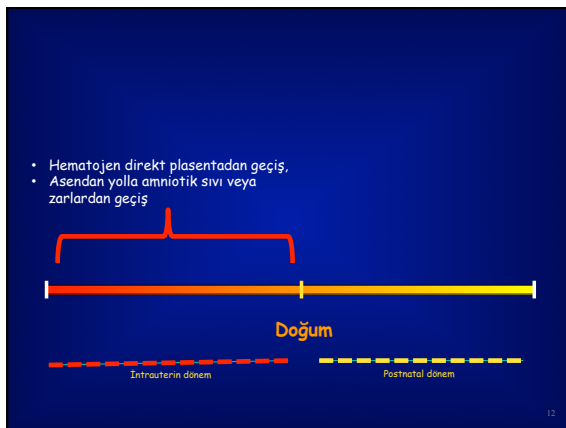












- Bebeğin anne vücut sıvıları ve kanı ile mukokütanöz teması,
- Serviksten asendan olarak enfeksiyonun alımı,
- Doğum sırasında anneden bebeğe transfüzyon (özellikle uterin kontraksiyonlar sırasında)

- Hematojen direkt plasentadan geçiş,
- Asendan yolla amniotik sıvı veya zarlardan geçiş

Doğum

----- Intrauterin dönem ----- Postnatal dönem -----

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- Anne bebek ilişkisi

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14

HIV pozitif bebeklerde hangisi en önemlisi ?

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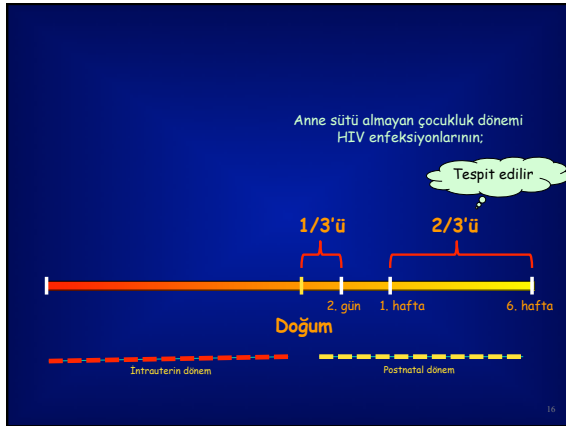
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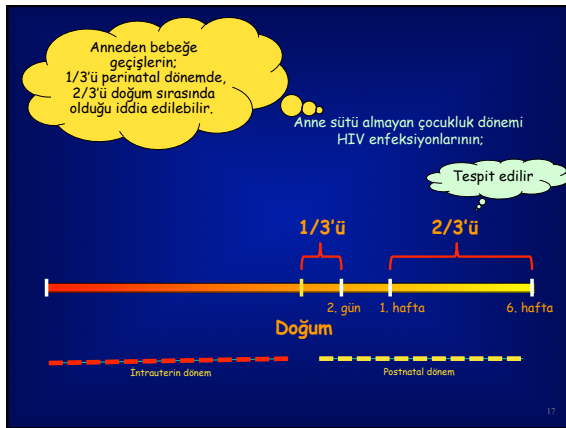
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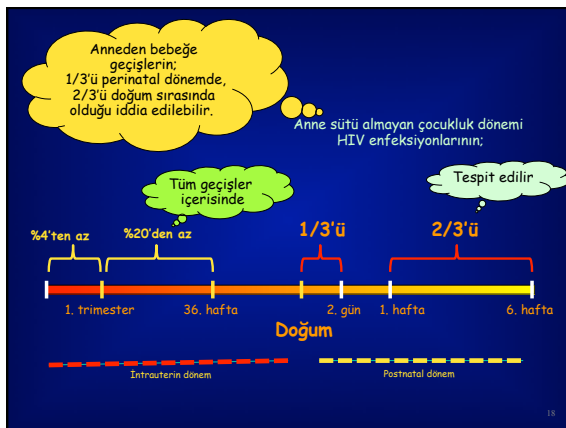
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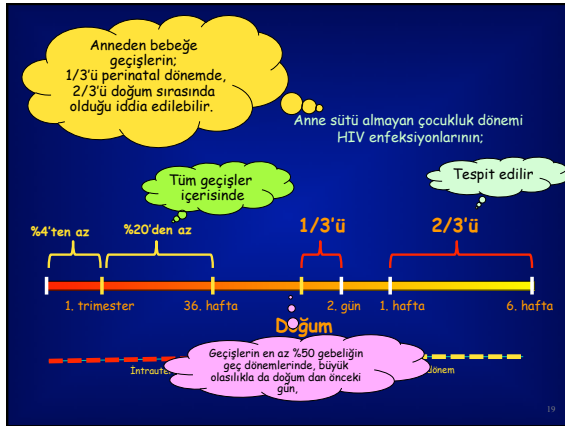
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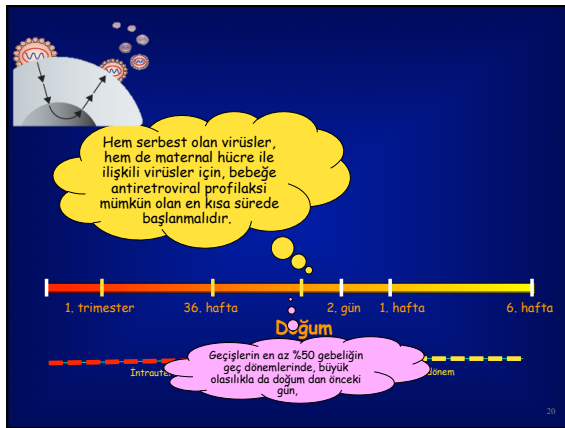
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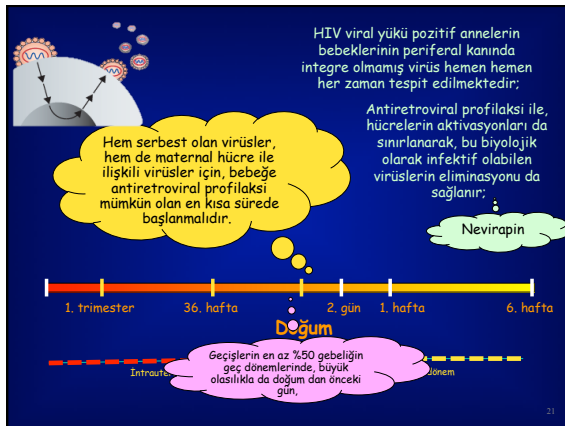


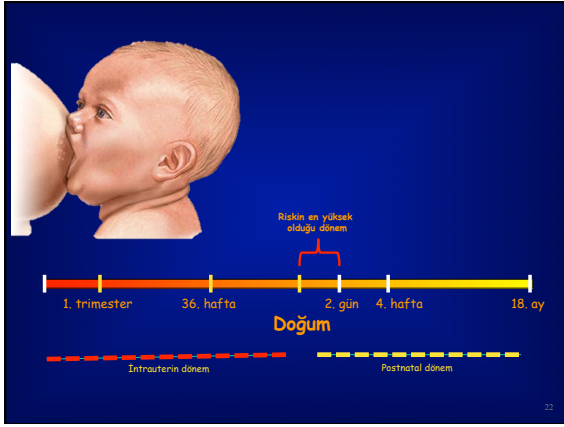


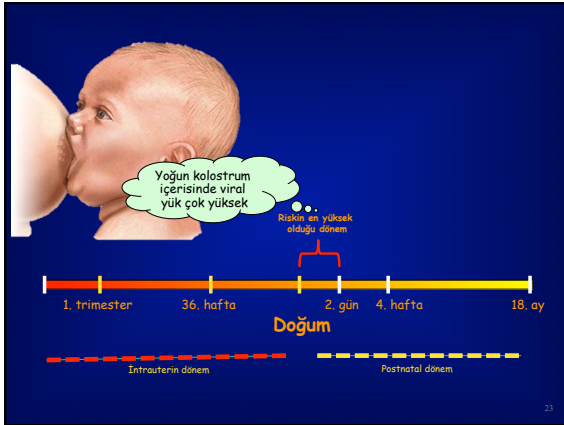


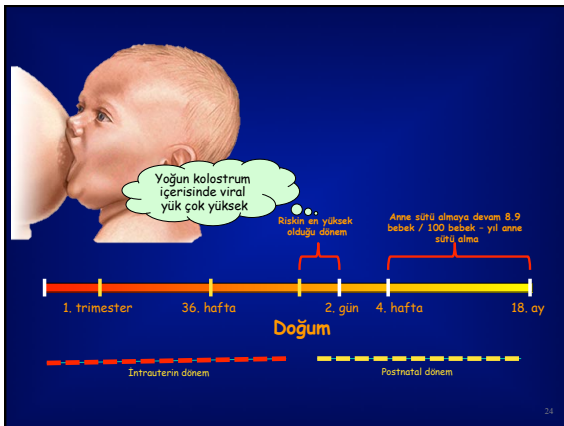


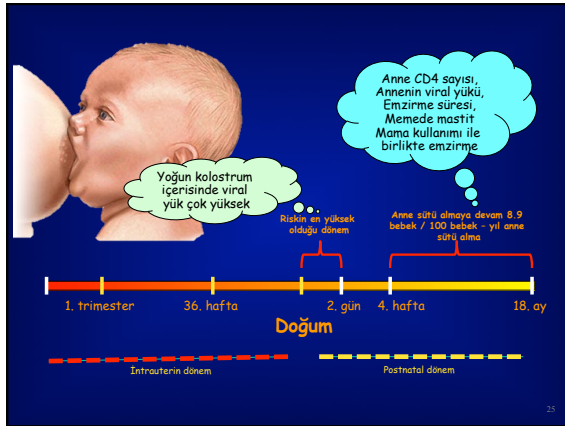


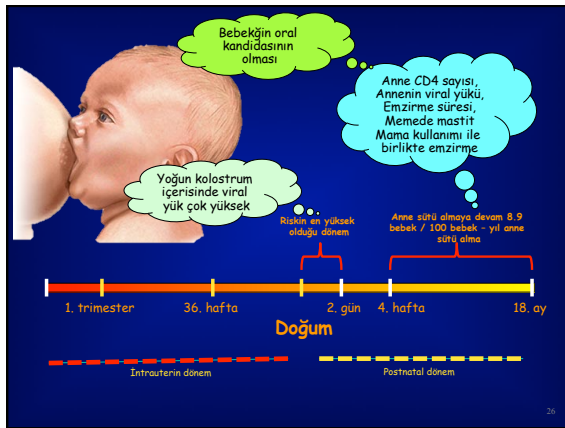








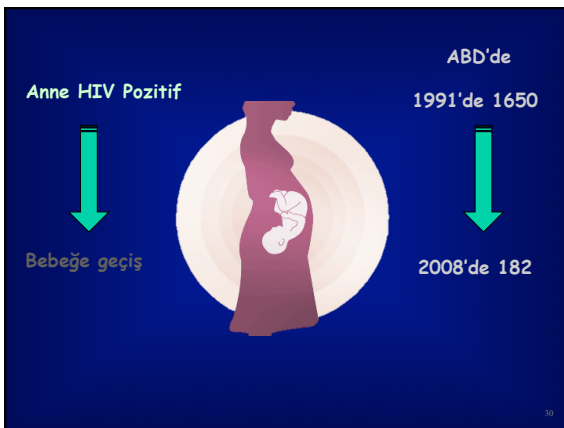






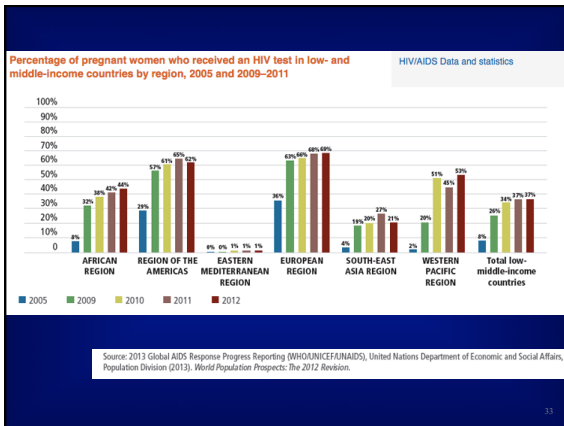




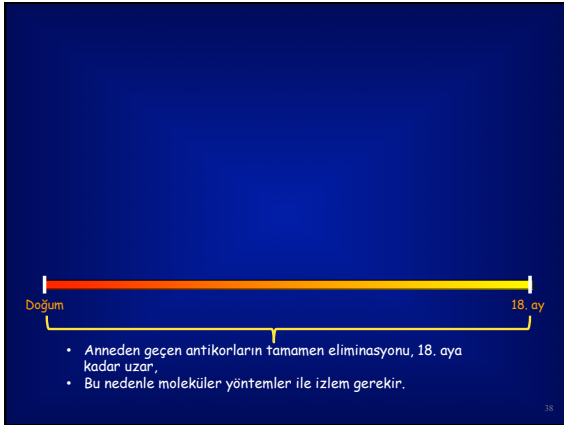


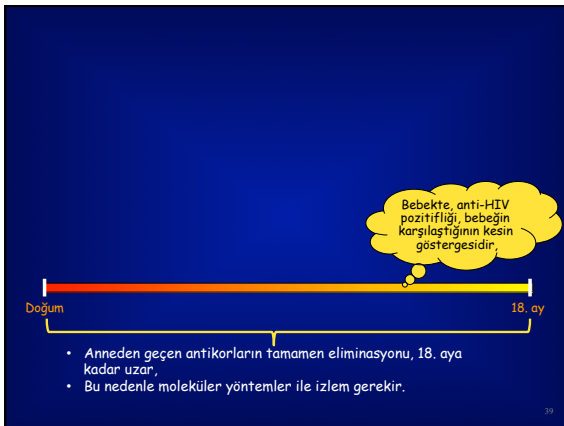


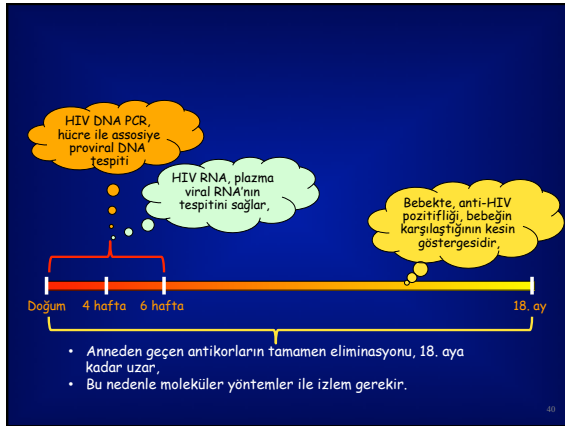


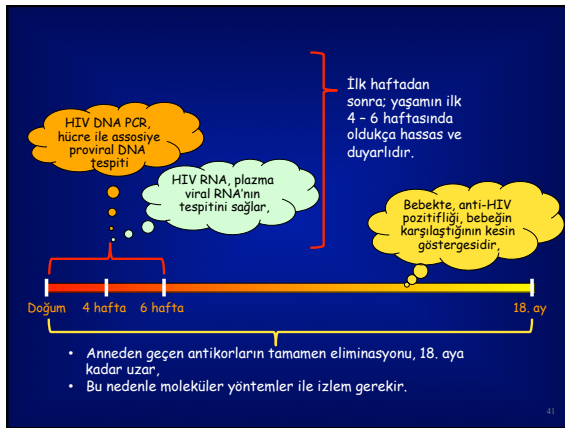


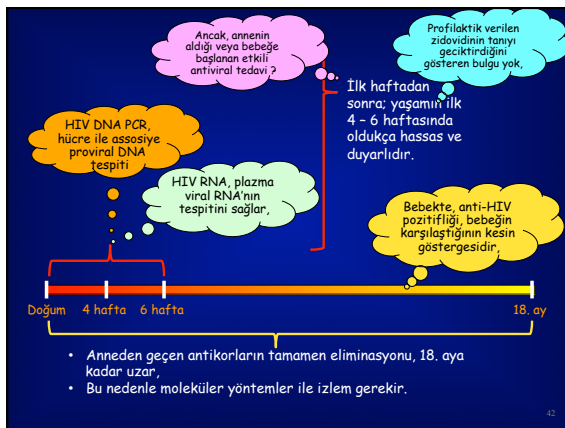


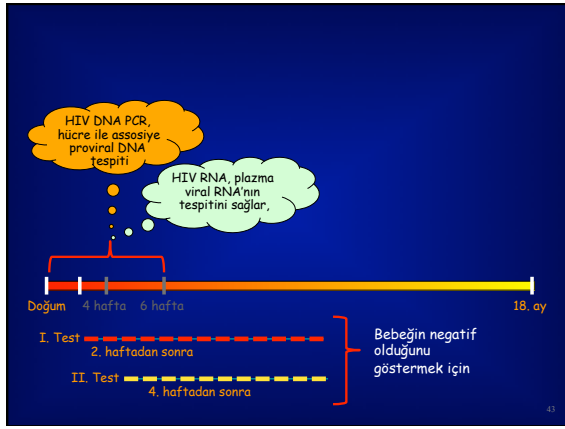


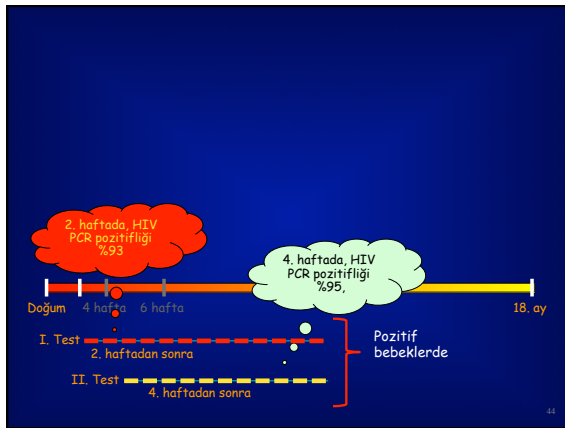


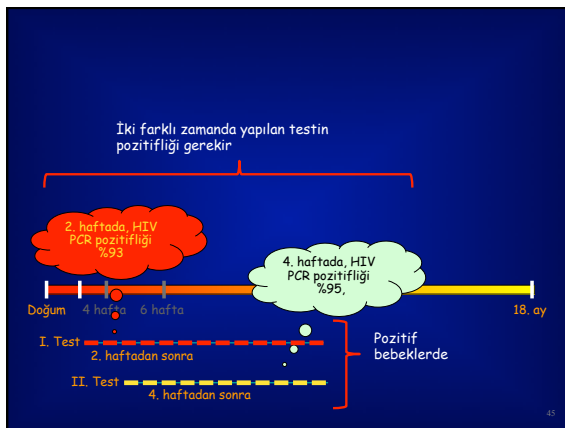


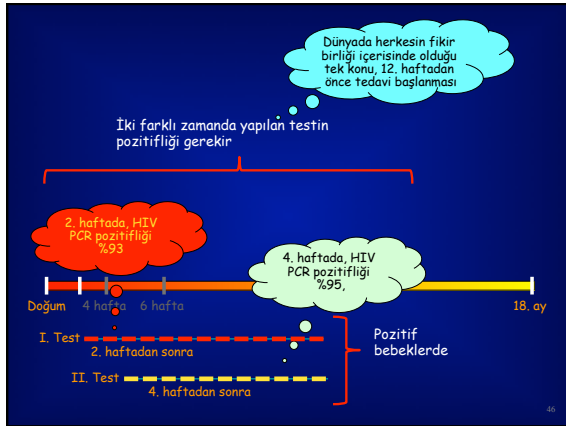










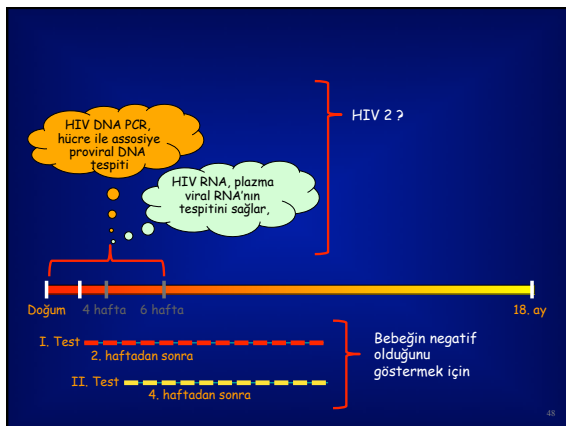


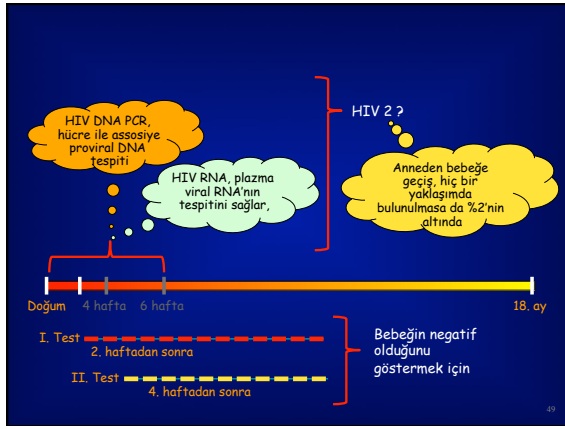
Dünyada herkesin fikir birliği içerisinde olduğu tek konu, 12. haftadan önce tedavi başlanması

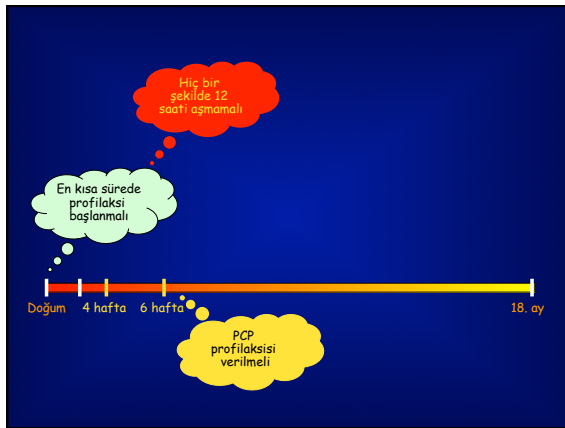
Commonly used antiretroviral drugs administered to HIV-infected infants

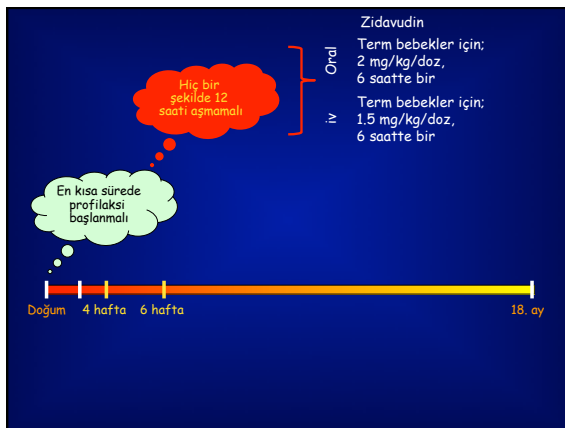
Antiretroviral Drug	Dose and Route of Administration	Interval
AZT	12 mg/kg/dose (4 kg-9 kg) 9 mg/kg/dose (9 kg-30 kg)	Twice a day
3TC	2 mg/kg/dose po (<1 mo) 4 mg/kg/dose po (>1 mo)	Twice a day
ABC	8 mg/kg/dose po	Twice a day
DDI	50 mg/m ² /dose (2 weeks to 3 months) 100 mg/m ² /dose (>3 months)	Twice a day
NVP	200 mg/m ² /dose	Once a day for the first 14 d, then twice a day
LPV/r	12 mg/kg/dose of LPV + 3 mg/kg/dose of RTV	Twice a day

4. haftadan sonra









Hiç bir şekilde 12 saati aşmamalı

Zidavudin
 Oral Term bebekler için;
 2 mg/kg/doz,
 6 saatte bir
 IV Term bebekler için;
 1.5 mg/kg/doz,
 6 saatte bir

Neonatal dose of zidovudine to prevent perinatal transmission of HIV⁹

Gestational Age (wk)	Dose
>35	2 mg/kg/dose po q 6 h or 1.5 mg/kg/dose IV q 6 h if unable to take po
>30 and <35	2 mg/kg/dose po or 1.5 mg/kg/dose IV q 12 h, advancing to q 8 h at 2 wk of life
<30	2 mg/kg/dose po or 1.5 mg/kg/dose IV q 12 h, advancing to q 8 h at 4 wk of life

Hiç bir şekilde 12 saati aşmamalı

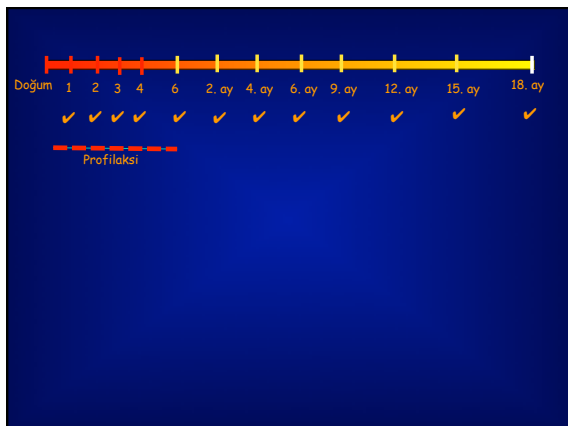
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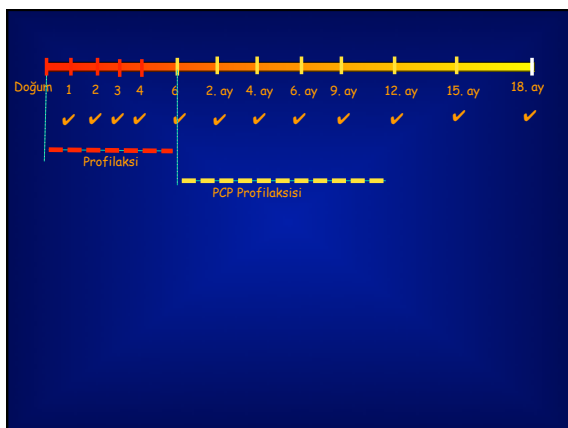
Neonatal dosing of other antiretrovirals to be used only in selected circumstances to prevent perinatal transmission of HIV and after discussion with a pediatric HIV specialist⁹

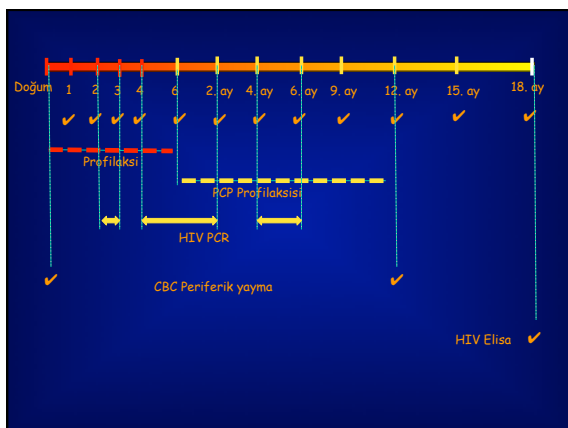
Antiretroviral Drug	Dose	Duration
Nevirapine	2 mg/kg/dose po as single dose	If mother did not receive a dose of nevirapine ⁹ or if it was given to her at 2 h or less before delivery, then the infant dose should be administered as soon as possible after birth, otherwise between birth and 72 h of life
Lamivudine (in combination with zidovudine to decrease the development of nevirapine resistance after single-dose nevirapine administration)	2 mg/kg/dose po bid	1 wk

Doğum 1 2 3 4 6 2. ay 4. ay 6. ay 9. ay 12. ay 15. ay 18. ay

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Clinical Infectious Diseases Advance Access published November 13, 2013

IDSA GUIDELINES

Mother-to-Child Transmission

Recommendations

59. To prevent infection of their fetus, pregnant women should be treated for HIV infection, regardless of their immunologic or virologic status (*strong recommendation, high quality evidence*).

60. Infants exposed to HIV in utero should receive antiretroviral postexposure prophylaxis and undergo HIV virologic diagnostic testing at 14–21 days of life, at 1–2 months of age, and at 4–6 months of age (*strong recommendation, high quality evidence*).

61. High-risk exposed infants should have virologic testing at birth (*strong recommendation, moderate quality evidence*).

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Teşekkürler...
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