

ADDRESSING HIV IN CHILDREN

New HIV infections among children aged 14 years and younger have

**DECLINED
BY 58%**

since 2010 to 130,000 in 2022.

Transmission of HIV from mothers to their children can occur during

**PREGNANCY,
DELIVERY, OR
BREASTFEEDING.**

Although mother-to-child transmission of HIV is **largely preventable** through ART during pregnancy and postpartum, in 2022, **children accounted for about**

4%
of all people living with HIV,

10%
of new HIV infections, and

13%
of all AIDS-related deaths, globally.¹

Since 2003, CDC has played a fundamental role in the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) prevention of mother-to-child transmission (PMTCT) and pediatric and adolescent HIV/AIDS response efforts. In 2022, CDC-supported partners and host governments provided HIV testing for 6.9 million women and antiretroviral treatment to 405,000 pregnant women and 374,000 children. CDC's scientific expertise, technical knowledge, and on-the-ground efforts are helping to advance progress in the prevention and treatment of maternal and pediatric HIV²



Prevention of Mother-to-Child Transmission of HIV

Prevention of mother-to-child transmission (PMTCT) of HIV programs provide comprehensive care to pregnant and breastfeeding mothers and their infants, ensuring that mothers are tested for HIV and other sexually transmitted infections. Optimal HIV treatment or prevention services are provided, along with testing services for infants exposed to HIV. PMTCT programs prevent around 220,000 new HIV infections among children each year, with 2.9 million cases prevented from 2010-2022.³



Identifying Undiagnosed Children and Adolescents Living with HIV (CLHIV)

In PEPFAR-supported countries, CDC works with Ministries of Health and community partners to provide HIV testing and treatment services to children and adolescents. Since not all babies with HIV are identified at birth, and others contract HIV during breastfeeding, CDC employs innovative strategies to find children living with HIV (CLHIV) in clinical and non-clinical settings. These strategies include index testing, which tests biological children of mothers with HIV, or siblings of CLHIV. Using these strategies, CDC and partners have identified more CLHIV and linked them to sustained antiretroviral treatment.



Latest Care and Treatment Strategies for CLHIV

Only 57 percent of children living with HIV (CLHIV) received ART in 2022, compared to 77 percent of adults.⁴ Previously, the lack of child-friendly drug formulations contributed to difficulties in pediatric HIV treatment. To address this challenge, CDC supported the rollout of dolutegravir – a new, low cost, and highly effective pediatric HIV medicine with low toxicity. CDC also supports patient access to viral load testing to monitor treatment success, and to identify children with challenges to adherence or requiring a different medication. These strategies have increased access to effective treatment, medications, and lab monitoring services.



ORPHANS & VULNERABLE CHILDREN

PEPFAR's orphans and vulnerable children (OVC) programs play an important role in the pediatric and adolescent HIV response and support HIV-related testing and treatment in HIV-exposed infants, children, and adolescents living with HIV.

HOW TO PREVENT MOTHER TO CHILD TRANSMISSION OF HIV



Support women to learn their HIV status and start treatment, if positive, prior to pregnancy



Promote early uptake of prenatal care services, including HIV testing



Ensure optimal treatment and close monitoring of pregnant and breastfeeding women living with HIV



Provide HIV prevention services for HIV-negative pregnant and breastfeeding women to prevent new maternal HIV infections



Provide comprehensive care for HIV-exposed infants, including preventive medications and infant HIV testing



Provide high quality, person-centered care, and support mothers and their babies to remain in care

HOW TO IMPROVE HIV DIAGNOSIS AND TREATMENT OUTCOMES



Ensure a strategic mix of testing approaches at facilities and in communities



Link newly diagnosed children and adolescents to HIV care and treatment services for rapid ART initiation with optimal treatment (dolutegravir-based regimens)



Routine viral load testing, with rapid management for children with an elevated viral load



Provide family-based treatment services, including paired appointments



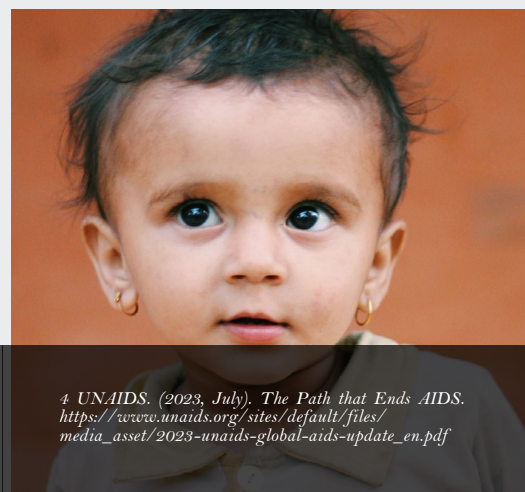
Linkage to peer support for caregivers and adolescents, and enrollment of children, adolescents, and their families into OVC programs



Screen CLHIV for TB and other opportunistic infections and manage co-infections to reduce morbidity and mortality

CLOSING REMAINING GAPS

Although there have been major improvements in pediatric testing, locating undiagnosed HIV-positive children remains a major challenge. Implementation of evidence-based strategies can help close the treatment gap for children and reduce new child HIV infections.



¹ UNICEF. (2023, July). Paediatric care and treatment. Retrieved from <https://data.unicef.org/topic/hiv/aids/paediatric-treatment-and-care/>

² PEPFAR Panorama (2023)

³ UNAIDS. (2023). AIDSinfo. Retrieved from <https://aidsinfo.unaids.org/>

⁴ UNAIDS. (2023, July). The Path that Ends AIDS. https://www.unaids.org/sites/default/files/media_asset/2023-unaids-global-aids-update_en.pdf

Visit www.cdc.gov/globalhivtb to learn more about CDC's work to combat HIV around the world.

