

## HIV-infected child caregivers should be aware of transmission risks

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Reuters

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The stress of raising HIV-infected children may precipitate or exacerbate chronic psychological conditions in caregivers, impacting on their perception of the child's behaviour. Infected mothers often describe their children as exhibiting more internalizing (anxiety, somatic) behaviour problems than other caregivers.

In developing countries, some mothers pre-chew food for babies. These women may lack access to packaged baby food or may not have a way to blend baby food. This practice is thought to be very rare in the United States or other wealthy nations.

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The U.S. Centers for Disease Control and Prevention said it had identified three cases -- two in Miami and one in Memphis, Tennessee -- in which a child was infected in this way between 1993 and 2004. The mother was involved in two of the cases and a relative who acted as a caregiver was involved in the third.

According to CDC; HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

HIV is passed on through a careless rather than deliberate act by "Reckless". If for example a person who knows they have HIV has unprotected sex with a negative person, but fails to inform them of the risk involved, this could be classed as reckless transmission in court. "Reckless" here implies that transmission did take place, but that this happened as part of the pursuit of sexual gratification rather than because the HIV+ person actually wanted to give their partner HIV (HIV is of course not 'automatically' transmitted every time someone has unprotected sex.)

These HIV-infected children daily defy the host of opportunistic infections, gastrointestinal or cardiopulmonary disorders, and neurologic or physiologic difficulties that threaten their health and well-being. Careful medical management makes their defiance possible. Yet proper adherence is difficult, a task that each HIV-infected child and his or her caregiver struggles with daily. In addition, these children and their caregivers face particular social and psychological challenges: where to find the support they need to navigate through the institutional and informational mazes that confront them, and how to prepare for and undertake the emotionally wrenching issue of disclosure.

The stress of raising HIV-infected children may precipitate or exacerbate chronic psychological conditions in caregivers, impacting on their perception of the child's behaviour. Infected mothers often describe their children as exhibiting more internalizing (anxiety, somatic) behaviour problems than other caregivers. Additionally, grandmothers as primary caregivers, also experience the negative impact of caregiving on their physical and emotional stability.

In developing countries, some mothers pre-chew food for babies. These women may lack access to packaged baby food or may not have a way to blend baby food. This practice is thought to be very rare in the United States or other wealthy nations.

The researchers, who presented their findings at a scientific meeting in Boston, said the infected women's saliva itself did not transmit the virus to the child, but rather it appears blood present in the saliva caused the infection.

The researchers said HIV transmission appears to have occurred when the children ingested pre-chewed food that contained blood from the bleeding gums of HIV-infected women, and this entered the children's bloodstreams through a cut, sore or inflammation of the mouth or digestive tract.

They said they ruled out other possible means of infection such as breast-feeding or blood transfusion.

"Pre-mastication is a newly recognized route for HIV transmission that warrants further investigation in order to continue reducing cases of HIV transmission in the U.S.," the CDC said in a summary of the findings by epidemiologist Dr. Ken Dominguez and other researchers.

"The findings could have more significant implications for developing countries," the CDC added.

In one case, a girl, age 9 months, was diagnosed with HIV in 2004. The HIV-positive mother reported giving pre-chewed food to the child, who is still alive, receiving HIV drugs.

In a second case, a 3-year-old boy was diagnosed with HIV in 1995. The infant's mother had AIDS and had given pre-chewed food to the child, who died of AIDS in 1996.

In a third case, a boy, age 15 months, was diagnosed with HIV in 1993. The boy's mother is HIV-negative but his HIV-positive great-aunt served as a caregiver and had given him pre-chewed food. The researchers said the mother did not know the aunt was HIV-positive until after she died of AIDS. The boy is still alive, getting HIV drugs.

"The researchers advise that health care providers and HIV-infected child caregivers should be aware of the potential health risks and should advise those caregivers against the practice of pre-chewing food for their infants," the CDC said.-  
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