

Madigan Army Medical Center Referral Guidelines

Pediatric Human Immunodeficiency Virus (HIV)

Diagnosis/Definition

- Human Immunodeficiency Virus (HIV) infection is defined by evidence of infection with the HIV virus. AIDS is a clinical definition describing symptomatic infection with HIV as defined by criteria published and set forth by the CDC.

Initial Diagnosis and Management

- A child should be suspected of HIV or other immunodeficiency if he/she has more than 2 serious systemic infections with common bacterial pathogens (e.g., meningitis, sepsis, overwhelming pneumonia), more than ten/year significant upper respiratory tract infections (e.g., otitis/sinusitis) or diarrhea, herpes-zoster or any infection with an opportunistic or unusual pathogen.
- Other signs and symptoms include failure to thrive, neurological abnormalities or developmental delay/regression, generalized lymphadenopathy, hepatomegaly, or splenomegaly, .
- Historical factors prompting an evaluation would include a history of blood transfusion, Factor VIII infusion, or maternal/paternal intravenous drug use, homosexual activity, sexual promiscuity, identification as HIV infected.
- Children should have a thorough history and physical performed by the primary care provider to exclude anatomical causes, underlying chronic disease, or inaccurate history.

Ongoing Management and Objectives

- Not applicable.

Indications for Specialty Care Referral

- If the history and physical taken by the primary care provider is suggestive of an immunodeficiency, and underlying causes are excluded, the patient should be referred to the Pediatric Infectious Disease (ID) Clinic for an intake evaluation on a routine basis. HIV serology can be obtained either before the referral or by Pediatric ID Clinic.
- All patients who are HIV infected should be referred to the Pediatric ID Clinic.

Criteria for Return to Primary Care

- If the patient is determined not to be immunodeficient after consultation by Pediatric ID, then they will be returned to primary care without any further follow-up. If HIV or another immunodeficiency is identified, appropriate follow-up and management of the disorder will be provided by Pediatric ID, and routine care will remain with the primary care provider.

Last Review for this Guideline: **June 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator