

## **TREATMENT GUIDELINES FOR THE USE OF AZT (ZIDOVUDINE) FOR THE PREVENTION OF HIV TRANSMISSION TO CHILDREN WHO HAVE BEEN SEXUALLY ABUSED**

The following guidelines have been adopted from Addendum B in CIRCULAR NO.: H144/2000 SURVIVORS OF RAPE AND SEXUAL ASSAULT: POLICY AND STANDARDIZED MANAGEMENT GUIDELINES

### **1. PROMOTING INFORMED CONSENT**

All parents/guardians of children under the age of 14 years, presenting to a health facility after being sexually abused should be counselled by the examining health worker about the potential risk of HIV transmission.

If the survivor presents within **72 hours** of being sexually abused, AZT should be offered to prevent HIV transmission.

The following points should be covered in the counselling:

- The risk of transmission is not known.
- It is important to know the child's HIV status prior to using any anti-retrovirals, as using AZT in a known HIV positive patient is not adequate therapy and may lead to resistance.
- There is strong evidence to support the use of AZT in preventing HIV transmission although its effectiveness in sexual abuse cases is not known.
- The common side effects of the drug should be explained (tiredness, nausea, and flu-like symptoms). These are temporary, vary in intensity and do not cause long-term harm.
- The side effects of AZT may be aggravated when taken with other medication such as antibiotics.
- The importance of compliance should be emphasised.

Parents/guardians of children presenting **after 72 hours** should be counselled about the possible risk of transmission and be given a follow-up appointment date for 6 weeks and 3 months for HIV testing and counselling. If parents/guardians request AZT, it should be explained that there is good evidence that the use of AZT >72 hours following sexual abuse will have NO impact on preventing HIV transmission.

### **2. HIV – TESTING:**

2.1. Rapid testing should be made available where feasible and offered to patients when parents/guardians requests it. Where not feasible,

blood should be drawn, consent for routine laboratory HIV – testing obtained and a date given to the parent/guardian for follow-up.

- 2.2. If the parent/guardian does not want immediate HIV testing of the child (either rapid or routine testing), this issue can be re-addressed at the first one-to-two-week follow up visit.

### **3. AZT REGIMEN:**

- 3.1. The dose for AZT in children is 120-160 mg per meter square of body surface 8 hourly for a period of 28 days (**see attached nomogram for body surface**).

Body surface area can be estimated by a rapid rough method with weight (in kg) only as follows:  **$4 \times \text{Weight} + 7 \div \text{Weight} + 90$**   
(from Costeff H. Archives of Disease in Children 1966;41:681)

- 3.2. The following should be taken into consideration:

- Children covered by a Medical Aid should be given a 3-day supply of the drug and a prescription for the remaining 25 days.
- Children who are not covered by a Medical Aid should be given a one-week supply of AZT and a date to return for reassessment in one week.

- 3.3. All children should be seen after one week for follow-up assessment to obtain results of all tests. The remainder of the AZT should be given at this visit (that is a 3-week supply).

- 3.4. Subsequent follow-up visits should be at 6 weeks and 3 months respectively for HIV and other relevant tests.

- 3.5. Children who are known to be HIV positive should not be offered AZT. They should be counselled and referred to an appropriate health facility for long-term management of their HIV status.

- 3.6. Routine full blood count and liver enzymes for patients on AZT is not recommended. Any blood tests should be performed according to the child's symptoms and only if indicated by the clinical condition of the patient.

- 3.7. Relative contra-indicators to the use of AZT include significant renal or liver impairment. Where in doubt about the use of AZT in individual patients, contact your local physician or referral centre for advice.