

PSD

Pediatric Spectrum of HIV Disease (PSD) Annual Summary Report 1988-2003

September 2004



**Los Angeles County Department of Health Services
Acute Communicable Disease Control**

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**Los Angeles Pediatric Spectrum of HIV Disease (PSD)
 Annual Summary Report
 September 2004**

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Introduction

The Pediatric Spectrum of HIV Disease (PSD) study is a U.S. Centers for Disease Control and Prevention (CDC) sponsored medical records-based project. It is designed to evaluate trends in pediatric HIV exposure and infection as well as the clinical course and treatment utilization of children infected with and perinatally exposed to HIV infection being cared for in Los Angeles County (LAC). LAC is one of 6 sites in the U.S. that was selected to participate in the study beginning in 1989. Data are collected from the medical records of HIV-infected and exposed children at one of the 9 pediatric HIV-specialty clinics in LAC including Long Beach and Pasadena: Cedars-Sinai Medical Center, Childrens Hospital of Los Angeles, Harbor-UCLA, Kaiser Permanente Hospitals of Southern California, Long Beach Memorial Miller Children's Hospital, Los Angeles County-USC Medical Center, Martin Luther King Jr./Drew Medical Center, and UCLA.

Trained nurses and research analysts review medical records for basic demographic data: HIV risk information; AIDS-defining conditions; other infections and conditions, treatment and prophylaxis; and laboratory data that includes CD4 lymphocyte counts and viral load measurements. The medical records of individual patients are abstracted every 6 months. The mean number of months of follow-up in PSD of infected children is 6½ years.

This annual report describes 2008 children (including those who are now adolescents) with pediatric HIV infection and or exposure in LAC including all the cumulative AIDS cases reported before 1988. Because the proportion of exposed but uninfected children reported changed over time with enhanced prenatal HIV testing of pregnant women, the demographic characteristics are given for the 729 children who are infected or of still indeterminate status (Tables 1-8). In order to classify as many children as possible into the infected or uninfected categories, the national and local PSD project added a Reviewed Uninfected classification which used the following criteria: No positive HIV culture, HIV DNA, HIV RNA, or HIV p24 antigen ever; at least 2 negative DNA PCR tests; and at least 1 negative DNA PCR over 8 weeks of age (56 days). Tables 9-13 and Figures 1-3 focus on infected children and adolescents and those with an AIDS diagnosis. Tables 14 and 15 describe children currently followed in LAC, and Tables 16-20 describe the entire cohort.

Active data collection for PSD has ended on September 30, 2004. We will continue to analyze the data through the coming year. A list of publications on the national and Los Angeles County PSD data is also included. If you have any questions regarding the PSD study, please contact Dr. Laurene Mascola at the Acute Communicable Disease Control Program at 213-240-7941 or Dr. Toni Frederick at 323-226-2495.

Continued surveillance of HIV-infected and exposed children will continue by the HIV-Epidemiology Program of the LACDHS. If you have further questions regarding pediatric HIV reporting, please contact Azita Naghdi at the HIV Epidemiology Program at 213-351-8516.

Executive Summary

Pediatric HIV and AIDS continue to be a serious public health issue, both locally and worldwide. Since the mid-90's, the number of incident HIV and AIDS cases in LAC has decreased from 32 cases in 1998 to only 8 in 2001 and 14 in 2002. This may be due to medical advances, especially treatments that reduce the likelihood of perinatal transmission of HIV infection, coupled with advances in detection and maternal education. In 2003, 22 infected children were reported including 6 who were born in 2003. This was the greatest number of infected children reported in 5 years. New cases occur primarily among mothers who were never tested during their prenatal care, and those who received little or no prenatal care; these mothers tend to be at highest risk for HIV infection and subsequent transmission of HIV to their babies. These numbers also reflect a continuing trend of children with HIV coming to LAC from foreign countries and neighboring counties for treatment and follow up, as well as missed opportunities for perinatal prevention from babies born to women in earlier birth cohorts.

To try to increase the number of pregnant women tested for HIV during prenatal care, HIV was added to the list of routine prenatal tests mandated by California law (California Health and Safety Code Sections 125085, 125090, 125105, and 125107). The woman must sign a consent form for the HIV test and has the right to refuse the test. However, making it a part of routine care should encourage practitioners to make sure all pregnant women are tested. If there is no documentation of the test in the medical chart, the woman is to be tested during labor and delivery, again with her consent. The OraQuick rapid test is available for rapid testing during labor and delivery so that treatment to prevent HIV transmission can be initiated for the woman and the baby if the test is positive. LAC is seeking ways to inform practitioners of the new prenatal HIV testing law. As noted in Figure 5 in this summary, among the reported births in LAC from 1995-2003, only 53% of the infected mothers with no prenatal care and 21% with unknown prenatal care received antiretrovirals at labor and delivery indicating that rapid testing at labor and delivery is not uniformly practiced to prevent perinatal HIV transmission.

In 2003, 108 HIV-exposed infants were born in LAC and reported to PSD. Eighty-six percent of their mothers received antiretrovirals during pregnancy, 89% received antiretrovirals during labor and delivery, and 83% received both. As of September 2004, 5 of these babies were HIV-infected for a transmission rate of 5%: Only 1 was identified during prenatal care and prescribed antiretroviral treatment. Continued monitoring of pediatric HIV exposure and infection will help to evaluate the effectiveness of the new law in preventing new perinatal infections.

Almost half (45%) of the cohort of children currently followed in PSD are now 12 years of age or older. They are less likely to experience an AIDS-defining condition, have severe immunosuppression and more likely to have received HAART than earlier cohorts. In 2001-2003 only 9% had severe immunosuppression. Since 1998, at least 40% of the infected cohort experienced at least one undetectable viral load each year.

Pediatric HIV/AIDS

- **Incidence of pediatric HIV and AIDS has declined considerably—14 cases in 2002, from a peak of 32 cases in 1998.**
 - **The number of children with HIV-infection reported in 2003 (n=22) was the greatest in 5 years.**
 - **Children with HIV infection are living into their teens, receiving HAART therapy, and in 2001-2003 only 9% had severe immunosuppression.**
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DATA SUMMARY
JUNE 1, 1988 THROUGH DECEMBER 31, 2003
Pediatric Spectrum of HIV Disease (PSD)

Table 1. Reported Children by CDC Classification and Residence at Diagnosis of HIV

	Residence:			Enrolled in 2003	
	L.A. County No. (%)	Non-LAC No. (%)	Cumulative No. (%)	No.	(%)
AIDS	307 (17)	67 (29)	374* (19)	3**	(2)
Infected non-AIDS	206 (12)	58 (25)	264 (13)	19	(14)
<u>Indeterminate</u>	<u>73 (4)</u>	<u>18 (8)</u>	<u>91 (5)</u>	<u>25</u>	<u>(18)</u>
SUBTOTAL [%]	586 [80]	143 [20]	729 [100]	47	[6]
<u>Uninfected/Seroreverters</u>	<u>1186 (67)</u>	<u>93 (39)</u>	<u>1279 (64)</u>	<u>92</u>	<u>(66)</u>
TOTAL [%]	1772 [88]	236 [12]	2008 [100]	139	(100)

Table 2. Reported Children by Mode of Transmission Category

Mode:	Cumulative No.	(%)
Transfusion recipient	126	(17)
Hemophilia/coagulation disorder	39	(5)
Perinatally acquired	550	(75)
Mo. has AIDS/HIV+	210	
Mo. injection drug user (IDU)	120	
Mo. had sex with AIDS/HIV+ man	121	
Mo. had sex with IDU	60	
Mo. transfused	19	
Mo. had sex with bisexual	17	
Mo. had sex with hemophiliac or transfused man	3	
<u>Other/Unknown</u>	<u>14***</u>	<u>(2)</u>
TOTAL	729	(100)

Table 3. Reported Perinatal Children by Race and Mother's Risk Factor

Mother's Risk factor:	White		African American		Hispanic		Other/Unknown		TOTAL	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Unknown, but has HIV/AIDS	16	(19)	103	(49)	87	(37)	4	(25)	210	(38)
IDU	34	(40)	56	(27)	24	(10)	6	(38)	120	(22)
Transfusion	3	(4)	5	(2)	11	(5)	0	(0)	19	(3)
<u>Heterosexual</u>	<u>32</u>	<u>(38)</u>	<u>47</u>	<u>(23)</u>	<u>116</u>	<u>(49)</u>	<u>6</u>	<u>(38)</u>	<u>201</u>	<u>(37)</u>
TOTAL	85	[15]	211	[38]	238	[43]	16	[3]	550	(100)

*Includes 80 diagnosed at ≥ 13 years of age; 67 met CD4 criteria and 13 met clinical criteria for AIDS.

**Includes 2 infected at birth but AIDS diagnosed at ≥ 13 years of age.

***Includes 4 suspected and 1 verified case of sexual abuse.

Table 4. Reported Children by Race/Ethnicity and AIDS Classification

Race:	Classification:						Cumulative		Enrolled in 2003	
	AIDS		Non-AIDS		Indeterminate		No.	(%)	No.	(%)
White	86	(23)	51	(19)	11	(12)	148	(20)	14	(10)
African-American	118	(32)	87	(33)	45	(49)	250	(34)	47	(34)
Hispanic	157	(42)	116	(44)	30	(33)	303	(42)	78	(56)
Asian	10	(3)	6	(2)	3	(3)	19	(3)	0	(0)
Other/Unknown	3	(1)	4	(2)	2	(2)	9	(1)	0	(0)
TOTAL [%]	374	[47]	264	[53]	91	[12]	729	(100)	139*	(100)

Table 5. Reported Children by Transmission Category, CDC Classification and Gender

Transmission:	Classification:				Gender:			
	AIDS		Non-AIDS		Male		Female	
Transfusion Recipient	109	(29)	17	(5)	74	(20)	52	(14)
Hemophilia/coag disorder	30	(8)	9	(3)	37	(10)	2	(1)
Perinatal**	227	(61)	323	(91)	252	(68)	298	(83)
Other/Unknown	8	(2)	6	(2)	7	(2)	7	(2)
TOTAL [%]	374	(100)	355	(100)	370	(100)	359	(100)

Table 6. Reported Children by Transmission Category and Race/Ethnicity

Transmission:	Race/Ethnicity										Cumulative	
	White		African-American		Hispanic		Asian		Other/Unk			
Transfusion Recipient	39	(26)	33	(13)	47	(16)	6	(32)	1	(11)	126	(17)
Hemophilia/coag disorder	21	(14)	2	(1)	12	(4)	4	(21)	0	(0)	39	(5)
Perinatal**	85	(57)	210	(84)	239	(79)	8	(42)	8	(89)	550	(75)
Other/Unknown	3	(1)	5	(2)	5	(2)	1	(5)	0	(0)	14	(2)
TOTAL [%]	148	[20]	250	[34]	303	[42]	19	[3]	9	[1]	729	[100]

Table 7. Reported Children by Primary Caretaker and Transmission Category

Primary Caretaker:	Mode:								Cumulative	
	Perinatal**		Trans-fusion		Hemophilia/coag disorder		Other/Unknown			
Biologic parents	353	(64)	109	(87)	32	(82)	5	(42)	499	(68)
Other relatives	78	(14)	2	(2)	1	(3)	2	(17)	83	(11)
Foster care	50	(9)	3	(2)	0	(0)	1	(8)	54	(7)
Adoptive parents	39	(7)	3	(2)	1	(3)	4	(33)	47	(6)
Other/Unknown	30	(5)	9	(7)	5	(13)	2	(17)	46	(6)
TOTAL [%]	550	[75]	126	[17]	39	[5]	14	[2]	729	[100]

Table 8. Reported Perinatal Children by Primary Caretaker and Race/Ethnicity

Primary Caretaker:	Race/Ethnicity									
	White		African-American		Hispanic		Other/Unk		Cumulative	
Biologic parents	52	(61)	119	(56)	170	(71)	12	(75)	353	(64)
Other relatives	11	(13)	36	(17)	29	(12)	2	(3)	78	(14)
Foster care	9	(10)	27	(13)	13	(6)	1	(6)	50	(9)
Adoptive parents	8	(9)	17	(8)	14	(6)	0	(0)	39	(7)
Other/Unknown	5	(6)	12	(6)	12	(5)	1	(6)	30	(5)
TOTAL [%]	85	[16]	211	[38]	238	[43]	16	[3]	550	[100]

*Includes the uninfected

**Two due to breast-feeding.

Table 9. Reported Case–Fatality Rate by CDC Classification

CDC Classification:	Total			Case-Fatality
	Cases	Alive	Dead	Rate
AIDS	374	166	208	56%
Infected non-AIDS	264	256	8	3%
Indeterminate	91	83	8	9%
TOTAL	729	505	224	31%

Table 10. Reported Diagnoses for Cases with an AIDS Defining Illness (Cases can have more than 1 diagnosis)

AIDS Defining Illness:	Cumulative (n=327)	New Diagnoses in 2003
	No.	No.
<i>Pneumocystis carinii</i> pneumonia	132	0
Other opportunistic infections	221	3
<i>Mycobacterium avium</i> complex	78	1
Candidiasis, esophageal	72	2
CMV disease	50	0
Cryptosporidiosis	18	0
Candidiasis, bronchi, trachea, lungs	17	0
Herpes simplex	10	0
CMV retinitis	10	0
Cryptococcosis	10	0
<i>M. tuberculosis</i>	6	0
Progressive multi-focal leukoencephalopathy	5	0
Histoplasmosis	4	0
Toxoplasmosis of brain	4	0
Isosporiasis	3	0
Atypical <i>mycobacterium</i>	2	0
HIV-associated encephalopathy	90	1
Bacterial infections	72	0
HIV wasting syndrome	65	1
Lymphoid interstitial pneumonitis	53	0
<u>Cancers</u>	<u>13</u>	<u>1</u>
TOTAL	646	6

Table 11. Reported AIDS Cases by Age at Diagnosis and Transmission Category

Age at Diagnosis (in years)	Mode:							Cumulative No. (%)		
	Hemophilia/coagulation disorder				Perinatal	Other/Unk.				
	Transfusion	disorder		No.		No.	No.			
	No.	(%)	No.	(%)	No.	(%)	No.	(%)		
<1	6	(6)	0	(0)	91	(40)	0	(0)	97	(26)
1-2	12	(11)	0	(0)	60	(26)	1	(13)	73	(20)
3-4	16	(15)	0	(0)	15	(7)	0	(0)	31	(8)
5-6	8	(7)	0	(0)	15	(7)	1	(13)	24	(6)
7-8	11	(10)	3	(10)	9	(4)	0	(0)	23	(6)
9-10	10	(9)	5	(17)	8	(4)	0	(0)	23	(6)
11-12	14	(13)	4	(13)	3	(1)	3	(38)	24	(6)
13+	32	(29)	18	(60)	26	(11)	3	(38)	79	(21)
TOTAL	109	(100)	30	(100)	227	(100)	8	(100)	374	(100)
Mean/Median Age (in months)	99/112		165/167		45/19		133/153		72/50	

Table 12. Reported AIDS Case-Fatality by Half-Year Diagnosis

<u>Diagnosis Date</u>	No. of Cases	No. of Deaths	Case-Fatality Rate	Cumulative Case-Fatality Rate
1982 Jan.-June				
July-Dec.	1	1	100%	100%
1983 Jan.-June	2	2	100%	100%
July-Dec.	2	2	100%	100%
1984 Jan.-June	3	3	100%	100%
July-Dec.	1	1	100%	100%
1985 Jan.-June	6	4	67%	87%
July-Dec.	8	7	88%	87%
1986 Jan.-June	3	3	100%	88%
July-Dec.	10	10	100%	92%
1987 Jan.-June	9	9	100%	93%
July-Dec.	9	7	78%	91%
1988 Jan.-June	7	4	57%	87%
July-Dec.	13	9	69%	84%
1989 Jan.-June	11	9	82%	84%
July-Dec.	15	13	87%	84%
1990 Jan.-June	10	9	90%	85%
July-Dec.	7	7	100%	85%
1991 Jan.-June	16	12	75%	84%
July-Dec.	15	12	80%	84%
1992 Jan.-June	17	11	65%	82%
July-Dec.	10	8	80%	82%
1993 Jan.-June	13	9	69%	81%
July-Dec.	11	7	64%	80%
1994 Jan.-June	27	14	52%	77%
July-Dec.	21	13	62%	75%
1995 Jan.-June	19	9	47%	73%
July-Dec.	15	3	20%	70%
1996 Jan.-June	13	4	31%	69%
July-Dec.	10	2	20%	67%
1997 Jan.-June	10	0	0%	65%
July-Dec.	7	0	0%	64%
1998 Jan.-June	4	0	0%	63%
July-Dec.	5	1	20%	62%
1999 Jan.-June	4	1	25%	62%
July-Dec.	4	1	25%	62%
2000 Jan.-June	4	1	25%	61%
July-Dec.	5	0	0%	60%
2001 Jan.-June	3	0	0%	59%
July-Dec.	5	0	0%	59%
2002 Jan.-June	4	0	0%	58%
July-Dec.	4	0	0%	57%
2003 Jan.-June	6	0	0%	56%
July-Dec.	2	0	0%	56%
2004 Jan.-June	3	0	0%	56%
Total AIDS Cases	374	208	56%	56%

Figure 1. AIDS Cases by Year of Diagnosis and Transmission Category

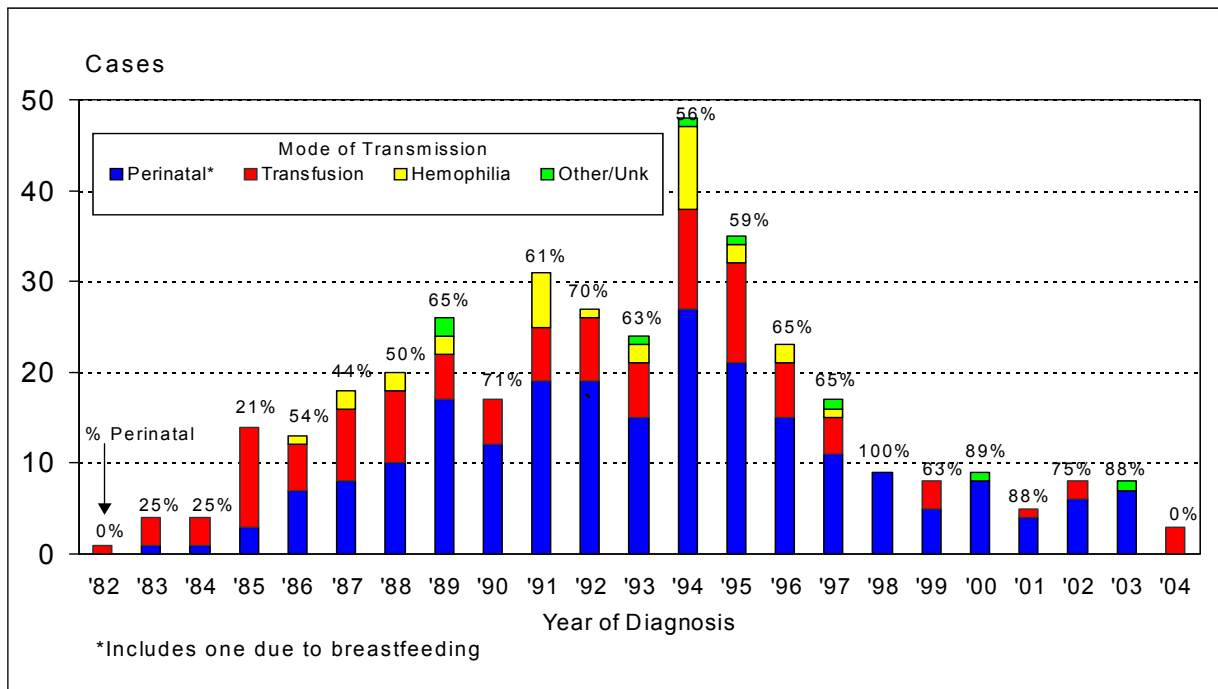


Figure 2. Distribution of CDC-defined CD4 Immunosuppression Categories* and HAART

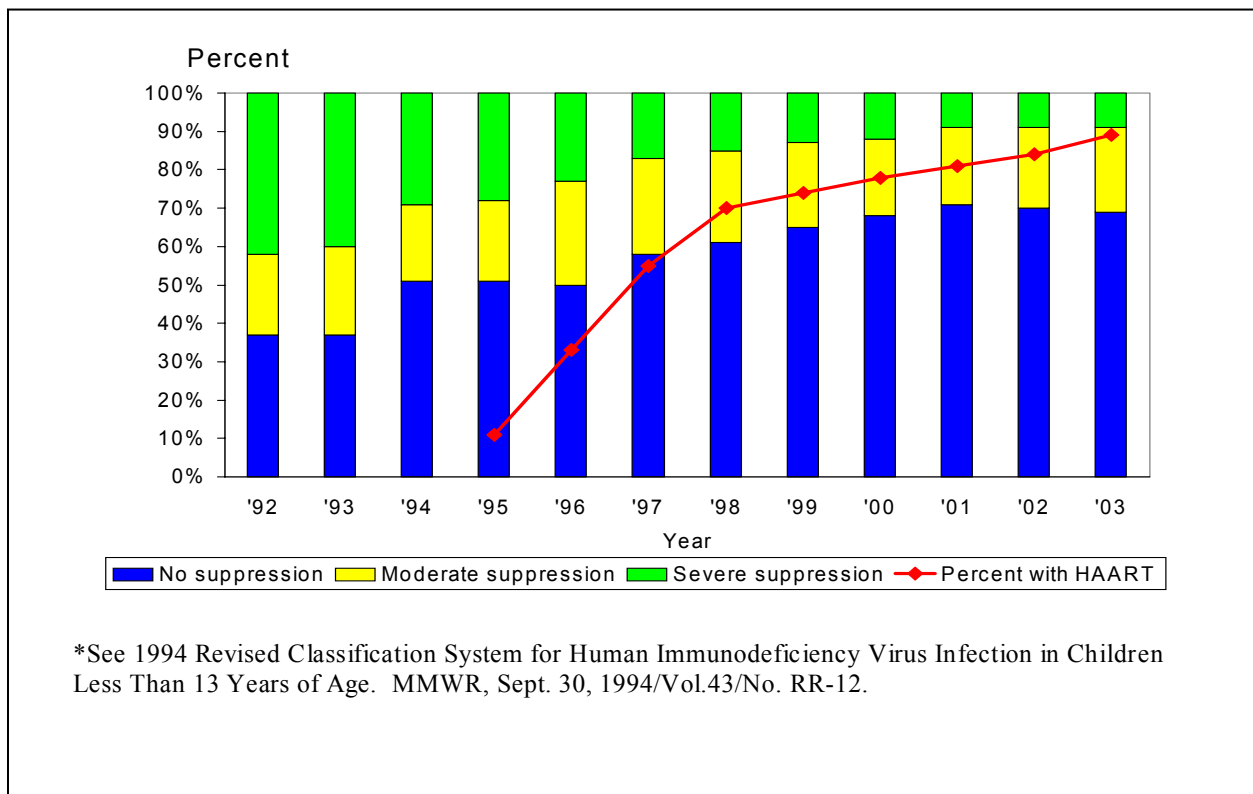


Figure 3. Percent of Infected Children and Adolescents with Undetectable HIV Viral Load* Ever and at Last Medical Contact by Year

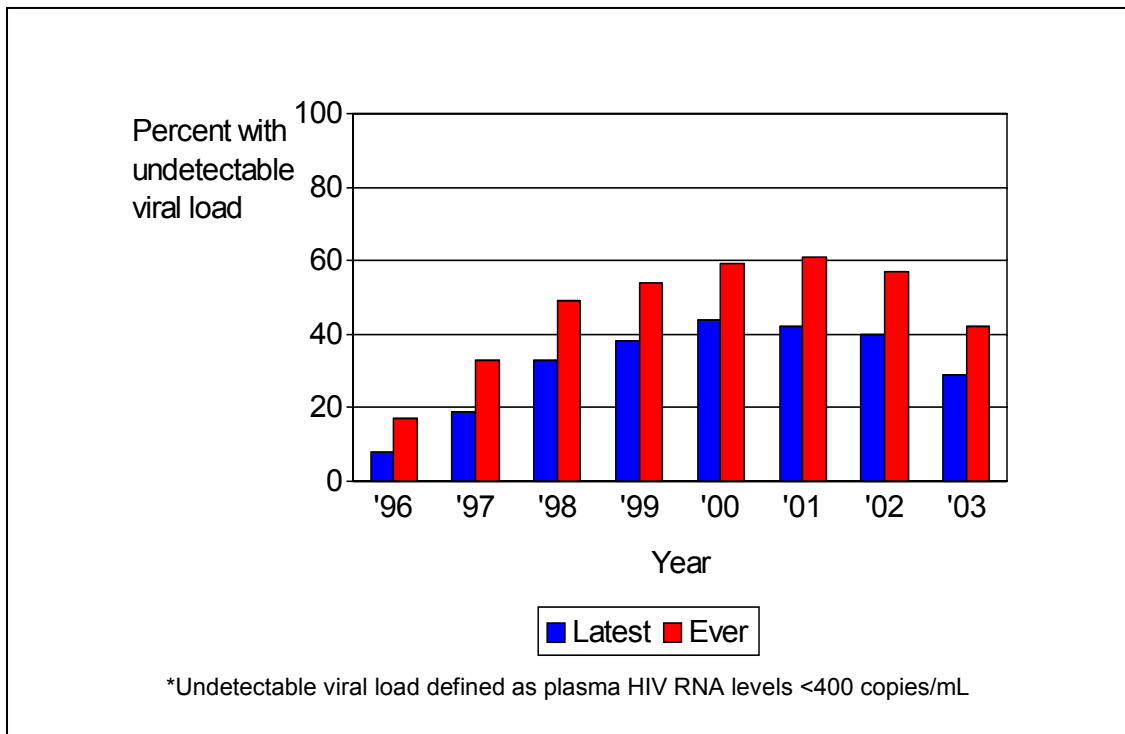


Table 13. Reported Children Currently Followed by Age at Last Contact and Mode of Transmission**

Age at last Contact:	Mode:								Cumulative No. (%)	
	Perinatal		Transfusion		Hemophilia		Other/Unknown			
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
0-5 mos.	22	(8)	0	(0)	0	(0)	0	(0)	22	(7)
6-11 mos.	3	(1)	0	(0)	0	(0)	0	(0)	3	(1)
12-23 mos.	6	(2)	0	(0)	0	(0)	0	(0)	6	(2)
2 yrs.	6	(2)	0	(0)	0	(0)	1	(13)	7	(2)
3 yrs.	3	(1)	0	(0)	0	(0)	0	(0)	3	(1)
4 yrs.	6	(2)	0	(0)	0	(0)	0	(0)	6	(2)
5 yrs.	5	(2)	0	(0)	0	(0)	0	(0)	5	(2)
6-7 yrs.	26	(10)	0	(0)	0	(0)	1	(13)	27	(9)
8-9 yrs.	37	(14)	0	(0)	0	(0)	0	(0)	37	(12)
10-11 yrs.	51	(19)	1	(3)	0	(0)	1	(13)	53	(17)
12 yrs.	18	(7)	0	(0)	0	(0)	0	(0)	18	(6)
13+ yrs.	85	(32)	30	(97)	1	(100)	5	(63)	121	(39)
TOTAL	268	(100)	31	(100)	1	(100)	8	(100)	308	(100)
Mean/Median Age (in months)	121/129		240/247		284/284		162/193		135/135	

**Includes only infected and indeterminate children still alive and not lost to follow-up. Does not include uninfected/seroreverters.

Table 14. Reported Children Currently Followed* by Hospital and CDC Classification**

<u>Hospital:</u>	CDC Classification:		<u>Total</u>
	<u>Infected</u>	<u>Indeterminate</u>	
Cedars-Sinai	10	2	12
Childrens	109	2	111
Harbor General	19	1	20
Kaiser hospitals	5	3	8
LAC+USC	65	6	71
Martin Luther King, Jr.	14	1	15
Mem. Cntr. of Long Beach	31	4	35
<u>UCLA</u>	<u>32</u>	<u>4</u>	<u>36</u>
TOTAL	285	23	308

Table 15. Reported Children by Latest Hospital ** and Latest CDC Classification

<u>Hospital:</u>	CDC Classification:			<u>Total</u>	<u>Enrolled in 2003</u>
	<u>Infected</u>	<u>Indeterminate</u>	<u>Uninfected</u>		
Cedars-Sinai	42	4	52	98	7
Childrens	265	14	156	435	9
Harbor General	34	5	80	119	6
Kaiser hospitals	23	5	28	56	6
LAC+USC	84	22	446	552	61
Martin Luther King, Jr.	24	10	92	126	12
Mem. Cntr. of Long Beach	63	12	216	291	11
UCLA	75	15	206	296	27
<u>Other Hospitals (n=8)</u>	<u>28</u>	<u>4</u>	<u>3</u>	<u>35</u>	<u>0</u>
TOTAL	638	91	1279	2008	139

Table 16. Reported Children by CDC Classification and Enrollment Year

<u>Enrollment Year</u>	CDC Classification:									
	AIDS		Infected Non-AIDS		Indeterminate		Uninfected		Total	
	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>	<u>No.</u>	<u>(%)</u>
1988 - '90	206	(53)	46	(12)	16	(4)	116	(30)	384	(100)
1991 - '92	57	(23)	41	(17)	9	(4)	137	(56)	244	(100)
1993 - '94	44	(17)	38	(14)	2	(1)	182	(68)	266	(100)
1995 - '96	24	(9)	50	(19)	9	(3)	186	(69)	269	(100)
1997	11	(8)	18	(14)	6	(5)	95	(73)	130	(100)
1998	10	(7)	22	(15)	0	(0)	110	(77)	142	(100)
1999	4	(4)	7	(6)	8	(7)	95	(83)	114	(100)
2000	7	(7)	7	(7)	6	(6)	78	(80)	98	(100)
2001	3	(3)	5	(5)	4	(4)	93	(88)	105	(100)
2002	5	(4)	11	(9)	6	(5)	95	(81)	117	(100)
2003	3	(2)	19	(14)	25	(18)	92	(66)	139	(100)

*Includes only infected and indeterminate children still alive and not lost to follow-up. Does not include uninfected/ seroreverters.
 **Defined as current hospital or hospital at time of death, or hospital at time when lost to follow-up.

Table 17. Percent of Perinatally Exposed Children Born 1995–2003 with Maternal ZDV* by Birth Year

	Birth Year:								
	'95 (n=142) No.(%)	'96 (n=103) No.(%)	'97 (n=110) No.(%)	'98 (n=109) No.(%)	'99 (n=102) No.(%)	'00 (n=95) No.(%)	'01 (n=99) No.(%)	'02 (n=110) No.(%)	'03 (n=112) No.(%)
a. Mom in prenatal care	96(68)	73(71)	91(83)	91(83)	91(89)	88(93)	88(89)	98(89)	92(82)
b. Mom received ZDV during pregnancy	91(64)	66(64)	82(75)	92(84)	82(80)	78(82)	82(83)	92(84)	96(86)
c. Mom received ZDV during labor/delivery	82(58)	61(59)	79(72)	92(84)	88(86)	83(87)	86(87)	98(89)	98(88)
d. Mom received ZDV during pregnancy and L&D	78(55)	54(52)	77(70)	88(81)	79(77)	75(79)	80(81)	90(82)	92(82)
e. Infant received neonatal ZDV	97(68)	85(83)	89(81)	100(92)	93(91)	91(96)	91(92)	104(95)	103(92)

*Defined as ZDV or other antiretrovirals

Table 18. Type of Delivery Among Perinatally Exposed Children Born 1995–2003

Birth Year	Delivery Type:						Total	
	Vaginal		C-Section		Unknown		No.	(%)
	No.	(%)	No.	(%)	No.	(%)		
1995	103	(72)	28	(20)	11	(8)	142	(100)
1996	63	(61)	32	(31)	8	(8)	103	(100)
1997	84	(76)	18	(16)	8	(7)	110	(100)
1998	73	(67)	33	(30)	3	(3)	109	(100)
1999	47	(46)	54	(53)	1	(1)	102	(100)
2000	38	(40)	55	(58)	2	(2)	95	(100)
2001	39	(39)	57	(58)	3	(3)	99	(100)
2002	53	(48)	52	(47)	5	(5)	110	(100)
2003	51	(45)	58	(52)	3	(3)	112	(100)

Table 19. Perinatally Exposed Children Born 1995–2003 by Latest CDC Classification and Birth Year

Birth Year	CDC Classification:						Total	
	AIDS		Non-AIDS		Indeterminate Uninfected		No.	(%)
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
1995	5	(4)	22	(15)	6	(4)	109	(77)
1996	7	(7)	15	(15)	2	(2)	79	(77)
1997	5	(5)	9	(8)	5	(5)	91	(83)
1998	2	(2)	4	(4)	0	(0)	103	(94)
1999	1	(1)	6	(6)	8	(8)	87	(85)
2000	2	(2)	3	(3)	6	(6)	84	(88)
2001	3	(3)	5	(5)	4	(4)	87	(88)
2002	0	(0)	3	(3)	9	(8)	98	(89)
2003	0	(0)	6	(5)	22	(20)	84	(75)
TOTAL	25	(3)	73	(7)	62	(6)	822	(84)

Figure 4. Rates of Perinatal HIV Transmission and Maternal Zidovudine (ZDV*) for Reported Babies Born in LAC, 1995–2003

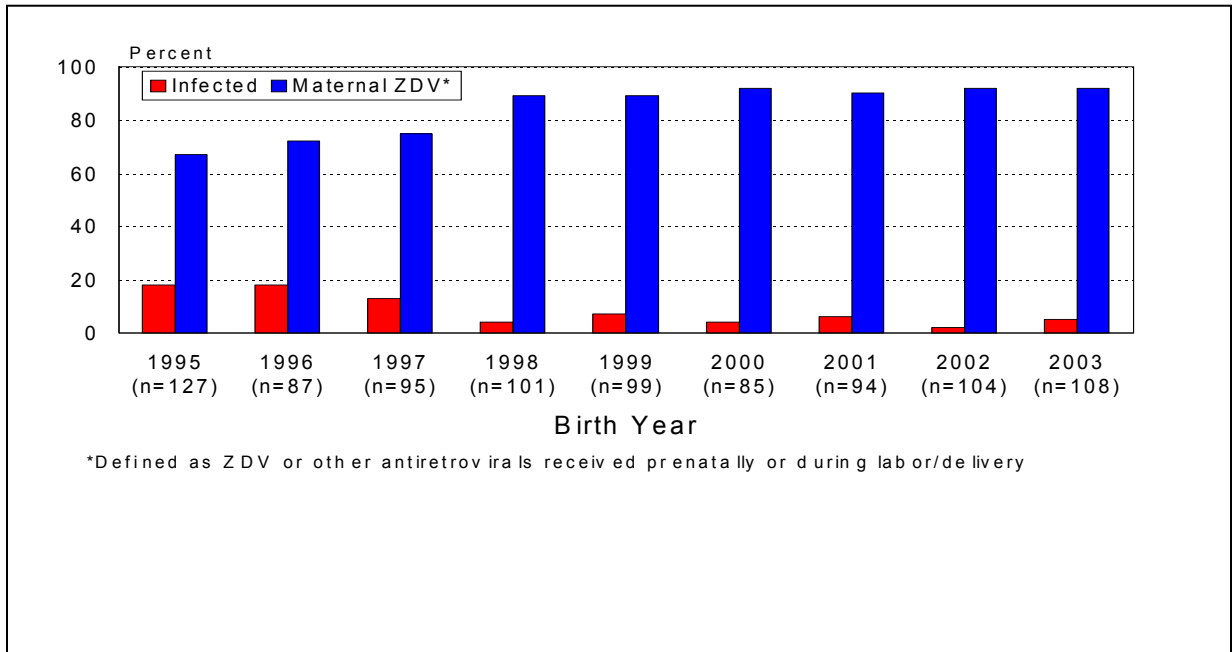
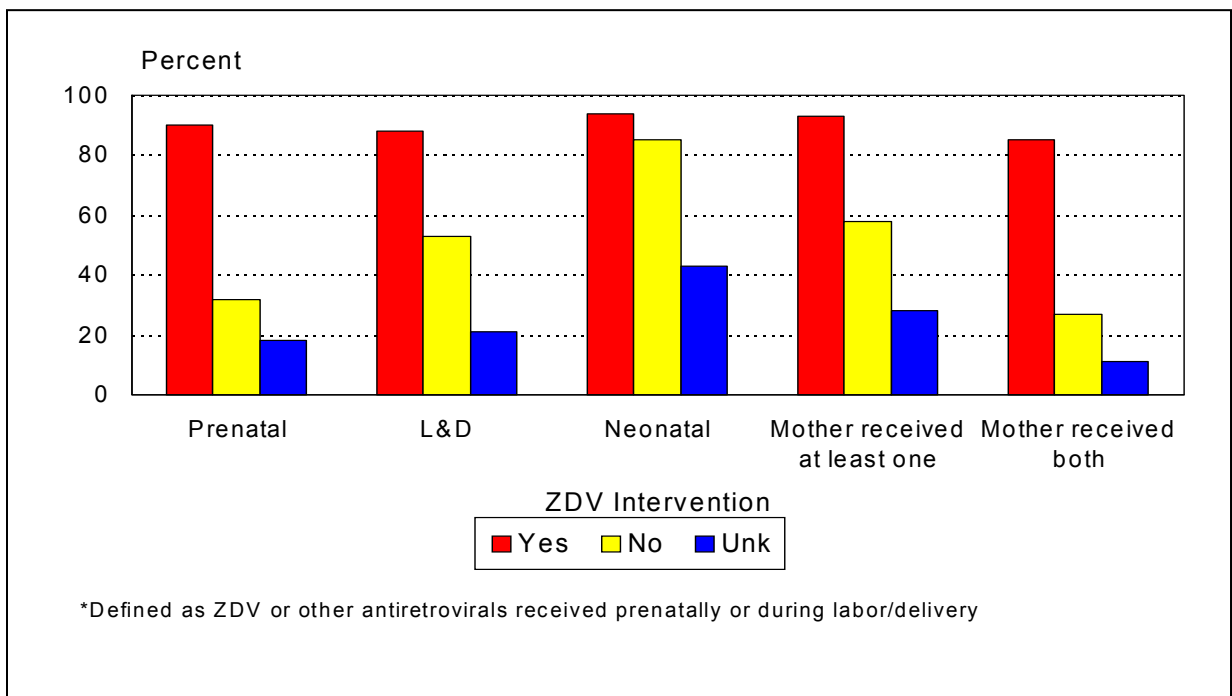


Figure 5. Percent of LAC Mothers and Newborns with ZDV* by Prenatal Care, 1995–2003 (n=900)



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