



## **PEDIATRIC HIV INFECTION REPORTING PROJECT (PHIR)**

The Pediatric HIV Infection Reporting (PHIR) Project, a CDC grant-sponsored program, has been operating since 1993. It is responsible for the collection, management, and reporting of data on children (< 13 years of age) with HIV exposure, HIV infection, or AIDS. PHIR is administratively a component of the HIV Epidemiology Unit, which conducts surveillance on adult AIDS cases. Because PHIR works with pediatric data and investigates both AIDS and non-AIDS cases, it cooperates closely with the Pediatric Spectrum of Disease (PSD) Study, formerly known as the Pediatric AIDS Surveillance Study (PASS). PSD, also grant funded by the CDC, has been operating since 1988 to collect extensive clinical and immunological data on children under age 13 years who are exposed to or infected with HIV/AIDS. Medical chart reviews for the children are conducted at scheduled six-month intervals at area hospitals by PSD public health nurses.

PHIR abstracts relevant variables from the PSD records and transfers them to the HIV/AIDS Reporting System (HARS) Confidential Case Report form and enters them into the HARS computer database. Confidential data on pediatric AIDS cases are reported monthly to the California State Office of AIDS. Because HIV exposure and infection in the absence of AIDS are not reportable in California, data on children with these diagnoses are transmitted directly, without names, to the CDC Surveillance Branch, Division of HIV/AIDS, each month.

Selected independent research projects also are developed and carried out in cooperation with the CDC and PSD. A validation study to examine maternal risks for pediatric HIV infection was conducted and reported in 1996. As of December 31, 1996, PHIR was following 1,009 children residing in Los Angeles County with HIV-exposure, infection, or AIDS. Of these, 380 have seroreverted to HIV-antibody negative after testing positive at birth.

The CDC's Pediatric HIV/AIDS Confidential Case Report form has recently been modified to gather additional data on maternal counseling and testing, birth defects, and maternal and neonatal zidovudine treatment. These new data are expected to contribute to the understanding of the unique features of pediatric HIV/AIDS.