

A Pediatric HIV Disclosure Model: Lessons Learned from Thailand

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Background

- Children with HIV infection on ART are surviving to middle childhood and adolescence.
 - In 2008, approximately 30% of 16,000 HIV-infected children in Thailand are over 10 years of age
- Studies suggest that children who know their HIV status have higher self-esteem and better antiretroviral adherence than children who are unaware of their status
- There are no standard practice guidelines, manuals, or tools in Thailand for disclosure of HIV status to HIV-infected children

Development and Expansion of the HIV Disclosure Model

- **Objective:** Develop and evaluate a disclosure model for HIV-infected children in Thailand
- **Process:**
 - Development, implementation and evaluation of the model at 2 hospitals in Bangkok
 - Training on the model at additional hospitals across Thailand

Resources Needed

1. Private counseling room

2. Trained personnel:

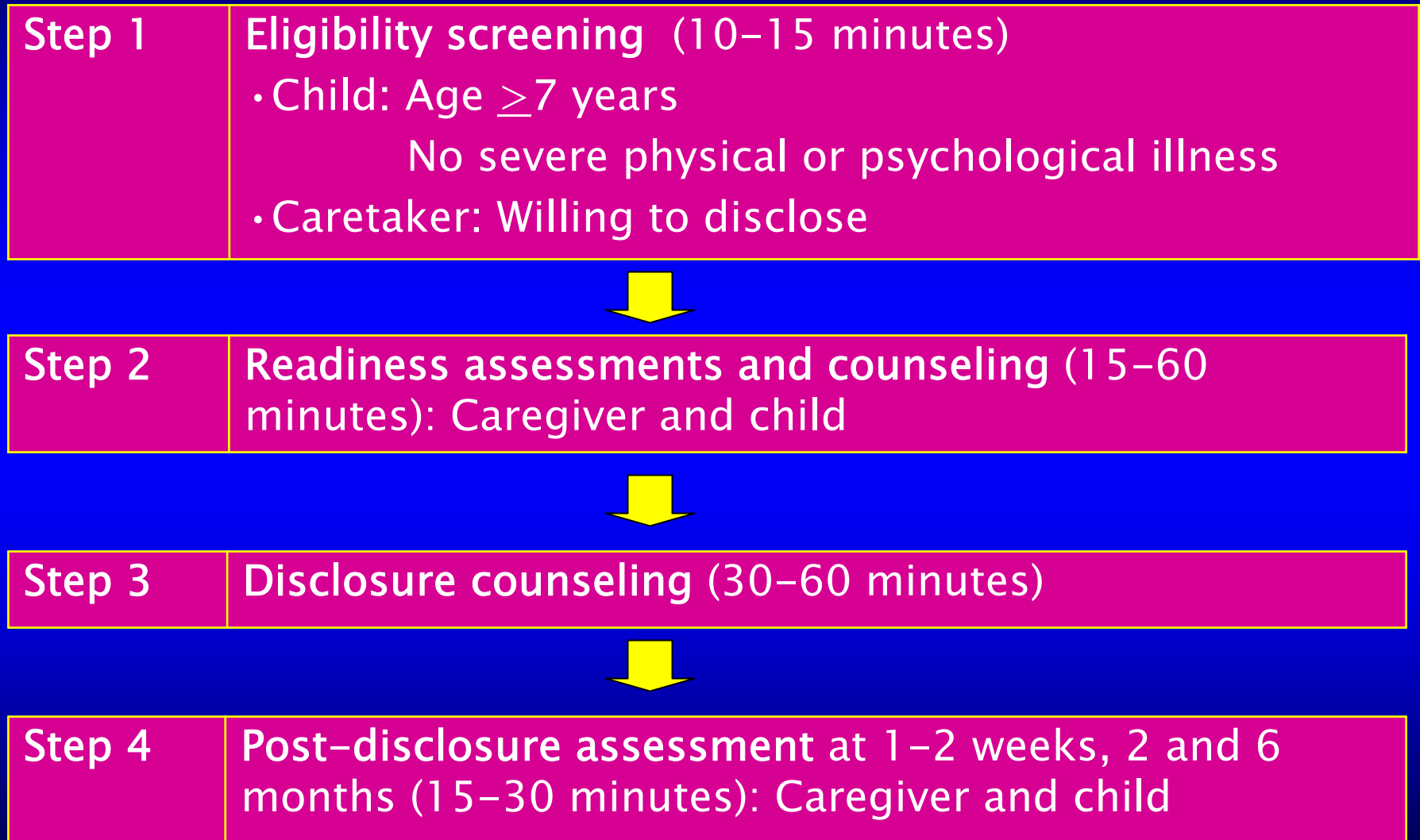
- Resource-limited settings: 1–2 healthcare providers or counselors
- Other settings: multidisciplinary team

3. Standard procedures, tools and materials

- Disclosure manual
- HIV education materials



HIV Disclosure for HIV-Infected Children

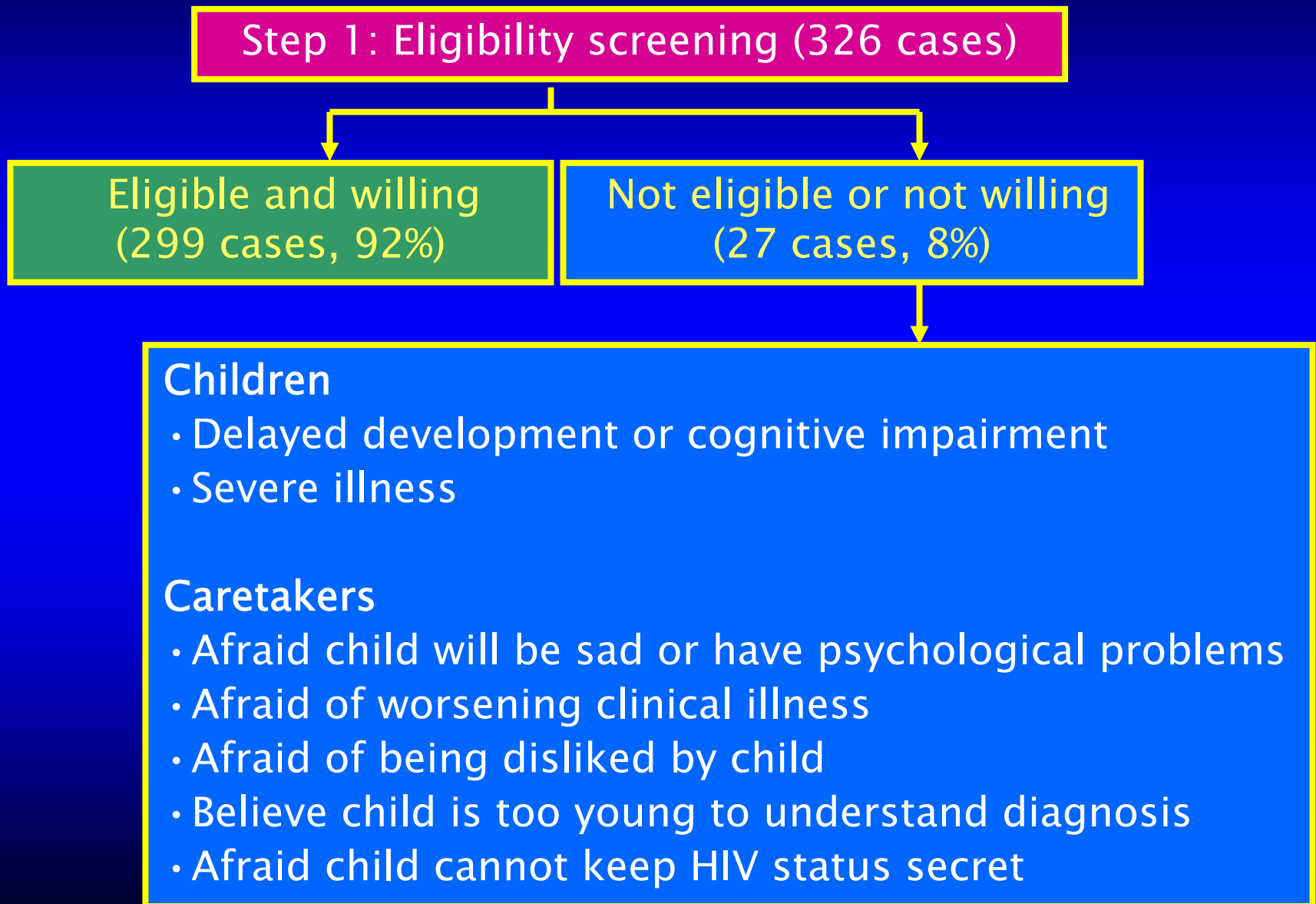


Results from Two Bangkok Hospitals

- From February 2005 to April 2008, 326 HIV–infected children were screened for eligibility for HIV disclosure*
- Median age was 10 years (range 7–15 years)
- >95% of children were perinatally HIV–infected
- 37% of primary caretakers were parents
- 64% of enrolled children had asked caretakers about their illness prior to disclosure
- 32% of caretakers believed their children already knew their status prior to disclosure

**Data were available for analysis for 73 cases*

Results: HIV Disclosure to HIV-Infected Children



Results: HIV Disclosure to HIV-infected Children

Step 2: Caregiver and child readiness assessment and counseling (299 cases)

Ready for disclosure
(193 cases, 65%)

Not ready for disclosure
(107 cases, 35%)

Caretaker reasons

- Need for better self care in children
- Children have poor ARV adherence
- Caretaker difficulty discussing health care and ARVs
- Adolescents at risk for HIV transmission

Child reasons

- Medical illness
- Concurrent stressful event (e.g. school exam)

Caretaker reasons

- Lack of basic HIV knowledge
- Lack of confidence to disclose
- Concurrent stressful event in life
- Change of opinion

Results: HIV Disclosure to HIV-infected Children

Ready for disclosure
(193 cases)

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graph TD; A[Ready for disclosure (193 cases)] --> B[Step 3: Disclosure counseling (155 cases):  
Providers (150 cases, 97%)  
Caretakers (5 cases, 3%)]; B --> C[Step 4: Post-disclosure assessment with caregiver and child  
1-2 weeks follow-up: 155 cases (100%)  
2 months follow-up: 144 cases (93%)  
6 months follow-up: 133 cases (86%)];
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Step 3: Disclosure counseling (155 cases):
Providers (150 cases, 97%)
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Step 4: Post-disclosure assessment with caregiver and child
1-2 weeks follow-up: 155 cases (100%)
2 months follow-up: 144 cases (93%)
6 months follow-up: 133 cases (86%)

Observations from Two Bangkok Hospitals

- Older children were disclosed to more quickly than children under 10 years old.
- The most important step in HIV disclosure to children is readiness for disclosure, particularly for caretakers
 - Step 2 (readiness assessment and counseling) is the most variable and time-consuming step
 - Step 3 (disclosure) is less difficult and can take place during one visit

Expansion of Pediatric HIV Disclosure Model in Thailand

- From May 2007– April 2008, approximately 450 health care providers from 50 hospitals in 10 provinces in Thailand were trained on HIV disclosure to children
 - Training was conducted by experienced providers from the original sites and CDC/Thailand
 - Funding was provided by Thai government and Global Fund
- Most trainees (>80%) were nurses working in the pediatric HIV clinics

Pediatric HIV Disclosure Training

Training topics:

- Psychosocial considerations of HIV–infected children and families
- Process and guidelines for HIV disclosure
- Examples of caregiver and child readiness assessments
- Examples of disclosure sessions for adolescents and younger children

Methodologies: lecture, discussion, video demonstration, practice

Lessons Learned

- A pediatric HIV disclosure algorithm and manual provide a framework for disclosure of HIV status to children
- The disclosure process is flexible and can be individualized for each child and family
- Training, along with practical tools and materials, has made it possible to expand the model to many hospitals across Thailand

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