

illnesses. In children whose HIV infection is not yet confirmed, the letter *E* (vertically exposed) is placed in front of the classification. The immune categories are based on CD₄⁺ lymphocyte counts and percentages. Age adjustment of these numbers is necessary because normal counts, which are relatively high in infants, decline steadily until 6 years of age, which is when they reach adult norms.

TABLE 24-2

Pediatric Human Immunodeficiency Virus Infection Classification*

Immunologic Category	N: No Signs or Symptoms	A: Mild Signs or Symptoms	B: Moderate Signs or Symptoms [†]	C: Severe Signs or Symptoms [†]
No evidence of suppression	N1	A1	B1	C1
Evidence of moderate suppression	N2	A2	B2	C2
Severe suppression	N3	A3	B3	C3

*Children whose human immunodeficiency virus (HIV) infection status is not confirmed are classified by using this table with the letter *E* (for perinatally exposed) placed before the appropriate classification code (e.g., EN2).

[†]Both category C and lymphoid interstitial pneumonitis (LIP) in category B are reportable to state and local health departments as acquired immune deficiency syndrome (AIDS).

From Centers for Disease Control and Prevention: 1994 Revised classification system for human immunodeficiency virus infection in children less than 13 years of age, *MMWR Recomm Rep* 43(RR-12):1–10, 1994.

Therapeutic Management

The goals of therapy for HIV infection include slowing the growth of the virus, preventing and treating opportunistic infections, and providing nutritional support and symptomatic treatment.

Antiretroviral drugs work at various stages of the HIV life cycle to prevent reproduction of functional new virus particles. Although not a cure, these drugs can suppress viral replication, prevent further deterioration of the immune system, and delay disease progression. Classes of antiretroviral agents include nucleoside reverse transcriptase inhibitors (e.g., zidovudine, didanosine, stavudine, lamivudine, abacavir), nonnucleoside reverse transcriptase inhibitors (e.g., nevirapine, delavirdine, efavirenz), nucleotide reverse transcriptase inhibitors (e.g., adefovir), and