Introduction
AIDS- Acquired Immuno Deficiency Syndrome is an important health problem in children in developing countries including India. Most HIV-infected children are born in developing countries. HIV infection in children progresses more rapidly than in adults, and some untreated children die within the 1st 2 years of life. This rapid progression is correlated with higher viral burden and faster depletion of infected CD4 lymphocytes in infants and children than in adults. Accurate diagnostic tests and the availability of potent drugs to inhibit HIV replication have dramatically increased the ability to prevent and control this devastating disease. HIV infection in humans is considered pandemic by the World Health Organization (WHO). Nevertheless, complacency about HIV may play a key role in HIV risk. From its discovery in 1981 to 2006, AIDS killed more than 25 million people. HIV infects about 0.6% of the world’s population. In 2005 alone, AIDS claimed an estimated 2.4–3.3 million lives, of which more than 570,000 were children. A third of these deaths are occurring in Sub-Saharan Africa, retarding economic growth and increasing poverty. According to current estimates, HIV is set to infect 90 million people infected with HIV. Even after HIV has progressed to diagnostable AIDS, the average survival time with antiretroviral therapy was estimated to be more than 5 years as of 2005.

Material and Methods
The present study was conducted at the Department of ART centre MDM Hospital, in collaboration of Umaid Hospital, Dr. S.N. Medical College, Jodhpur. The purpose of this study was to clinical and epidemiological evaluation of HIV positive children under 1-15 year age group which are confirmed by HIV ELISA test. In present study there was male predominance in all age groups as compared to female (M: F = 1.94:1). In present study, 93.21% cases belonged to rural area. In present study most of cases (85%) belonged to lower socioeconomic condition. In present study, according to occupation of father out of 152 cases most of cases belong to laborers group (55.26%) followed by drivers (16.44%). In present study, most of pre ART cases were in WHO clinical stage I (52.6%) and ART cases were in WHO clinical stage II (46.62%).

HIV infection in children progresses more rapidly than in adults, and some untreated children die within the 1st 2 years of life. This rapid progression is correlated with higher viral burden and faster depletion of infected CD4 lymphocytes in infants and children than in adults. Accurate diagnostic tests and the availability of potent drugs to inhibit HIV replication have dramatically increased the ability to prevent and control this devastating disease. HIV infection in humans is considered pandemic by the World Health Organization (WHO). Nevertheless, complacency about HIV may play a key role in HIV risk. From its discovery in 1981 to 2006, AIDS killed more than 25 million people. HIV infects about 0.6% of the world’s population. In 2005 alone, AIDS claimed an estimated 2.4–3.3 million lives, of which more than 570,000 were children. A third of these deaths are occurring in Sub-Saharan Africa, retarding economic growth and increasing poverty. According to current estimates, HIV is set to infect 90 million people infected with HIV. Even after HIV has progressed to diagnostable AIDS, the average survival time with antiretroviral therapy was estimated to be more than 5 years as of 2005. Without antiretroviral therapy, someone who has AIDS typically

Discussion
In present study there was male predominance in all age groups as compared to female (M: F = 1.94:1). In present study it was found that age of diagnosis has wide variability ranging in 5-15 year of age group. In present study, 93.21% cases belonged to rural area. In present study most of cases (85%) belonged to lower socioeconomic condition. In present study, according to occupation of father out of 152 cases most of cases belong to laborers group (55.26%) followed by drivers (16.44%), shopkeepers (15.8%) and farmers (12.5%). In present study, most of pre ART cases were in WHO clinical stage I (52.6%) and ART cases were in WHO clinical stage II (46.62%).

Most untreated people infected with HIV-1 eventually develop AIDS. These individuals mostly die from opportunistic infections or malignancies associated with the progressive failure of the immune system. HIV progresses to AIDS at a variable rate affected by viral, host, and environmental factors; most will progress to AIDS within 10 years of HIV infection: some will have progressed much sooner, and some will take much longer. Treatment with antiretroviral therapy increases the life expectancy of people infected with HIV. Even after HIV has progressed to diagnoseable AIDS, the average survival time with antiretroviral therapy was estimated to be more than 5 years as of 2005. Without antiretroviral therapy, someone who has AIDS typically
Conclusion

Education is the best modality for HIV prevention. Antiretroviral therapy improves the health and immunity of patients. In children most common mode of transmission was mother to child transmission and this can be reduced by antiretroviral therapy during antenatal period.

REFERENCES