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OLDER AND WISER: CONTINUED IMPROVEMENTS IN CLINICAL OUTCOME AND HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART) RESPONSE IN HIV-INFECTED CHILDREN IN THE UK AND IRELAND, 1996–2005

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AIMS: To describe changes over time in demographics, AIDS events and deaths, and exposure and response to HAART, in HIV-infected children in the UK and Ireland 1996–2005.

METHODS: Analysis of prospective cohort data on HIV-infected children reported to the National Study of HIV in Pregnancy and Childhood, as well as HAART exposure and response for a subgroup (70%) in the Collaborative HIV Paediatric Study.

RESULTS: Three hundred and fifty-four children with HIV were under care in 1996, rising to 614 in 2000 and 961 in 2004*. 55% were born in the UK and Ireland, of whom only 20% were identified at delivery. 29% were aged ≥ 5 years at first presentation, and at last follow-up 26% were aged 10–14 years and 11% were ≥ 15 years. Rates of progression to AIDS (death) declined from 13.7 (8.4)/100 py pre-1997 to 4.0 (1.3) in 2000/2001 and 2.6 (0.5) in 2004/2005. HAART response in antiretroviral naïve children improved over time: 34% suppressed viral load < 50 copies/ml 6 months after HAART initiation in 2000/2001, rising to 64% in 2004/2005. Whilst the proportion of child-time spent on three-drug ART was stable at 63% from 1999 onwards, the proportion of time spent off all ART, having previously taken it, increased from 4.5% in 2000/2001 to 9.3% in 2004/2005. At last follow-up, 33% of 10–14 year olds and 41% aged ≥ 15 had experienced all three main classes of HAART.

CONCLUSIONS: Morbidity and mortality rates have continued to decline in HIV-infected children since the introduction of HAART in 1997. Short-term HAART response is improving but longer-term clinical management is complex. Provision of transitional services and continued monitoring will be essential as this treatment-experienced cohort progresses into adolescence and adulthood.

*2005 data are underestimated due to reporting delay.

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