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[P359] VIRAL LOAD BLIPS IN HIV-INFECTED CHILDREN FROM THE CHIPS COHORT: WHAT DO THEY MEAN?

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PURPOSE OF THE STUDY: To examine characteristics, predictors and consequences of transient increases in viral load (VL) (blips) in children on HAART in the UK and Ireland Collaborative HIV Paediatric Study.

METHODS: Blips were defined as ≥ 1 VL ≥ 50 c/ml between 2 values < 50 c/ml, < 280 days apart, during sustained viral suppression (from 2 VL < 50 c/ml until last VL < 50 c/ml before change of HAART or confirmed failure (persistent VL > 50 c/ml)).

SUMMARY OF RESULTS: Of 595 children initiating HAART & naïve, 347 (58%) achieved sustained VL < 50 c/ml. Of these, 78 (23%) experienced 108 blips with median VL 137 c/ml (IQR 73-374); 17 blips were > 1000 c/ml (max 39,838). Blips were more common during 2nd-line therapy (28/100 child-years (CY) [95% CI 16-38]) and following a previous blip (19/100 CY [12-30]) compared to during 1st-line therapy without prior blips (10/100 CY [8-13]). Blipping rates decreased with age at HAART initiation (IRR=0.94 [0.89-1.00] per year older, $p=0.06$), but were higher in children on PI (~75% nelfinavir) regimens (IRR=1.62 [1.10-2.39], $p=0.02$), and in those remaining suppressed for longer (IRR 1.21 [1.05-1.39] per extra year suppressed, $p=0.009$). CD4 and CD8 counts were similar pre/post blip (median difference CD4= -33 (IQR -230,304), $p=0.89$ and CD8=10 (-236,315), $p=0.51$). 43% of detectable VLs during periods of suppression were blips rather than virological failure. The rate of subsequent virological failure was not significantly different between blippers and non-blippers (adj HR=0.73 [0.45-1.19]).

CONCLUSIONS: Blips are relatively common among children on HAART, occurring more frequently in those starting HAART at younger ages, on PI (mostly NFV) or 2nd-line, and after longer suppression.

They do not appear to impact CD4, CD8 or risk of subsequent virological failure; natural variation, assay effects and adherence may all play a role.

Poster Session: Paediatric Infections

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