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## [P360] EMERGING MULTI-DRUG RESISTANCE IN CHILDREN WITH PERINATALLY ACQUIRED HIV-1

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**PURPOSE OF THE STUDY:** Children with HIV are surviving into adolescence, but prolonged ARV exposure and non-suppressive regimens increase the risk of accumulating mutations associated with resistance to HIV-1. We evaluated the prevalence of triple class genotypic resistance (MDR HIV) and clinical outcome in a paediatric cohort.

**METHODS:** Retrospective case note audit of children attending 2 Family HIV clinics 1/06-6/06. Demographic, ARV, CD4 count and VL data collected. Significant mutations defined along IAS guidelines.

**SUMMARY OF RESULTS:** 236 HIV infected children median age 9.8yrs (range 0.4-17.7), 196 (83%) have ever received ARVs. 6/196 (3%) had MDR HIV on genotyping; half were male, five of black African origin, current median age 13.5 yrs (range 5.3-17.6). Median time on ARVs 10.6 yrs (range 3.9-14.2) but 5/6 children took dual therapy prior to HAART availability. Median number of drugs ever received 13 (range 9-14) and 3 had T20. At latest follow up all have detectable VL (range 121 to >500,000 c/ml) half have a CD4 count of 0 (range 0-410). All have multiple TAMS, 5/6 have M184V, and all have NNRTI resistance mutations, most commonly Y181C (4/6). Protease mutations occurred most frequently at position 46 (5/6), 82 (4/6) and 84 (3/6). One patient continues T20, TMC114/r and optimised background (OB), CD4 410, VL 2679 c/ml. A second recently commenced TMC114/r, TMC125 and OB; VL fell from 144,000 to 121 c/ml at day 14. A 5 yr old girl on 3TC/ddI awaiting novel ARVs died of overwhelming sepsis during the study period. Of the 3 remaining children 2 continue failing PI regimens, the third 3TC monotherapy.

**CONCLUSIONS:** Perinatally infected children with MDR HIV living in the UK urgently require access to novel salvage therapies to survive.

**Poster Session: Paediatric Infections**

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