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ANTI-RETROVIRAL THERAPY (ART) OUTCOMES IN CHILDREN < 13 YEARS OF AGE IN RESOURCE-POOR COUNTRIES (RPCS): A MÉDECINS SANS FRONTIÈRES (MSF) COHORT

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BACKGROUND: Initiatives to increase the number of people under ART in RPCs (WHO 3 × 5, PEPFAR) have tended to focus on the adult AIDS patient. Globally, less than 5 % of eligible children are on ART and data on outcomes for pediatric therapy in RPCs are limited.

METHODS: A retrospective analysis was performed for baseline characteristics and treatment outcomes in MSF-supported HIV programs, using FUCHIA database software (Epicentre, Paris, France). 22 projects in Asia, Africa, the Caribbean, and Central America are represented.

RESULTS: Data on 1824 children < 13 years of age (48.4% female) were analyzed. At ART initiation, median age was 5.9 years, 84.5% (652/772) had a CD4 < 15%, and 35.7% and 43.2% were CDC clinical stages B and C, respectively. > 98% received NNRTI-based ART. 71.1% had been on ART < 12 months, while 22.2% and 6.8% were under therapy for 12-24 months and > 24 months, respectively. Overall, mortality on ART was 6.0% and lost to follow-up (LFU) was 4.3%. Probability of survival on ART (not deceased or LFU) at 6, 12, 18, and 24 months was 0.91 (IQR: 0.90-0.93), 0.88 (0.86-0.90), 0.86 (0.84-0.88), and 0.84 (0.80-0.87), respectively. Median CD4% and CD4% gain at 6 months were 17.5 (11.1-24.5) and 8.9 (5.4-13.6); at 12 months: 20.2 (14.2-27.7) and 11.4 (4.4-16.9); at 18 months: 21.5 (12.2-28.4) and 13.8 (5.7-20.0); and at 24 months: 19.8 (11.2-27.6) and 12.5 (5.2-19.1), respectively. 4.3% (79/1824) had at least one drug stopped due to side effects.

CONCLUSIONS: In RPCs, children < 13 years of age appear to do well on ART, based on survival and immunologic criteria, with a low incidence of significant adverse side

effects. Continuing efforts at treatment scale-up should include increased attention on ART for children.

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