HAART can be provided safely in African HIV positive children: analysis of patients in 2 urban health centres in Kigali (Rwanda)

Ludwig De Naeyer1, Johan van Griensven2, Sovaf Ubarijoro3, Thomas Mashi4, George Nabashvilia5, Claire Gazille6 and Rony Zachariah7

1MSF OCB, MD CS Kimironko; 2MSF OCB, MD CS Kinyinya; 3MD CS Kimironko; 4MD CS Kinyinya; 5MD Chef de district sanitaire Muhima; 6MSF OCB, Field coordinator HIV program; 7MSF OCB, Operational Research Coordinator

BACKGROUND AND METHODS

MSF started in 2002 in Kigali with a comprehensive care for PLWHA and in 2003 with HAART. From the start we opted for a family approach, hence the large cohort of children on treatment. We describe the treatment outcomes in children (< 15 years of age) and assess the safety of HAART. Data were routinely collected using a monitoring software (Access®). Treatment and safety outcomes were analysed by Excel® and SPSS®.

PATIENT CHARACTERISTICS

As of mid July 2006, 2596 patients were initiated on ARV of whom 7% have died or are lost to follow-up. 11.3% (n=293) of our active cohort constitute of children. More than a quarter are younger than 5 years. Half are female (compared to 70% for the adult cohort) and two thirds (67%) are more than 1 year on treatment. Inclusion criteria for ART are based on old and new WHO guidelines (2003 and African region version 2005).

Distribution of WHO stages 1, 2, 3 and 4 (new classification of 2005) at start of ARV are depicted in Fig.1. Main reason for entering stage 2 are dermato logical manifestations followed by recurrent respiratory tract infections. In stage 3, children presented mainly with persistent diarrhea, persistent fever, moderate malnutrition and/or oral candidiosis. Seven TB cases were recorded.

The majority (n=260, 89%) started on d4T/3TC/NVP in line with WHO and MSF recommendations (see fig. 2). Once able to swallow tablets (from 2 to 3 years onwards), fixed dose combinations were prescribed based on a simplified dosing table with 4 weight categories. No quarters were used, only whole or half tablets (table 2).

TREATMENT CHARACTERISTICS AND OUTCOME

Overall treatment outcomes in July 2006 were: 261 (89%) alive and followed, 7 died and 19 transferred out. Only 2% was lost to follow-up (see Table 3).

CONCLUSION

Our results show that it is feasible to initiate HAART in a large group of children in urban health centres. Side effects due to HAART are less common in children than in adults and none was life threatening. Follow-up with liver function tests may not be necessary since all treatment changes were in patients with symptomatic disease. Rural health centres starting access to HAART might consider focusing on children instead of adults given the fewer side effects (with less biochemical follow-up needed) and given the better response to treatment in terms of morbidity and mortality.

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