XVII INTERNATIONAL
AIDS CONFERENCE
3-8 August 2008 | Mexico City

Poster Exhibition
Late Breaker Track B - Provision of care, diagnosis and treatment for HIV exposed

LBPE1155 - Analysis of clinical and immunological outcomes of an HIV positive paediatric cohort treated at Mpilo Hospital in Bulawayo, Zimbabwe

F. Parreño[1], M.N. Nyathi[2], W. Ndebele[2], E. Alonso[1], P.P. Palma[1], P. Roddy[1]

[1]Medecins Sans Frontieres-Spain, Barcelona, Spain, [2]Mpilo Hospital, Paediatrics, Bulawayo, Zimbabwe

Background: In 2006, UNAIDS reported that 2.1 million children under 15 years of age were living with HIV/AIDS in sub-Saharan Africa. In Zimbabwe, the Ministry of Health estimated 160,000 children under 15 years of age were infected. In April 2004, Médecins Sans Frontières, with the Ministry of Health, started the provision of HAART to children in Mpilo Hospital in Bulawayo.
Methods: Data were extracted from the standard Médecins Sans Frontières HIV/AIDS monitoring system (FUCHIA, Epicentre-Paris).
Results: A total of 3,013 HIV positive patients under 18 years of age have been registered. 1,885 patients (62.6%) (254 < 18 months, 487 18 months to 6 years and 1,144 > 6 years) had started HAART. Of the patients initiated with HAART, 27.3% were classified as WHO stage I and II, 50.6% stage III and 22.1% stage IV. TB treatment was mentioned in the clinical history or was started before ARV therapy in 18.3% of the individuals. 38% of the children were classified with Global Acute Malnutrition on admission (20.9% were severe). Stunted growth was present in 61.2% of the children and 68.6% of them subsequently started ARV therapy. Baseline average CD4 count was 796.3 under 18 months of age, 476.2 for 18 months to 6 years and 198.8 for children greater than 6 years of age. Average CD4 Count was 1,160, 869 and 451 respectively after 6 months of therapy and 1,314, 1,194 and 557 after 12 months. The clinical outcome after 4 years, was a 6.3% mortality rate, 7.9% lost of follow-up, 1.7% treatment failure and 0.7% experienced side effects that required ARV treatment regime change.
Conclusions: The Mpilo Opportunistic Treatment Clinic experience suggests that we can successfully treat paediatric HIV on a large scale in a low income country with resources and specialized services limitations and where PMTCT programs are non-functional.
Presenting author email: fernandoparre@yahoo.com