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Track B - Children and Adolescent Specific Issues I

MOPE0213 - Good immune restitution but unsatisfactory viral suppression in children on ART in a remote Western Kenyan area

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Background: In the context of scaling-up of antiretroviral treatment (ART), WHO recommends simplifying the follow-up of children living in areas with restricted access to laboratory facilities. However, little information is available on the long-term outcomes of such strategy.
Methods: Kaplan Meier methods were applied to data collected through the Fuchia monitoring software (Epicentre, Paris, France), using deaths and losses-to-follow-up as combined endpoint. Between November 2006 and March 2007, a cross-sectional survey was conducted in children followed on ART for 24(M24) and 36(M36) months in the MSF HIV-AIDS programme of Homa-Bay, Kenya. Drug tolerance and pill-count information were collected by clinicians using standardised questionnaires and immuno-virological measurements were performed.
Results: Since December 2001, 432 children had commenced ART: 204(47%) aged <5 years and 228(53%) 5-14 years. At baseline 173(40%) were in WHO stage 3 and 89(21%) in stage 4; 97% received WHO recommended first line regimens, 49% d4T-3TC-NVP. In March 2007, the median duration on ART was 13.5 months [IQR 5.5-27.4]. Probabilities of remaining on care were 0.79 at M24 and 0.74 at M36. 51 and 34 children were assessed at M24 and M36. Children <5 had median CD4 percentages of 31% at M24 (n=19) and 32% at M36 (n=14); Children >5 had 717 (n=32) and 894 CD4/µl (n=20), respectively. Similarly, 57% and 50% had undetectable viral load (<300 copies/ml); and 88% and 79% reported good ARV-adherence (>80%). A total of 36(42%) children had WHO grade 1 hypersensitivity and 3(4%) grade 1 abdominal distension.
Conclusions: Survival of children after 3 years of ART was similar to that reported in adults living in remote areas. Immune restitution was good but, despite an apparently well tolerated treatment, the absence of viral suppression in 50% of children is worrying. Efforts to provide adapted ARV paediatric formulations and develop new long-term adherence strategies for children should be re-enforced.
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