48-week outcomes of African children starting ART at CD4>500

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Objectives
To evaluate the clinical outcomes of HIV+ children starting ART at CD4+ 500 cells/μl using a streamlined care model

Methods
Study subjects
Residents of 16 rural East African communities were tested for HIV and were otherwise ineligible for ART by country guidelines were enrolled

Patient assessments
Visits were scheduled at week 0, 4, 12, and 24 and every 12 weeks after with screening for physical signs or symptoms of ART toxicity

Viral load and basic safety tests assessed at baseline, 24 and 48 weeks

Results:

Table 1. Subject Characteristics

<table>
<thead>
<tr>
<th>Region</th>
<th>Age in years, median (IQR)</th>
<th>Male</th>
<th>Orphan</th>
<th>Baseline CD4 cells/mm³, median (IQR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>37 (65%)</td>
<td>46 (35%)</td>
<td>36 (43%)</td>
<td>83 (643-1800)</td>
</tr>
<tr>
<td>Kenya</td>
<td>37 (45%)</td>
<td>46 (35%)</td>
<td>36 (43%)</td>
<td>83 (643-1800)</td>
</tr>
</tbody>
</table>

Baseline HIV RNA copies/ml

< 500 copies/ml 65 (92%)
500-10,000 copies/ml 4 (6%)
> 10,000 copies/ml 2 (3%)

Total of 74 attended 48 week visit, but real load results missing for 2.

Conclusions

• HIV+ children 2-14 year old with CD4>500 cells/μl receiving ART in rural African clinics employing streamlined ART delivery had 89% retention in care. 92% of those tested had viral suppression at 48 weeks.

• Streamlined nurse-driven care systems can deliver safe and effective ART care to HIV+ children.

As nations seek to achieve universal ART for children, similar programs should be considered.

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