

International AIDS Society - Industry
Liaison Forum (IAS-ILF) Roundtable



New paediatric treatment recommendations

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When to Start ART

AGE GROUP	2010 RECOMMENDATIONS	AGE GROUP	2013 RECOMMENDATIONS
<1 YEARS	Treat ALL Strong recommendation, moderate-quality evidence	< 1 YEAR	Treat ALL Strong recommendation, moderate-quality evidence
1-2 YEARS	Treat ALL Conditional recommendation, very-low-quality evidence	1-5 YEARS	Treat ALL Conditional recommendation, very-low-quality evidence Priority: <u>children < 2 years or WHO stage 3-4 or CD4 count ≤ 750 cells/mm³ or < 25%</u>
2-5 YEARS	Initiate ART with CD4 count ≤750 cells/mm³ or <25% , irrespective of WHO clinical stage		
≥5 YEARS	Initiate ART with CD4 count ≤350 cells/mm³ (<u>As in adults</u>) , irrespective of WHO clinical stage AND WHO clinical stage 3 or 4	≥5 YEARS	CD4 ≤ 500 cells/mm ³ Conditional recommendation, very-low-quality evidence CD4 ≤350 cells/mm ³ as a priority (<u>As in Adults</u>) Strong recommendation, moderate-quality evidence



What ART to Start:

Age < 3 years

Age group	Prior exposure to PMTCT ARV's	2010 recommendations	2013 recommendations
<12 months	Exposed	LPV/r + 2 NRTIs	LPV/r plus 2 NRTIs If LPV/r not available, NVP-based Plus NRTI backbone: <ul style="list-style-type: none"> • AZT or ABC + 3TC • (d4T*+3TC)
	Not Exposed	NVP + 2 NRTIs <ul style="list-style-type: none"> • AZT + 3TC • ABC + 3TC • d4T + 3TC 	
	Exposure unknown		
12 to <36 months	Regardless of exposure		

When HIV RNA monitoring is available, consider to substitute LPV/r with NNRTI after virological suppression is sustained (conditional, low quality)

* d4T use restricted to situations in which toxicity to AZT is suspected or confirmed and ABC cannot be used



What to Start in ≥ 3 years

Age group	2010 recommendations	Age group	2013 recommendations	
3-19 years	<p>NVP or EFV</p> <p>plus</p> <p>2 NRTIs in preferential order: AZT + 3TC ABC + 3TC d4T + 3TC</p> <p>TDF + FTC + EFV to be used as preferred regimen if HIV/HBV coinfection and >12 years and > 35 Kg</p>	3-10 years (Including > 10 yrs who weighing <35kg)	NNRTI	<u>EFV is preferred</u> NVP as alternative
			2NRTIs	In preferential order: ABC + 3TC AZT or TDF + 3TC or FTC
		10-19 years (weighing ≥ 35 kg) (align with adults)	NNRTI	<u>EFV is preferred</u> NVP as alternative
			2NRTIs	In preferential order: TDF + FTC or 3TC ABC + 3TC AZT + 3TC



Recommendations HIV/AIDS Department

2013, 2nd line

- ✓ **Failure of a first-line NNRTI-based regimen**
a boosted PI plus two NRTIs (LPV/r is the preferred boosted PI)
(Strong recommendation, moderate-quality evidence)
- ✓ **Failure of a first-line LPV/r-based regimen in children < 3 years old**
Remain on the same regimen plus improve adherence
(Conditional recommendation, very-low-quality evidence)
- ✓ **Failure of a first-line LPV/r-based regimen in children \geq 3 years**
NNRTI plus two NRTIs; EFV is the preferred NNRTI
(Conditional recommendation, low-quality evidence)
- ✓ **NRTIs backbone substitution after treatment failure**
ABC or TDF + 3TC (or FTC)  AZT + 3TC
AZT or d4T + 3TC (or FTC)  TDF + FTC or ABC + 3TC



2nd line after failing PI-based ART

- Very few failures (*Violari et al. Glasgow 2012*)
- Good HIVDR profile once you fail on PI (not much NRTIs mutations (*PENPACT1, CHER*))
- No PI cross-resistance: DRV can be used (CHIPS UK cohort 2011)

Second-line ART			Preferred regimens	Alternative Regimens
Adults and adolescents, including pregnant and breastfeeding women			AZT + 3TC + LPV/r ^a AZT + 3TC + ATV/r ^a	TDF + 3TC (or FTC) + ATV/r TDF + 3TC (or FTC) + LPV/r
Children	If a NNRTI-based first-line regimen was used		ABC + 3TC + LPV/r ^b	ABC + 3TC + LPV/r ^b TDF + 3TC (or FTC) + LPV/r ^b
	If a PI-based first-line regimen was used	<3 years	No change from first-line regimen in use ^c	AZT (or ABC) + 3TC + NVP
		≥3 years	AZT (or ABC) + 3TC + EFV	TDF + 3TC + EFV ABC (or TDF) + 3TC + NVP



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