2 YEARS OUTCOME OF EARLY-TREATED INFANTS IN SUB-SAHARAN AFRICA

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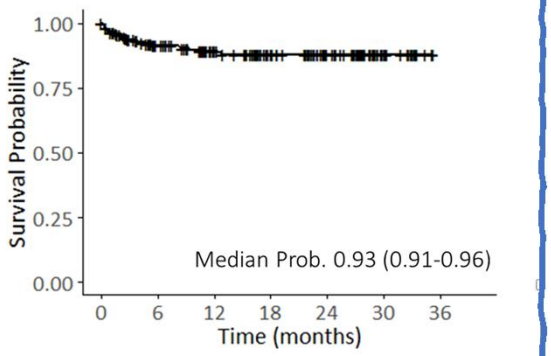
BACKGROUND

The real-world evolution of very early treated children born with HIV in high-prevalence settings during first years of life is unclear. We assessed the probability of death, progression to AIDS, viral load (VL) suppression, immunosuppression, and continuation in care of a cohort of early treated children born with HIV.

METHODS

EARTH-EPIICAL Cohort is underway at 2 rural and 4 urban sites in Mozambique, Mali, and South Africa (SA). Infants with HIV who started ART in the first 3 months of life, are followed at 2, 6 and 12 weeks, and then 6- monthly for 4 years.

Death, N=23/212 (10.8%)



Time (months)	Number at risk	Prob.Survival
6	161	0.92 (0.88-0.96)
12	135	0.89 (0.85-0.94)
18	102	0.88 (0.83-.0.93)
24	70	0.88 (0.83-.0.93)
30	27	0.88 (0.83-.0.93)

Mortality remains high in HIV-infected infants treated from the first month of life.

Infants with high baseline viral load require specific attention.

RESULTS

212 participants were enrolled and followed during a median time of 17 [6.8;27.5] months; 84 reached 2 years of follow-up. ART started at 34 [26;74] days of life, mostly 3TC+ABC+LPV/r (65%). Adherence was suboptimal (<90%) in 56% of visits.

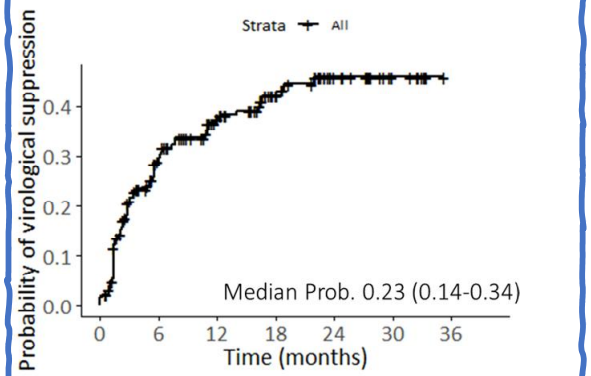
23 patients (10.8%) died, at a median of 2.5 [0.6;6.8] months of age. At 2 years, probability (P) of death was 12% (CI95%,7 to 17), (P) of progression was 11% (CI95%,6 to 16%), (P) of continuation in care was 80% (CI95%,74 to 86%), (P) of VL suppression was 46% (CI95%, 0.34-0.49), and (P) of severe IS, 54% (CI95%, 44 to 62).

Death occurred predominantly in the first 6 months (74%); mostly due to pneumonia (43%), malnutrition (13%) or diarrhea (8.7%).

(P) of death was associated with baseline VL 2.19 (1.4-3.3), and suboptimal adherence 2.88. (P) of progression was associated with baseline VL 1.71 (CI95%,1.14-2.58), and weight for age 0.53 (CI95%,0.39- 0.71). (P) of lost to follow up also was associated with baseline VL (HR, 1.60 (CI95%,1.06-2.40) and weight for age (HR, 1.67 (CI95%,1.11-2.50).

(P) of suppression associated with baseline VL (HR, 0.60 (CI95%,0.51- 0.71) and CD4% (HR, 1.04, (CI95%,1.01-1.06), p=0.01. (P) of severe IS was associated with baseline VL, (HR, 1.4 (CI95% 1.15-1.69), baseline CD4% (HR, 0.91 (0.88-0.93), baseline weight for age (HR, 0.86 (CI95%, 0.76-0.99), and Mozambique (HR 1.88 (CI95%, 1.16- 3.1).

Suppression, N=71/186 (38.2%)



Time (months)	Number at risk	Prob.Suppression
6	108	0.30 (0.23-0.36)
12	78	0.37 (0.30-0.44)
18	49	0.42 (0.34-.0.49)
24	27	0.46 (0.37-.0.54)
30	11	0.46 (0.37-.0.54)

CONCLUSIONS

Despite early treatment and a close follow-up, death, progression, and severe IS remain high in children born with HIV in Africa, especially in the 6 first months. Additional strategies are required to improve the care of this population.

ADDITIONAL KEY INFORMATION

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