

# HIV/AIDS treatment and care Clinical protocols for the WHO European Region



## Protocol 11: Paediatric HIV/AIDS treatment and care

Update  
18 July 2008

Page 399, section 4 ART in infants and children, paragraph 2 the first sentence should read as follows:

Children of **12 months and older** should be started on ART when they have either an AIDS-defining illness or severe immunological failure (see Table 1).

Page 400, Table 2 second column should read **<12 months**, under this column it should read as follows:

### Treat all irrespective of CD4 level

Table 2 should look as follows:

**Table 2. CD4 criteria for initiation of ART**

Immunological marker	Recommended threshold levels for initiating ART			
	<12 months	12–35 months	36–59 months	≥5 years <sup>a</sup>
CD4 % and/or CD4 count	<b>Treat all irrespective of CD4 level</b>	≤20% (≤750 cells/mm <sup>3</sup> )	≤15% (≤350 cells/mm <sup>3</sup> )	≤200 cells/mm <sup>3</sup> (≤15%)

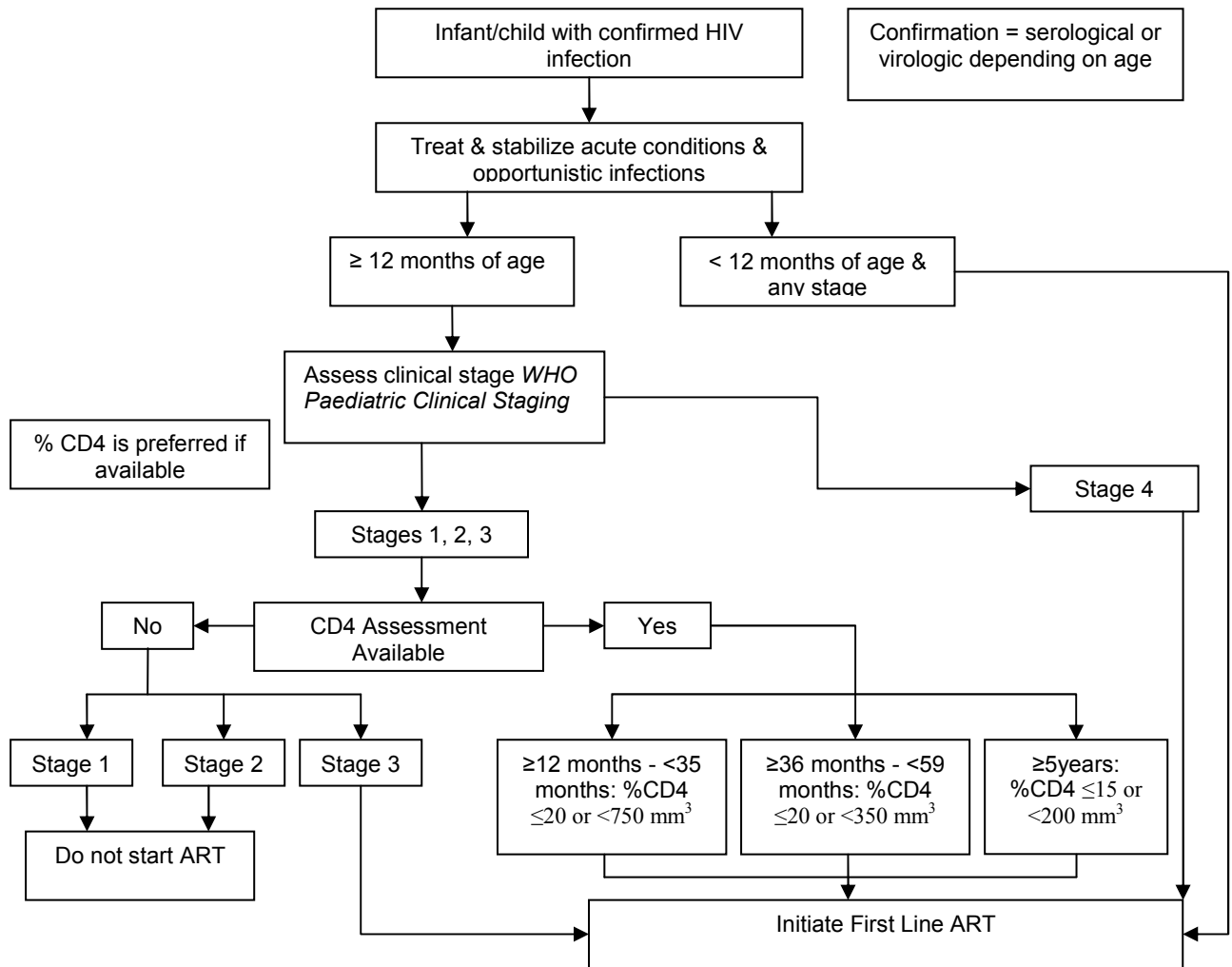
<sup>a</sup> Starting at 5 years of age CD4 cell count is a more accurate indication for initiation of treatment.

**Source:** adapted from WHO (30).

Page 400, after last paragraph subsection 4.1 insert the following text and Figure 2:

Figure 2 presents the algorithm for initiating ART for infants and children.

**Fig 2. Initiating ART for infants and children**



Source: Report of the WHO Technical Reference Group, Paediatric HIV/ART Care Guideline Group Meeting, WHO Headquarters, Geneva, Switzerland, 10-11 April 2008, [http://www.who.int/hiv/pub/meetingreports/art\\_meeting\\_april2008/en/index.html](http://www.who.int/hiv/pub/meetingreports/art_meeting_april2008/en/index.html)

Page 401, last paragraph before Table 3 should read as follows along with the indicated footnote:

For non-exposed\* infants and children the standard 2 NRTIs + NNRTI first-line regimen is recommended (see Table 3).

**\* Non-exposed infants are those who have not been exposed to NNRTI containing maternal ART or preventive ARV regimen.**

Page 401, Table 3 the title of the table and first table note should read as follows:

**Table 3. First-line ART regimens for non-exposed infants and children**

Age	ARV classes	ARV combinations
<3 years (or <10 kg)	2 NRTIs + 1 NNRTI	ABC (or ZDV) + 3TC <sup>a</sup> + NVP <sup>b</sup>
≥3 years	2 NRTIs + 1 NNRTI	ABC (or ZDV) + 3TC <sup>a</sup> + EFV <sup>b, c</sup>

<sup>a</sup> The ABC + 3TC combination is very effective for ART-naive children. PENTA 5 follow up data clearly confirms the superiority of this regimen (<http://www.ctu.mrc.ac.uk/penta/trials.htm>) (32, 33). D4T should be avoided due to the increased risk of lipodystrophy (34, 35).

<sup>b</sup> EFV is not currently recommended for children <3 years of age or < 10 kg, and should not be given to post-pubertal girls who are either in the first trimester of pregnancy or are sexually active and not receiving adequate contraception. EFV is preferred over NVP in children older than three years.

<sup>c</sup> NVP should be avoided in post-pubertal girls (considered adults for treatment purposes) with baseline CD4 absolute cell counts >250 cells/mm<sup>3</sup>.

Page 401, subsection 4.4 the last sentence should read as follows:

The frequency of such transmission has not been well documented; however, direct and indirect data show compromised response to NVP based regimens after NVP exposure in infants; consequently, NVP-based therapy should be used only if protease inhibitors are not available, affordable or feasible.

Page 401, subsection 4.4.1 the last bullet point should read as follows:

- The PI/r-based first-line regimen (2NRTIs+LPV/r) is recommended, where available and affordable (Report of the WHO Technical Reference Group, Paediatric HIV/ART Care Guideline Group Meeting, WHO Headquarters, Geneva, Switzerland, 10-11 April 2008, [http://www.who.int/hiv/pub/meetingreports/art\\_meeting\\_april2008/en/index.html](http://www.who.int/hiv/pub/meetingreports/art_meeting_april2008/en/index.html)).

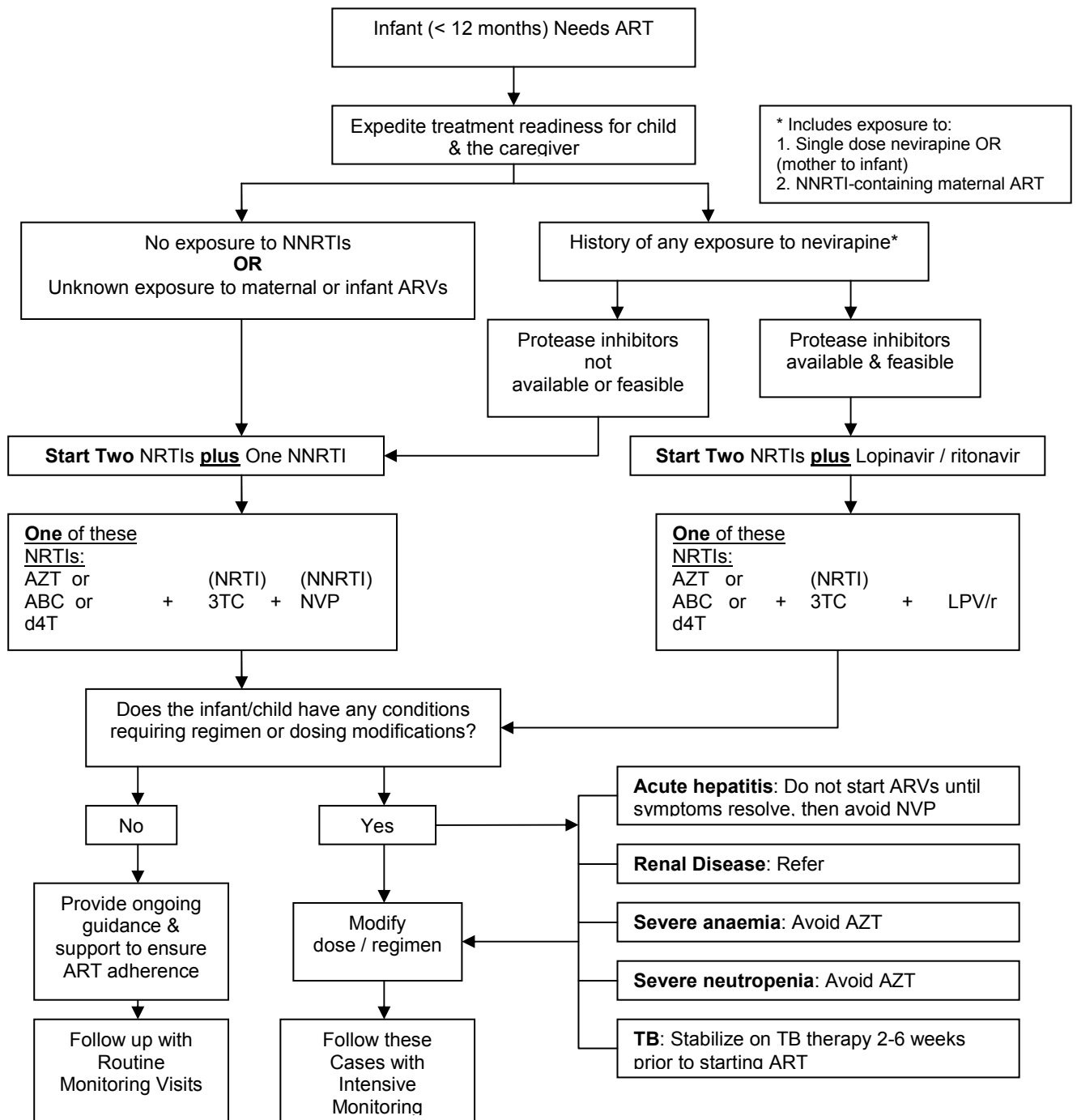
Page 402, subsection 4.4.2 the last bullet point should read as follows:

- The PI/r-based first-line regimen (2NRTIs+LPV/r) is recommended, where available and affordable.

Page 402, at the end of subsection 4.4.2 insert the following text and figure:

Figure 3 presents the algorithm for selection of first-line ART regimens for infants.

**Fig 3. First-lin ARV treatment regimens for infants**



Source: Report of the WHO Technical Reference Group, Paediatric HIV/ART Care Guideline Group Meeting, WHO Headquarters, Geneva, Switzerland, 10-11 April 2008, [http://www.who.int/hiv/pub/meetingreports/art\\_meeting\\_april2008/en/index.html](http://www.who.int/hiv/pub/meetingreports/art_meeting_april2008/en/index.html)