

RECOMMENDATIONS FOR INITIATION OF HAART IN RESOURCE-FULL SETTINGS: NIH AND CDC GUIDELINES

It is recommended that Caribbean settings with more resources use the NPHRC/HRSA/NIH guidelines for deciding when to commence HAART in infants and children (*Tables 2 and 3*).¹ It should be noted that many clinicians would recommend treatment of all HIV-infected children age one year or younger, regardless of clinical, immunological, or virologic status. Infancy represents a period when there is usually a very high viral load with a high risk for rapid progression of HIV disease and the potential to develop irreversible brain injury as a result of HIV encephalopathy.

Table 2: *Indications for Initiation of HAART in HIV-Infected Children Age One Year or Younger in Resource-Rich Settings*

CLINICAL CATEGORY		CD4+ CELL PERCENTAGE	PLASMA HIV RNA COPY NUMBER*	RECOMMENDATION
Symptomatic (Clinical category A, B, or C)	OR	<25% (Immune category 2 or 3)	Any value	Treat
Asymptomatic (Clinical category N)	AND	≥25% (Immune category 1)	Any value	Consider Treatment**

* Plasma HIV RNA levels are higher in HIV-infected infants than in older infected children and adults, and may be difficult to interpret in infants age twelve months or younger because overall HIV RNA levels are high and there is overlap in HIV RNA levels between infants who have and those who do not have rapid disease progression.

** Because HIV infection progresses more rapidly in infants than in older children or adults, some experts would treat all HIV-infected infants age six months or younger or age twelve months or younger regardless of clinical, immunologic, or virologic parameters.

Adapted from: NPHRC/HRSA/NIH. *Guidelines for the use of antiretroviral agents in pediatric HIV infection.* 30 November 2004. Accessed 2004. Available at: http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=51.

Table 3: Indications for Initiation of HAART in HIV-Infected Children Age One Year or Older in Resource-Rich Settings

CLINICAL CATEGORY		CD4+ CELL PERCENTAGE		PLASMA HIV RNA COPY NUMBER	RECOMMENDATION
AIDS (Clinical category C)	OR	<15% (Immune category 3)		Any value	Treat
Mild-Moderate Symptoms (Clinical category A or B)	OR	15-25%* (Immune Category 2)	OR	≥100,000 copies/mL**	Consider Treatment
Asymptomatic (Clinical category N)	AND	>25% (Immune Category 1)	AND	<100,000 copies/mL**	Many experts would defer therapy and closely monitor clinical, immune and viral parameters

*Many experts would initiate therapy if CD4+ T cell percentage is between 15% to 20% and defer therapy with increased monitoring frequency in children with CD4+ T cell percentage of 21% to 25%.

**There is controversy among paediatric HIV experts regarding the plasma HIV RNA threshold warranting consideration of therapy in children in the absence of clinical or immune abnormalities; some experts would consider initiation of therapy in asymptomatic children if plasma HIV RNA levels are between 50,000 to 100,000 copies/mL.

Adapted from: NPHRC/HRSA/NIH. Guidelines for the use of antiretroviral agents in pediatric HIV infection. 30 November 2004. Accessed 2004. Available at: http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=51.

¹NPHRC/HRSA/NIH. Guidelines for the use of antiretroviral agents in pediatric HIV infection. 30 November 2004. Accessed 2004. Available at: http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=51.