

Group Work Recommendations- when to start

Group A

Group Members-names

When to start ART

Population	<u>Under 1 year months</u>	1-4 yrs	≥ 5 years
Intervention	Immediate ART	clinical or immunological criteria	clinical or immunological criteria
Priority outcomes	Morbidity Mortality LT AE		
Notes			

Evidence –early infant ART

Quality	Comment
<p>Moderate to strong quality of evidence</p>	<p>Best we can get... Mortality is highly significant outcome Group is satisfied with the quality of the evidence For feasibility purposes we are recommending early treatment for all infants under one, however the data only relates to infants that are infected IU or IP and initiated early. It is not clear that this applies equally to PN infected infants or would apply if treatment was initiated later in infancy</p>

Benefits and desired effects -early infant ART

Benefit	Explanation
Mortality reduced	Large impact on mortality (75% reduction). Even with excellent follow up, children didn't come back early enough and infants in deferred arm died quickly and often at home
Improved Qual of Life and morbidity	Observed as better neurological outcome in infants treated earlier (Faye et al.) and reduced severity of common diseases in the early treatment arm (CHER)
Reduced the need for CD4 monitoring	Current guidelines if properly implemented would imply close CD4 monitoring of infants and this would not be required if early treatment was initiated

Risks or undesired effects -early infant ART

Risks	Explanation
Long term adherence issues	Adherence is a concern – although note that treatment should still be early even per current guidelines
Early use of Second line	Will this lead to earlier need for second line? Who can this be sustained financially – who will pay
Impact of lifelong therapy	Potential short and long term toxicity data lacking – need more cohort reports on toxicity of ART

Risks/Benefit assessment -early infant ART

Decision	Explanation
Benefit outweighs risk!	

Values and preferences -early infant ART

Decision	Explanation
<p data-bbox="110 551 458 1086">Adds value by creating a new focus on infants Pushes pharma to get creative</p>	<p data-bbox="502 551 1791 879">Changes emphasis of programs to treat infants early – Influences provider bias from thinking about just the high mortality in infants to recognising the potential for saving lives through treatment</p>

Feasibility - early infant ART

Decision	Explanation
<p>Feasible but problematic because of EID and program structure</p>	<p>EID programs are still not fully developed – although there is more capacity on the ground than before</p> <p>Need to ensure the continuum of care...follow up from PMTCT into care for infants is critical for early infant treatment</p> <p>How are we going to operationalize broad scale infant treatment...where should we be doing this? in ART clinics, in MCH centers? How can we address infrastructure and HR constraints</p> <p>If PMTCT progs continue to expand and improve – treating all infants may become more feasible</p>

Costs - early infant ART

Decision	Explanation
<p data-bbox="110 554 487 1068">Early initiation of treatment will increase costs – but probably not by much</p>	<p data-bbox="525 554 1759 911">Cost is partly related to the choice of regimen...NVP is cheaper than PI, but note that deferred treatment would still involve treatment in infancy, so the issue of NVP vs PI would be the same</p> <p data-bbox="525 1039 1782 1172">Pulling in more children early results in more children on treatment</p> <p data-bbox="525 1296 1801 1358">ART saves cost of morbidity & hospitalization</p>

Reccomnedations - When to start ART

Population	<u>Under 1 year months</u>	1-4 yrs	≥ 5 years
Start ART	All infants	clinical or immunological criteria	clinical or immunological criteria
Strength of Recommendation	Strong to Moderate	Strong	Strong

Key outstanding questions

Issue	Research or action required
Older infants and infants infected through BF – should they be treated differently?	?
Can we stop? When to stop?	CHER and NEVEREST results needed
What to start with? Issue of NVP resistance is unresolved	IMPAACT 1060 ongoing, but results needed Is there data showing us how quickly NVP resistance fades
Formulation suitable for infants	Need to understand approval process for FDCs and need to see more PI drugs suitable for children
Feasibility	No-one has studied this as an implementational project