

Group Work Recommendations- when to start

Group X

Group Members-names

When to start ART

Population	≤ 11 months	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 for mortality</p> <p>...</p> <p>? For other critical domains</p>	<p>Unclear why morbidity is not moderate also</p> <p>No other trials possible</p> <p>Grade may not work well for paediatric populations</p>

Benefits and desired effects -early infant ART

Benefit	Explanation
Strong	<p>Big effect on morbidity and mortality</p> <p>Easier to start infant ART immediately without delays in getting CD4% results</p> <p>Less frequent/intense pre-ART follow-up</p> <p>Less loss to follow-up / retention better</p> <p>Drive better PMTCT at policy level (by better linkages and appreciation of cost-effectiveness of infant prevention)</p>

Risks or undesired effects -early infant ART

Risks	Explanation
No impact on strong recommendation	Earlier exposure to ARVs (toxicity; resistance; stigma & discrimination; prematurely exhaust options) – minority only who will not need to start within first year Higher risk of toxicity in early infancy

Values and preferences -early infant ART

Decision	Explanation
Maintain strong recommendation	<p>Care givers will like immediate ART</p> <p>Mothers will appreciate whether PMTCT has worked or not</p> <p>Health workers (with training) will appreciate early start – but work load and congestion will increase (more on ART)</p>

Feasibility - early infant ART

Decision	Explanation
Does not modify	<p data-bbox="502 554 1677 805">Access to infant diagnosis limited in many countries and scale up is challenging!</p> <p data-bbox="502 839 1721 1001">Challenges with infant ART follow-up (often infant follow-up very limited)</p> <p data-bbox="502 1035 1515 1108">Delays in results back to infant</p> <p data-bbox="502 1142 1683 1215">Human resources (esp lab workers)</p> <p data-bbox="502 1249 1709 1410">Availability of paediatric formulations (liquids)</p>

Costs - early infant ART

Decision	Explanation
Does not change recommendation	<p>Start-up costs can be high (depends on where country is in PMTCT/ART)</p> <p>Incremental costs over intense follow-up and delayed ART are small</p> <p>Additional lifetime ART and delivery costs for infants saved</p> <p>But decreased hospitalisations with reduced OI care etc</p> <p>Cost saving IF linked to more effective PMTCT and prevention</p>

Recommendations - When to start ART

POPULATION	≤ 11 months	1- 4 yrs	≥ 5 yrs
START ART	?	clinical or immunologic criteria	clinical or immunological criteria
Strength of Recommendation	?	strong	strong

Key outstanding questions

Issue	Research or action required
Older asymptomatic infants	
Regimens / interrupted ART /	
Testing algorithms	