

# Group Work Recommendations- when to start

## Group D

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# When to start ART

<b>Population</b>	<b><math>\leq 11</math> months</b>	<b>1-4 yrs</b>	<b><math>\geq 5</math> years</b>
<b>Intervention</b>	?	clinical or immunological criteria	clinical or immunological criteria
<b>Priority outcomes</b>	Morbidity Mortality LT AE		
<b>Notes</b>			

# Evidence –early infant ART

Decision	Comment
Strong	<p><b>Moderate</b></p> <p>CHER will be the only trial</p> <p>Supported by observational studies and field experience</p> <p>But....</p> <p>Short term</p> <p>Context specific</p> <p>Generalizability issues</p> <ul style="list-style-type: none"><li>•PI based regimen</li><li>•Mainly post PMTCT</li></ul>

# Benefits and desired effects -early infant ART

Benefit	Explanation
Strong	Decrease mortality Decrease morbidity (particularly to CNS) Reduction of hospitalizations

# Risks or undesired effects -early infant ART

Risks	Explanation
	<p>Toxicity</p> <p>Resistance</p> <ul style="list-style-type: none"><li>• Underdosing Infants dose</li><li>• NVP regimen might fail because of previous recent exposure</li><li>• Adherence in healthy children</li></ul> <p>Un-necessary exposure to treatment in long term non progressors</p>

# Risks/Benefit assessment -early infant ART

Decision	Explanation

# Values and Preferences

Decision	Explanation
Strong	Families concern Disclosure  Ethical obligation

# Feasibility - early infant ART

Decision	Explanation
Strong	Man power Training Virological test availability (DBS)  Integration of services (Malnutrition, TB,...)

# Costs - early infant ART

Decision	Explanation
Strong	<p>Virological tests</p> <p>Man power</p> <p>ARV costs (PI regimen might increase cost)</p> <p>Family cost</p> <p>CD4 not necessarily</p> <p>Reduce hospitalization</p> <p>Reduce morbidity cost</p>

# Recommendations - When to start ART

POPULATION	$\leq 11$ months	1- 4 yrs	$\geq 5$ yrs
START ART	All	clinical or immunologic criteria	clinical or immunological criteria
Strength of Recommendation	Strong	strong	strong

# Feasibility - early infant ART (diagnosis)

Decision	Explanation
Strong	Link between PMTC Man power Training Virological test availability (DBS)  Family based care Integration of services

# Costs - early infant ART (diagnosis)

Decision	Explanation
<b>Strong</b>	<p>“Picking up” costs</p> <ul style="list-style-type: none"><li>Elisa Ab test (reducing costs for PCR)</li><li>Virological tests (DBS)</li><li>Man power</li><li>ARV costs (PI regimen might increase cost)</li><li>Family cost</li></ul> <p>CD4 not necessarily</p> <ul style="list-style-type: none"><li>Reduce hospitalization</li><li>Reduce morbidity cost</li></ul>

# Key outstanding questions

Issue	Research or action required
Long term	
Disclosure	