



FACT SHEET AUGUST 2006

NEW WHO GUIDELINES ON ANTIRETROVIRAL THERAPY OF HIV INFECTION IN INFANTS AND CHILDREN

All WHO fact sheets, press releases, features and other information on HIV/AIDS can be found on <http://www.who.int/hiv/toronto2006>

BACKGROUND

Infants and children account for one in seven of all AIDS-related deaths worldwide. Every day, over 1000 children below the age of 15 die of HIV/AIDS-related causes, and an additional 1500 are infected with the virus. These trends are likely to have devastating social and economic consequences for many future generations if allowed to continue unimpeded, especially in those countries in sub-Saharan Africa and Southeast Asia hardest hit by the epidemic.

In countries where it has been successfully implemented, life-saving antiretroviral therapy (ART) has substantially changed the face of HIV infection. However, despite the impressive scale-up of ART access in various parts of the world, the intensity of effort has not been extended as successfully to HIV-positive infants and children. This fact is especially alarming since the course of infection is faster and more aggressive in children; it is critical that they are diagnosed early and provided with ART as early as possible.

Many of the obstacles associated with treatment of paediatric HIV have to do with lack of simple and affordable diagnostic technologies and insufficient understanding of the life-saving effects of ART in children. In response, WHO has now revised and updated the previous ART guidelines for infants and children. Taking current realities and limitations of ARV availability in resource-limited settings into consideration, the guidelines are intended to direct national programmes in selecting the most feasible and context-appropriate first- and second-line ARV treatment regimens.

THE NEW GUIDELINES

Important aspects highlighted in the revised guidelines include the following:

- how to establish diagnosis of HIV in infants and children
- when to commence ART
- ARV drug toxicity
- strategies when first- and second-line treatments fail
- considerations for nutrition/ malnutrition and ART

- clinical and laboratory monitoring
- ART adherence and drug resistance problems

The guidelines also offer new recommendations on presumptive diagnosis of HIV where virological testing is not available, and immunological criteria for initiating ART. Other sections in the guidelines include information on interpretation of immunological and clinical events before and during ART, paediatric ARV drugs and their optimal use, and recommendations for

dealing with management of ART in cases where children have HIV/TB co-infection. Annexes include guidance on drug-dosing schedules based on weight, toxicity and common adverse reactions.

These revised WHO guidelines will be useful to national AIDS programme managers and other policymakers as they strive to improve ART access scale-up for infants and children in resource-limited settings.
