

Poster presentation

Progression to AIDS in HIV vertically infected children diagnosed and ARV treated from first year of life

S Dobosz*, M Marczyńska, A Oldakowska and M Szczepańska-Putz

Address: Department of Children's Infectious Diseases Medical University in Warsaw, Warsaw, Poland

* Corresponding author

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Purpose of the study

The risk of progression to AIDS in HIV vertically infected children is high. We aim to evaluate the incidence of progression to AIDS in children on ARV treatment from the first years of life.

Methods

In years 1987–2008, Department of Children's Infectious Diseases takes care of 87 HIV vertically infected children. In 27 children HIV infection was recognized in the first year of life, in 23/27 children ≤6 months of life (group I), and in 4/27 from 6 to 12 months (group II). All children received ARV treatment after the diagnosis. The time of observation was from 9 months to 14 years. Clinical and immunological staging in time of diagnosis, illness progression (according to CDC) and current staging of HIV infection were evaluated.

Summary of results

At time of diagnosis in group I (n = 23), there were: six children with severe immunodeficiency, three with mild immunodeficiency, and 14 children without immunodeficiency. Mild signs of infections were presented in 16 children, moderate in three and four children presented AIDS. During observation time immunological progression occurred in four children. At present neither of them have immunodeficiency, three children have moderate symptoms and 20 children is without immunodeficiency.

In group II (n = 4) in time to recognition there were: two children with severe immunodeficiency, one with mild immunodeficiency and one child without immunodeficiency.

Mild signs of infection were presented in one child, in one moderate and two children presented AIDS. During observation immunological and clinical progression occurred in two children. At present neither of them have immunodeficiency and present mild signs of infection.

In 14/27 children the ARV treatment was initiated without signs of disease and in good immunological status. No child has progression to AIDS. Currently none of them have immunodeficiency, 25/27 have mild signs of disease. Two children presenting HIV-encephalopathy recognized at the same time as HIV infection.

Conclusion

Early initiation of antiretroviral treatment inhibits progression of HIV disease.