TEST AND TREAT: INNOVATIVE WAYS FORWARD

AIDS 2018 POST-CONFERENCE WORKSHOP

Indonesia, 8-9 December 2018
Pediatric ARV: challenge

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Facts

• PLWHA infant and children < 14 y.o; 4-5% from total
• Global trend: effective PMTCT, decrease PLWHA-children.
• Indonesia 2017: HIV testing 25% in pregnant women, ARV coverage 13%
• Expected to have newborn HIV infected cases each year
Current available ARV

- AZT, 3TC, ABC, TDF
- NVP, EFV, RPV
- LPV/r
- DRVr
- DTG
- RAL

Pediatric Formulation:
- AZT syrup
- FDC AZT/3TC/NVP
- Half-dose LPVr
What to use

<table>
<thead>
<tr>
<th>First-line ART</th>
<th>Preferred first-line regimens</th>
<th>Alternative first-line regimens&lt;sup&gt;a,b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>TDF + 3TC (or FTC) + EFV</td>
<td>AZT + 3TC + EFV (or NVP)</td>
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<tr>
<td></td>
<td></td>
<td>TDF (or ABC) + 3TC (or FTC) + DTG&lt;sup&gt;c,d&lt;/sup&gt;</td>
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<tr>
<td></td>
<td></td>
<td>TDF (or ABC) + 3TC (or FTC) + EFV&lt;sub&gt;400,c,d,e&lt;/sub&gt;</td>
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<tr>
<td></td>
<td></td>
<td>TDF (or ABC) + 3TC (or FTC) + NVP</td>
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<tr>
<td>Children 3 years to less than 10 years</td>
<td>ABC + 3TC + EFV</td>
<td>ABC + 3TC + NVP</td>
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<tr>
<td></td>
<td></td>
<td>AZT + 3TC + EFV (or NVP)</td>
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<tr>
<td>Children less than 3 years</td>
<td>ABC (or AZT) + 3TC + LPV/r</td>
<td>ABC (or AZT) + 3TC + NVP</td>
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</tbody>
</table>

Continuity on current Indonesia guideline

- Pregnant women: ARV combination as adult (not DTG)
- Prophylaxis ARV for newborn: AZT 6 weeks (regardless of BF exposure), base on WHO 2010 guideline
- HIV-infected infant: AZT+3TC+NVP (at the risk of high resistance to NVP)
Sequencing of ARV formulations for newborns starting treatment around birth (Ideal)

<table>
<thead>
<tr>
<th></th>
<th>2 weeks–3 months</th>
<th>3–36 months</th>
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<tbody>
<tr>
<td>Preferred</td>
<td>ABC or AZT + 3TC + LPV/r syrup</td>
<td>ABC or AZT + 3TC + LPV/r pellets</td>
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<tr>
<td>Alternative</td>
<td>ABC or AZT + 3TC + LPV/r pellets</td>
<td>ABC or AZT + 3TC + LPV/r pellets</td>
</tr>
<tr>
<td>Special circumstances</td>
<td>ABC or AZT + 3TC + RAL</td>
<td>Need EID</td>
</tr>
</tbody>
</table>

2017 WHO ARV guideline for Advance HIV disease
Challenges

- Limited ARV option, remote areas only received FDC (AZT+3TC+NVP) supply.
- Mostly: adult formulation
- Takes time to educate caregiver how to take ARV
- Adherence monitoring
- Toxicity and long-term consequences do not monitor routinely
- Low capacity of HCW to treat HIV
Future

- 0-3 y.o: ABC + 3TC + LPVr (dispersible tablet)
- 3-10 y.o: AZT or TDF+3TC or FTC + EFV (FDC)
- > 10 y.o similar to adult