





# **TEST AND TREAT: INNOVATIVE WAYS FORWARD**

AIDS 2018 POST-CONFERENCE WORKSHOP

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# Pediatric ARV: challenge

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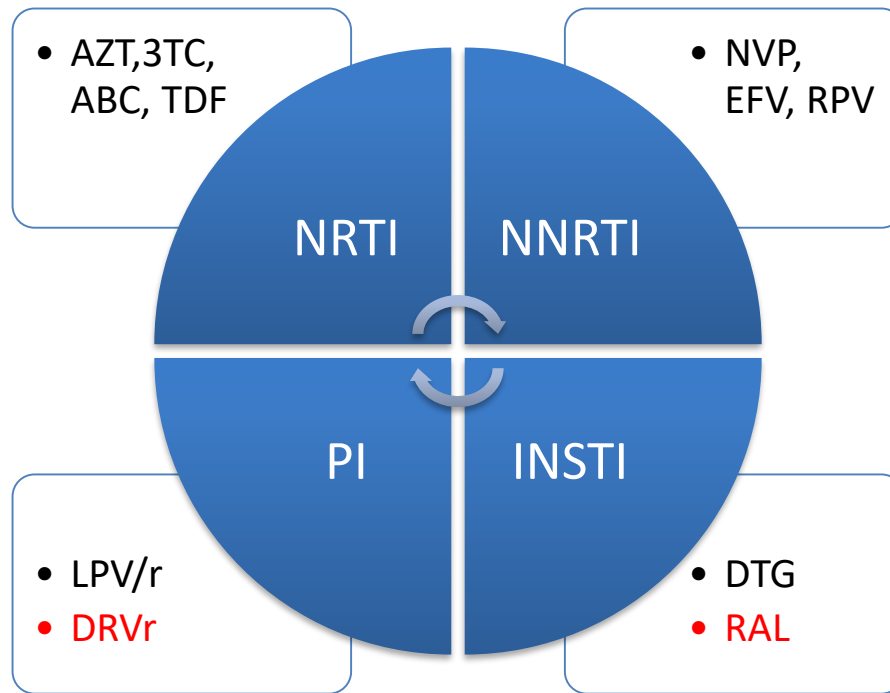
# Facts



- 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

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



# What to use

First-line ART	Preferred first-line regimens	Alternative first-line regimens <sup>a,b</sup>
Adolescents	TDF + 3TC (or FTC) + EFV	<div style="border: 1px solid red; padding: 2px;">AZT + 3TC + EFV (or NVP)</div> TDF (or ABC) + 3TC (or FTC) + DTG <sup>c,d</sup> TDF (or ABC) + 3TC (or FTC) + EFV <sub>400</sub> <sup>c,d,e</sup> TDF (or ABC) + 3TC (or FTC) + NVP
Children 3 years to less than 10 years	ABC + 3TC + EFV	ABC + 3TC + NVP <div style="border: 1px solid red; padding: 2px;">AZT + 3TC + EFV (or NVP)</div> TDF + 3TC (or FTC) + EFV (or NVP)
Children less than 3 years	ABC (or AZT) + 3TC + LPV/r	<div style="border: 1px solid red; padding: 2px;">ABC (or AZT) + 3TC + NVP</div>

Penazzato M, Prendergast AJ, Muhe LM, Tindyebwa D, Abrams E. Optimization of antiretroviral therapy in HIV-infected children under 3 years of age. Cochrane Database Syst Rev. 2014;(5):CD004772.

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# 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)

		2 weeks–3 months →	3–36 months
Preferred	(Redacted)	ABC or AZT + 3TC + LPV/r syrup	ABC or AZT + 3TC + LPV/r pellets
Alternative			ABC or AZT + 3TC + LPV/r pellets
Special circumstances		ABC or AZT + 3TC + RAL	

Need EID



# 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