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THPE0101 - Early mortality (pre and post antiretroviral treatment) amongst children with HIV/AIDS enrolled in two programs in Cambodia

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Background: There is very limited documented information on the significance of early mortality (death within the first 6 months) among children enrolled within HIV/AIDS programs in resource-limited settings.

Among children in two routine programme settings in Cambodia, we determined a) the incidence of early mortality prior-to and after initiating ART and b) assessed risk factors associated with early mortality.

Methods: Retrospective cohort and Cox-regression analysis of routine data from Donkeo Referral Hospital, Takeo and Angkor Hospital for Children, Siem Reap, Cambodia, since 2003 and 2004.

Results: A total of 1495 children were included in the analysis of whom 413 (27%) were aged <18 months, 445 (30%) 18-59 months and 637 (43%) 5-14 years. The median interval between being considered "eligible for ART" and actually "initiating ART" was 4.5 months (138 days): 25% of ART eligible children were still not initiated on ART at 9 months after enrolment.

There were a total of 70 (61%) deaths that occurred within the first 6 months after enrolment, of which 83% occurred in children not yet started on ART. Overall mortality rate was 4.8/100 person-years (95% CI, 4.0-5.8). 295 children were lost to follow up. Early mortality rate was 8 fold higher among children who had not yet started ART compared to those placed on treatment. Among children < 5 years, active tuberculosis was a significant risk factor for early death after adjusting for CD4%, WHO stage, sex, and year of admission.

Conclusions: There is a high early mortality among children enrolled within two program settings in Cambodia and these rates were eight-fold higher among children not yet initiated on ART compared to those placed on treatment. Reasons for treatment initiation delays and causes of death need to be further investigated and urgent measures to promptly initiate ART in eligible children should be taken.

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