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response was de ned as undetectable RNA viral load on two consecutive measurements (<400 copies/ml) at the end of 6 month study period. In addition a CD+ T lymphocyte percentage was also compared between the two groups at 12 months of ART. A good response for those who had AIDS de ning illness at study onset was de ned as a CD4+ lymphocyte percent >15%. Because the group of HIV infected children who did not meet the CDC criteria for AIDS usually had CD4+ T cells percentage already over 15%, CD4+ lymphocyte percent were analyzed instead to ensure that there was no deterioration in this group.

e compliance to medications was closely monitored by the social worker and the nurse case manager. e compliance was also con rmed by study pharmacist working in the CHAP program with reminder calls to assure that medications were taken and re lled on an appropriate schedule. In some cases, where poor adherence was suspected, the social worker and the nurse case manager would visit the patient’s home to encourage compliance with ART medications and determine the factors associated with poor compliance.

Results

Table 1 provides information about population characteristics of 44 patients who were enrolled in to this study in order to evaluate response

Citation:

Conclusion

Our hypothesis that the response to 12 months of ARV therapy, based on measurement of HIV VL, would be more signi cant in PHI that had not progressed to AIDS de ning clinical status population compared to the cohort of PHI with AIDS de ning illness is true. e response at the end of 12 month period of ART given in the context of clinical trials even in the PHI cases that had progressed to CDC AIDS de ning illness was signi cant as measured by improvement in CD4+ cell %. Similar response could not be assessed in the non-AIDS cohort using the CD4+ cell % alone, as it seem to be a poorer marker to detect signi cant improvement in this population, as the CD4+ cell % were too close to normal levels even before the treatment was initiated. is is relevant in more recent cohorts of PHI, as the ARV therapy response in early HIV infection is markedly better than when they are diagnosed and treated later in the disease [9]. Measurement of CD4+ cell%, although more accurate for age related correction of absolute numbers, may have its limitations in the assessment of response to treatment in this population of PHI children.

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