



Kimberlee Barbour,
Baylor College of Medicine,
(713) 798-4710

Prateek Patnaik,
Cooney Waters Group,
(212) 886-2200

HIV-positive children in resource-limited setting successfully treated

HOUSTON – (Aug. 23, 2004) – Clinicians have been able to reduce mortality rates in HIV positive children from 15 to 3 percent in the largest group of children treated with highly active antiretroviral therapy (HAART) in any single center worldwide, according to a paper published in the August 2004 issue of *The Pediatric Infectious Disease Journal* by researchers at Baylor College of Medicine in Houston.

The Baylor International Pediatric AIDS Initiative (BIPAI), the Municipal Hospital Constanta (now the Infectious Diseases Hospital) and the Romanian Ministry of Health and Family have worked collaboratively on a comprehensive program of pediatric HIV/AIDS care and treatment since 1996 in an effort to address the crisis in pediatric HIV in Romania. Through the end of 2002, Romania had more than half of all European pediatric HIV/AIDS cases. The program is supported through a grant from the Abbott Laboratories Fund's Step Forward Program.

“This is perhaps the first time that it has been demonstrated that HIV positive children can be successfully treated with antiretroviral therapy in resource-limited settings and the outcomes are comparable to those we have seen in U.S. pediatric antiretroviral clinical trials,” said Dr. Mark Kline, program director, Baylor International Pediatric AIDS Initiative. “Few people realize that Eastern Europe has the world's fastest growing HIV/AIDS epidemic, and Romania is at its epicenter. Through our partnership with the Romanian government and the

- more -

Abbott Laboratories Fund, we have been able to build the Romanian-American Children's Center and are now providing 620 children with comprehensive care and treatment. These children are not just surviving, but thriving."

As of August 2003, a total of 452 children were receiving HAART, with 90 percent of children remaining on treatment after a follow-up period of approximately 67 weeks. Daily hospital admissions declined from 30 in 2001 to just 4 in 2003. At the inception of therapy, more than half the children had weights and heights that indicated severe growth failure. After at least six months on HAART, these same children experienced restoration of normal height and weight growth.

"Unfortunately, children in the world's resource-limited countries are often the last to receive health care," said Jeff Richardson, executive director of Abbott Laboratories Fund's Step Forward program. "The BIPAI Romania program shows that programs to treat children in these settings can succeed and should be replicated. Ideally, these findings will act as a catalyst to increase the number of programs caring and treating HIV positive children in the developing world."

Therapy for HIV-infected children living in the world's resource-limited countries has been limited by not only financial resources, but also a lack of infrastructure and human capacity for delivering HIV/AIDS care and treatment.

"The comprehensive program we implemented in Romania has been developed deliberately, with careful consideration of the most efficient use of limited resources," said Kline, also chief of retrovirology at Texas Children's Hospital. "These findings confirm that our Romanian model can be replicated worldwide to provide care and treatment for children living with HIV/AIDS."

###