

Poster presentation

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## Clinical management of children diagnosed with HIV and hepatitis C virus infection

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### Background

In the absence of evidence-based guidelines, we investigate current European practices for the clinical management and treatment of children coinfecting with HIV and Hepatitis C virus (HCV).

### Material and methods

A semi-structured questionnaire survey in clinical centres from 7 European countries who were either enrolling in the European Collaborative Study of HIV-infected pregnant women and their children or the European Paediatric HCV Network of children born to HCV-infected mothers.

### Results

To date we have received responses from clinicians from 16 centres, caring for a total of 35 HIV/HCV coinfecting children. Four centres were not currently following any coinfecting children. Only one centre had a written policy for the management and treatment of HIV/HCV coinfecting children and in most other centres (8/11, 72%) decisions regarding the care of coinfecting children were taken at the hospital or departmental level with only 3 out of 11 centres relying on regional or national decision-making. In addition to standard laboratory tests for monitoring HIV disease (HIV RNA quantification, CD4 counts etc), 6/12 centres also performed HCV RNA PCR tests at least annually and 6/12 centres carried out ALT and AST tests at least every 6 months in coinfecting children. Liver biopsy was rarely performed but liver ultrasound was performed in 5 out of 12 centres at least annually. 91% of 11

centres performed HCV genotyping on all HIV/HCV coinfecting children and 88% of 8 centres monitored for evidence of hepatotoxicity in coinfecting children receiving antiretroviral treatment for HIV disease. Only one centre had ever treated coinfecting children for HIV and HCV infections concurrently but 4/7 other centres stated they would consider treatment at the same time if necessary. In the situation of an HIV/HCV coinfection diagnosis later in childhood, 3/7 respondents stated that they would treat HCV infection before starting HIV therapy.

### Conclusions

In the absence of guidelines for the clinical management of children coinfecting with HIV and HCV, practices throughout Europe vary widely. Individual centres see relatively few coinfecting children and therefore a lack of experience in the management of this group and the lack of evidence-based policy may be a barrier to achieving optimal care and treatment. This survey highlights the importance of research focused on this group of children to inform guidelines for their best possible care.

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