STARTING ART **FOR CHILDREN**

All children should receive three drugs in their ART regimen (p. 52)

ABACAVIR (ABC) GIVE ONCE OR TWICE DAILY

- **Tablets (except 60mg) must not be chewed, divided or crushed. They should be swallowed whole, with or without food**
- **A hypersensitivity (allergic) reaction to abacavir may occur in a very small number of children. This usually happens in the first six weeks of treatment**
  - Symptoms tend to worsen in the hours immediately after the dose, and worsen with each subsequent dose
  - Common side-effect symptoms include fever and rash (usually raised and itchy), gastrointestinal symptoms (nausea, vomiting, abdominal pain) and respiratory symptoms (dyspnoea, sore throat, cough)
  - If the child has at least 2 of the above, do NOT stop the medicine but call for advice or refer **URGENTLY**
  - If a hypersensitivity reaction is confirmed, abacavir will be stopped
  - A child who has had a hypersensitivity reaction must never be given abacavir again. Make sure that the reaction is recorded, and that the patient knows that he/ she should never take abacavir again

ABACAVIR / ABC (choose one option)			
Weight	**Solution: 20 mg/ml**	**Tablet: 60 mg**	**Tablet: 300 mg**
≤3 kg or neonate	Consult with expert		
3 – < 5 kg	2 ml twice daily		
5 – < 7 kg	3 ml twice daily		
7 – <10 kg	4 ml twice daily		
10 – <14 kg	6 ml twice daily **OR** 12 ml once daily	2 tablets twice daily **OR** 4 tablets once daily	
14 – < 20 kg	8 ml twice daily **OR** 15 ml once daily	2½ tablets twice daily **OR** 5 tablets once daily	1 tablet once daily
20 – < 23 kg	10 ml twice daily **OR** 20 ml once daily	3 x 60 mg tablets twice daily **OR** 1 x 300 mg + 1 x 60 mg tablet once daily	
23 – < 25 kg	10 ml twice daily **OR** 20 ml once daily	3 x 60 mg tablets twice daily **OR** 1 x 300 mg + 2 x 60 mg tablet once daily	
> 25 kg		1 x 300 mg tablet twice daily **OR** 1 x 600 mg tablet once daily	

LAMIVUDINE (3TC) GIVE ONCE OR TWICE DAILY

- **Lamivudine is very well tolerated and can be taken with our without food**
- **Tablets are scored and can be easily divided. They may be crushed and mixed with a small amount of water or food—if this is done they must be given immediately**
- **Side-effects are minimal ,but include headache, tiredness, abdominal pain and red cell aplasia**
- **If side-effects are mild continue treatment**
- **If the child has severe symptoms, REFER URGENTLY**

LAMIVUDINE / 3TC (choose one option)			
Weight	**Solution: 10 mg/ml**	**Tablet: 150 mg**	**Tablet: 300 mg**
≤3 kg or neonate	Consult with expert		
3 – < 5 kg	2 ml twice daily		
5 – < 7 kg	3 ml twice daily		
7 – <10 kg	4 ml twice daily		
10 – <14 kg	6 ml twice daily **OR** 12 ml once daily		
14 – < 20 kg	8 ml twice daily **OR** 15 ml once daily	½ tablets twice daily **OR** 1 tablet once daily	
20 – < 25 kg	15 ml twice daily **OR** 30 ml once daily	1 tablet twice daily **OR** 2 tablet once daily	1 tablet once daily
> 25 kg	15 ml twice daily **OR** 30 ml once daily	1 tablet twice daily **OR** 2 tablet once daily	1 tablet once daily
	One ABC/3TC (600/300 mg) combination tablet once daily		

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LOPINAVIR/ RITONAVIR (LPV/R) MUST BE GIVEN TWICE DAILY

- The solution should be stored in a fridge. However it can be stored at room temperature up to 25°C for up to 6 weeks
- Give with food (a high-fat meal is best)
- May need techniques to increase tolerance and palatability: coat mouth with peanut butter, dull taste buds with ice, follow dose with sweet foods
- Tablets must not be chewed, divided or crushed. Swallow them whole, with or without food
- Side-effects include nausea, vomiting and diarrhoea. Continue if these are mild
- There are many drug interactions, and doses must be adjusted for children on TB medicines (e.g. TB drugs).

LOPINAVIR/ RITONAVIR (choose one option)			
Weight	**Solution: 80/20 mg/ml**	**Tablet: 100/25 mg**	**Tablet: 200/50 mg**
≤3 kg or neonate	Consult with expert		
3 – < 5 kg	1 ml twice daily		
5 – <10 kg	1.5 ml twice daily		
10 – <14 kg	2 ml twice daily	2 tablets in morning 1 tablet in evening	
14 – < 20 kg	2.5 ml twice daily	2 tablets twice daily	1 tablet once daily
20 – <25 kg	3 ml twice daily	2 tablets twice daily	1 tablet once daily
25 – <30 kg	3.5 ml twice daily	3 tablets twice daily	2 tablets in morning plus 1 tablet in evening
		1 of each tablet twice daily	
>30 kg	5 ml twice daily	4 tablets twice daily	2 tablets twice daily

DOLUTEGRAVIR (DTG) GIVE ONCE DAILY

- Dolutegravir belongs to a ARV drug class called integrase inhibitors
- It is not recommended for children and adolescents weighing <20kg
- Dolutegravir is well tolerated and can be taken with or without food
- Can be taken in the morning or in the evening according to preference, but if the patient develops insomnia it should be taken in the morning
- Side-effects are usually mild and self-limiting, but may include insomnia, headache, central nervous system (CNS) effects, gastrointestinal effects, and weight gain
- There is a possible association between Dolutegravir and increased risk of neural tube defects (NTD) if taken in the first six weeks of a pregnancy. Extra care must be taken among girls/ women living with HIV desiring pregnancy or who may be at risk of pregnancy for any reason
- Standard Dose:
  - Children ≥20kg and <35kg regardless of age: 50 mg daily (combined with ABC and 3TC)
  - Children/ adolescents ≥35kg and ≥10 years of age: 50 mg daily (combined with TDF and 3TC in the fixed dose formulation TLD)

DOLUTEGRAVIR / DTG (choose one option)			
Weight	**Dose**	**DTG tablet: 50 mg**	**TLD combination tablet** (TDF 300mg + 3TC 300mg + DTG 50mg)
≥35 kg	2 ml twice daily	1 tablet once daily	
20 – < 35 kg	2 ml twice daily		1 tablet once daily

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TENOFOVIR (TDF) GIVE ONCE DAILY

- Tenofovir is not recommended for children/ adolescents <10 years old and weighing < 35kg
- Tenofovir is well tolerated can be taken with or without food in the morning or in the evening
- Uncommon but important side effects of Tenofovir include reduced bone density and reduced kidney function
- Creatinine and estimated GFR are done before starting Tenofovir and then monitored at month 3, 6 and 12, and thereafter every 12 months
- If eGFR <80 ml/min: start or change to ABC in place or TDF and refer
- Estimated GFR will need to be calculated for children/ adolescents 10-<16 years:
  eGFR (ml/min) = height [cm] x 40 x creatinine [µmol/l]

TENOFOVIR / TDF (choose one option)			
Weight	**Solution: 20 mg/ml**	**Tablet: 300 mg**	**TLD combination tablet** (TDF 300mg + 3TC 300mg + DTG 50mg)
<35 kg AND <10 years old	Not recommended for children/ adolescents <35 kg and <10 years old		
≥35 kg and ≥10 years old	300 mg	1 tablet once daily	1 tablet once daily

EFAVIRENZ (EFV) GIVE ONCE DAILY AT NIGHT

- Efavirenz is not recommended in children < 3 years and weighing <10 kg
- Can be taken with our without food, but avoid giving with fatty foods
- Tablets must not be chewed, divided or crushed. They should be swallowed whole
- Capsules may be opened and powder content dispersed in water or mixed with a small amount of food (e.g. yogurt, to disguise peppery taste) and immediately ingested
- Side-effects include skin rash, sleep disturbances and confusion/abnormal thinking. REFER children who develop these symptoms
- Best given at bed time to reduce central nervous side effects, especially during the first two weeks

EFAVIRENZ / EFV (choose one option)				
Weight	**Dose**	**50 mg tablet/ capsule**	**200 mg tablet/ capsule**	**600 mg tablet**
10 – <14 kg	200 mg		1 capsule/ tablet	
14 – <25 kg	300 mg	2 x 50 mg capsules/ tablets + 1 x 200 mg capsule/ tablet		
25 – <40 kg	400 mg		2 capsules/ tablets	
≥40 kg	600 mg			1 tablet