IMPAAACT P1092
ELIGIBILITY CRITERIA
STUDY –SPECIFIC TRAINING
15 JUNE 2015
4.11 Age at least 6 months (≥180 days) to less than 36 months at entry
4.12 Documentation of HIV-1 infection (*more to follow*)
4.14 Eligible for HAART
CONFIRMATION OF HIV INFECTION: FOR CHILDREN LESS THAN 2 YEARS OF AGE OR HAVE NOT CEASED BREASTFEEDING FOR AT LEAST 4 WEEKS

<table>
<thead>
<tr>
<th>Sample #1</th>
<th>Sample #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• One HIV DNA PCR</td>
<td>• One HIV DNA PCR</td>
</tr>
<tr>
<td>• One quantitative HIV RNA PCR (result above LOD)</td>
<td>• One quantitative HIV RNA PCR (result above LOD)</td>
</tr>
<tr>
<td>• One qualitative HIV RNA PCR</td>
<td>• One qualitative HIV RNA PCR</td>
</tr>
<tr>
<td>• One total nucleic acid test</td>
<td>• One total nucleic acid test</td>
</tr>
</tbody>
</table>

Required at screening per the SoE; can be used to meet protocol requirements for documentation of infection if result is above the limit of detection (LOD) of the assay.
CONFIRMATION OF HIV INFECTION: CHILDREN LESS THAN 2 YEARS OF AGE OR HAVE NOT CEASED BREASTFEEDING FOR AT LEAST 4 WEEKS

For these children:

- At least one sample must be tested in the site’s designated VQA-certified laboratory.

- For tests performed in non-VQA-certified settings, adequate source documentation, including the date of specimen collection, date of testing, test performed, and test result, must be available.
# Confirmation of HIV Infection: Children 2+ Years of Age Who Have Ceased Breastfeeding for At Least 4 Weeks

<table>
<thead>
<tr>
<th>Sample #1</th>
<th>Sample #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Two rapid antibody tests from different manufacturers or based on different principles and epitopes</td>
<td>• Rapid antibody test</td>
</tr>
<tr>
<td>• One EIA or Western blot OR immunofluorescence OR chemiluminescence</td>
<td>• One EIA or Western blot OR immunofluorescence OR chemiluminescence</td>
</tr>
<tr>
<td>• One HIV DNA PCR</td>
<td>• One HIV DNA PCR</td>
</tr>
<tr>
<td>• One quantitative HIV RNA PCR (result above LOD)</td>
<td>• One qualitative HIV RNA PCR</td>
</tr>
<tr>
<td>• One qualitative HIV RNA PCR</td>
<td>• One total nucleic acid test</td>
</tr>
<tr>
<td>• One total nucleic acid test</td>
<td></td>
</tr>
</tbody>
</table>

- Rapid antibody test
- One EIA or Western blot OR immunofluorescence OR chemiluminescence
- One HIV DNA PCR
- One quantitative HIV RNA PCR (result above LOD)
- One qualitative HIV RNA PCR
- One total nucleic acid test
CONFIRMATION OF HIV INFECTION: FOR CHILDREN 2+ YEARS OF AGE WHO HAVE CEASED BREASTFEEDING FOR AT LEAST 4 WEEKS

For these children:

- If Sample #2 is tested with a rapid antibody test, in combination with two rapid tests for Sample #1, at least one of the three rapid tests must be FDA-approved and the third rapid test must be from a third manufacturer or based on a third principle or epitope.
CONFIRMATION OF HIV INFECTION: FOR CHILDREN 2+ YEARS OF AGE WHO HAVE CEASED BREASTFEEDING FOR AT LEAST 4 WEEKS

For these children:

- If both samples are tested using antibody tests, at least one of the samples should be tested in a laboratory that operates according to GCLP guidelines and participates in an appropriate external quality assurance program.

- If nucleic acid testing is used, at least one test must be performed in the site’s designated VQA-certified laboratory.

- For tests performed in non-VQA-certified or non-GCLP-compliant settings, adequate source documentation, including the date of specimen collection, date of testing, test performed, and test result, must be available.
4.13 Meets WHO classification for severe malnutrition (non-edematous), mild malnutrition, or normal nutrition

- **Severe:** Z score less than -3 or MUAC less than 115 mm
- **Mild:** Z score between -1 (inclusive) and -2 (non-inclusive) i.e., > -2 to ≤ -1
- **Normal:** Z score greater than -1
4.15 Parent or legal guardian able and willing to provide signed informed consent, remain within the study area during the study period and agree to have subject followed at the clinical site
4.16 Qualifying laboratory values obtained from specimens collected within the study-specific screening period

**Hematology**

- Hemoglobin ≤ Grade 2
- White blood cells ≤ Grade 2
- Neutrophils (absolute count) ≤ Grade 2
- Platelets ≤ Grade 1
4.16 Qualifying laboratory values (continued)

**Chemistry**

- AST ≤ Grade 2
- ALT ≤ Grade 2
- Creatinine ≤ Grade 1
- Sodium ≤ Grade 1
- Potassium ≤ Grade 1
- Bicarbonate ≤ Grade 1
4.17 For severely malnourished children:

An inpatient in a nutrition rehabilitation unit. Clinical improvement after 10-18 days on nutrition rehabilitation defined as: appetite returned and eating better — child shows interest in food even if does not complete amount given:

✓ No further weight loss
✓ Normalized sodium and potassium (grade 1 or lower)
✓ No evidence of cardiac failure
✓ Loss of apathy and starting to play
✓ No hypothermia or pyrexia - temperature stable at >35.0 to <38.0° C (non-axillary) or >34.4 to <37.4° C (axillary)
4.17 For normal to mildly malnourished children:

Clinical stability indicated by:

- Good appetite
- Normalized sodium and potassium (grade 1 or lower)
- No hypothermia or pyrexia - temperature stable at >35.0 to <38.0° C (non-axillary) or >34.4 to <37.4° C (axillary)
EXCLUSION CRITERIA

4.21 Edematous malnutrition at the time of study entry

4.22 Grade 3 or higher respiratory distress or presence of cardio respiratory compromise within 3 days prior to entry

4.23 Chemotherapy for malignancy

4.24 Acute infection for which the child has received appropriate antimicrobial treatment for less than 5 days

4.25 Tuberculosis disease
## For 4.22, Commonly Expected Signs and Symptoms

<table>
<thead>
<tr>
<th>City</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harare</td>
<td>Cough or difficulty in breathing with: oxygen saturation &lt; 90% or central cyanosis; severe respiratory distress (e.g. grunting, very severe chest indrawing); signs of pneumonia with a general danger sign (inability to breastfeed or drink, lethargy or reduced level of consciousness, convulsions)</td>
</tr>
<tr>
<td>Kampala</td>
<td>Difficulty breathing, easy fatigability, not playing, easily tiring while breastfeeding, difficulty completing sentences, grunting, severe chest indrawing, tachycardia, cyanosis</td>
</tr>
<tr>
<td>Lilongwe</td>
<td>Dyspneic at rest, tachypnea with chest in drawings, grunting, oxygen saturations on pulse oximetry of less than 90%.</td>
</tr>
<tr>
<td>Moshi</td>
<td>Severe respiratory distress, fast respiration rate or severe chest indrawing, subcostal recession, low oxygen saturation, a need for oxygen therapy</td>
</tr>
<tr>
<td>Blantyre</td>
<td>Severe intercostal recession with low oxygen saturation (less than 90), shock requiring fluid resuscitation</td>
</tr>
<tr>
<td>City</td>
<td>Commonly Expected Acute Infections</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Harare</td>
<td>Pneumonia, gastroenteritis, urinary tract infection, skin and soft tissue infections and sepsis</td>
</tr>
<tr>
<td>Kampala</td>
<td>Malaria, URTI, otitis media, acute gastroenteritis, pneumonia</td>
</tr>
<tr>
<td>Lilongwe</td>
<td>Malaria, pneumonia, sepsis, gastroenteritis, otitis media, skin infections</td>
</tr>
<tr>
<td>Moshi</td>
<td>Pneumonia; acute otitis media, acute tonsillitis/pharyngitis, skin infection (impetigo), septicaemia and acute watery diarrhoea/gastritis</td>
</tr>
<tr>
<td>Blantyre</td>
<td>Fever, prostration and sepsis</td>
</tr>
</tbody>
</table>
EXCLUSION CRITERIA

4.26 Clinical hepatitis as evidenced by jaundice and hepatomegaly

4.27 Taking any disallowed medications (see protocol Section 4.32)

4.28 Any condition, situation, or clinical finding that in the opinion of the investigator would place the child at an unacceptable level of risk for injury, or render the child/caregiver(s) unable to meet the requirements of the study, interfere with study participation, or in the interpretation of study results.
What are your questions about the eligibility criteria?