Abacavir discontinuations, and viral suppression at 6 and 12 months, were not significantly different in infants who started antiretroviral treatment aged <28 and ≥28 days, or in infants who weighed <3 and ≥3 kg.

Viralsuppression was similar in infants who received abacavir compared with those who received zidovudine.

Abacavir discontinuations in infants with ≥1 month's follow-up after ART initiation
- 61/789 (8%) infants discontinued abacavir, at a median of 13.3 months (IQR 6.4 to 28.8).
- Reasons for abacavir discontinuation were documented in 25 infants (41%); transfer out in 11, treatment failure in 8, stock-outs in 3, hypersensitivity in 1, lipodystrophy in 1, eligibility change in 1.
- The infant with hypersensitivity was male, and started abacavir at 73 days old, weighing 4.3 kg. The abacavir discontinuation was documented at 130 days (but may have occurred earlier).
- There were no significant differences in the proportion of discontinuations by age or weight categories (p=0.6 and 0.9 respectively, Table 2).
- Discontinuations were less frequent with abacavir than zidovudine, probably mainly due to clinicians switching infants from zidovudine to abacavir as they got older (Figure 1).

Viral suppression at 6 and 12 months
- Viral load was measured at 6 months (within 4–8 months) in 309/657 (47%) infants on abacavir, and 132/213 (62%) infants on zidovudine, with 6 month’s follow up; and at 12 months (8–18 months) in 353/527 (67%) (abacavir) and 126/165 (76%) (zidovudine) with 12 month’s follow up.
- There were no significant differences in the proportion with viral load <400 copies/mL by age or weight category, or with abacavir compared with zidovudine (Figure 2).