

# Safety of zinc supplementation in HIV-infected children

**Submission date**  
20/03/2006

**Recruitment status**  
No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**  
28/04/2006

**Overall study status**  
Completed

☐ Statistical analysis plan

☐ Results

**Last Edited**  
27/10/2009

**Condition category**  
Infections and Infestations

☐ Individual participant data

☐ Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Dr Heloise Buys

### Contact details

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School of Child and Adolescent Health  
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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

# Study information

## Scientific Title

## Acronym

ZnsuppHIVChildren

## Study objectives

Zinc deficiency is common in human immunodeficiency virus (HIV)-infected children and contributes to immune dysfunction; zinc supplementation can improve immune function.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Approved by the Research Ethics Committee (REC) of the University of Cape Town on 19/04/2001, reference number: 004/2001

## Study design

Double-blind randomised placebo-controlled three-arm trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

Treatment

## Participant information sheet

## Health condition(s) or problem(s) studied

Zinc supplementation of HIV-1 infected children

## Interventions

Patients are randomised into one of the three arms:

Group A - placebo

Group B - low dose zinc supplement

Group C - high dose zinc supplement

Trial drugs are given orally daily over 6 weeks and children are seen weekly for 12 weeks from start to end of the study.

## Intervention Type

Drug

**Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Zinc

**Primary outcome measure**

1. No increase in viral loads
2. No reduction in CD4 counts
3. No deaths
4. Laboratory indicators of safety

**Secondary outcome measures**

1. An improvement in immune function on zinc supplementation
2. A reduction in infective events
3. A reduction in admissions to hospital

**Overall study start date**

01/06/2002

**Completion date**

31/07/2003

**Eligibility****Key inclusion criteria**

1. Clinically stable
2. Vertically transmitted HIV-1 infected children
3. Attending the Infectious Diseases Clinic at Red Cross Children's Hospital
4. Aged 6 months to 6 years

**Participant type(s)**

Patient

**Age group**

Child

**Lower age limit**

6 Months

**Upper age limit**

6 Years

**Sex**

Both

**Target number of participants**

Convenience sample of 39 eligible children

**Key exclusion criteria**

1. HIV-infected children aged less than 6 months
2. Children with an intercurrent infection or axillary temperature of  $>38^{\circ}\text{C}$
3. Children with any invasive opportunistic infection including tuberculosis
4. Children with bronchiectasis
5. Children who had received high dose vitamin A, trace elements or zinc supplements within the preceding 8 weeks
6. Children recently hospitalised

**Date of first enrolment**

01/06/2002

**Date of final enrolment**

31/07/2003

## Locations

**Countries of recruitment**

South Africa

**Study participating centre**

Ambulatory Paediatrics

Cape Town

South Africa

7700

## Sponsor information

**Organisation**

University of Cape Town, The Child Health Unit (South Africa)

**Sponsor details**

Sawkins Road

Rondebosch

Cape Town

South Africa

7700

**Sponsor type**

University/education

**ROR**

<https://ror.org/03p74gp79>

# **Funder(s)**

## **Funder type**

University/education

## **Funder Name**

Internally funded trial - The Child Health Unit, University of Cape Town (South Africa)

# **Results and Publications**

## **Publication and dissemination plan**

Not provided at time of registration

## **Intention to publish date**

## **Individual participant data (IPD) sharing plan**

## **IPD sharing plan summary**

Not provided at time of registration