

Resource Summary Report

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PENTA-ID

RRID:SCR_004092

Type: Tool

Proper Citation

PENTA-ID (RRID:SCR_004092)

Resource Information

URL: <http://www.penta-id.org/>

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Description: A Level 1 network for pediatric infectious disease in Europe recognized by the European networks of paediatric research at the European Medicines Agency (EnprEMA) whose activities vary from clinical trials, to cohort studies and training. It is currently developing a portfolio of clinical trials in antimicrobials in children, including antibiotics, antivirals and antifungals.

Abbreviations: PENTA-ID

Synonyms: PENTA Foundation, Fondazione PENTA, Fondazione PENTA - for the Treatment and Care of Children with HIV-ONLUS

Resource Type: clinical trial, data or information resource, disease-related portal, portal, topical portal, training resource

Keywords: clinical trial, cohort study, pediatric, young human, child, antimicrobial, antibiotic, antiviral, antifungal

Related Condition: HIV, Infectious disease, AIDS, Tuberculosis, Drug resistance

Funding: European Union

Resource Name: PENTA-ID

Resource ID: SCR_004092

Alternate IDs: nlx_158553

Record Creation Time: 20220129T080222+0000

Record Last Update: 20260821T193722+0000

Ratings and Alerts

No rating or validation information has been found for PENTA-ID.

No alerts have been found for PENTA-ID.

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 25 mentions in open access literature.

Listed below are recent publications. The full list is available at [kravitz2](#) .

Peay HL, et al. (2026) Intentions and attitudes of caregivers towards enrolment of their children and adolescents living with HIV into remission trials involving analytic treatment interruption. *Journal of the International AIDS Society*, 29(2), e70084.

, et al. (2025) Are children and adolescents living with HIV in Europe and South Africa at higher risk of SARS-CoV-2 and poor COVID-19 outcomes? *Epidemiology and infection*, 153, e44.

Jackson C, et al. (2025) Long-term non-progression in children with HIV: estimates from international cohort data. *AIDS (London, England)*, 39(6), 746.

, et al. (2025) Weight gain on tenofovir alafenamide fumarate-based therapy compared to tenofovir disoproxil fumarate- and abacavir-based therapy in children and young people living with HIV in Europe. *HIV medicine*, 26(9), 1418.

Scott K, et al. (2025) Viral Suppression, Viral Failure, and Safety Outcomes in Children and Adolescents With HIV on Dolutegravir in Europe and Thailand. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, 81(4), e115.

, et al. (2025) Changes in Body Mass Index in Children and Adolescents Living With Human Immunodeficiency Virus in Europe and Thailand Starting Dolutegravir. *Open forum infectious diseases*, 12(12), ofaf640.

Gärtner K, et al. (2024) Low unspliced cell-associated HIV RNA in early treated adolescents living with HIV on long suppressive ART. *Frontiers in immunology*, 15, 1334236.

, et al. (2023) Incidence and severity of SARS-CoV-2 infection in children and young people with HIV in Europe. *AIDS (London, England)*, 37(10), 1633.

, et al. (2023) Global variations in pubertal growth spurts in adolescents living with perinatal HIV. *AIDS (London, England)*, 37(10), 1603.

, et al. (2022) Growth and CD4 patterns of adolescents living with perinatally acquired HIV worldwide, a CIPHER cohort collaboration analysis. *Journal of the International AIDS Society*, 25(3), e25871.

Domínguez-Rodríguez S, et al. (2022) Clinical, Virological and Immunological Subphenotypes in a Cohort of Early Treated HIV-Infected Children. *Frontiers in immunology*, 13, 875692.

Morris SE, et al. (2022) Healthy dynamics of CD4 T cells may drive HIV resurgence in perinatally-infected infants on antiretroviral therapy. *PLoS pathogens*, 18(8), e1010751.

Domínguez-Rodríguez S, et al. (2022) Machine learning outperformed logistic regression classification even with limit sample size: A model to predict pediatric HIV mortality and clinical progression to AIDS. *PloS one*, 17(10), e0276116.

, et al. (2021) Malignancies among children and young people with HIV in Western and Eastern Europe and Thailand. *AIDS (London, England)*, 35(12), 1973.

Rinaldi S, et al. (2021) T cell immune discriminants of HIV reservoir size in a pediatric cohort of perinatally infected individuals. *PLoS pathogens*, 17(4), e1009533.

Doria M, et al. (2021) Early ART initiation during infancy preserves natural killer cells in young European adolescents living with HIV (CARMA cohort). *Journal of the International AIDS Society*, 24(7), e25717.

Foster C, et al. (2021) The CARMA Study: Early Infant Antiretroviral Therapy-Timing Impacts on Total HIV-1 DNA Quantitation 12 Years Later. *Journal of the Pediatric Infectious Diseases Society*, 10(3), 295.

Dalzini A, et al. (2021) Size of HIV-1 reservoir is associated with telomere shortening and immunosenescence in early-treated European children with perinatally acquired HIV-1. *Journal of the International AIDS Society*, 24(11), e25847.

Warris A, et al. (2020) Etiology and Outcome of Candidemia in Neonates and Children in Europe: An 11-year Multinational Retrospective Study. *The Pediatric infectious disease journal*, 39(2), 114.

Schröter J, et al. (2020) Time to Viral Suppression in Perinatally HIV-Infected Infants Depends on the Viral Load and CD4 T-Cell Percentage at the Start of Treatment. *Journal of acquired immune deficiency syndromes (1999)*, 83(5), 522.