BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.

Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

Instructor		
essional education, s	such as nursing, and	d include postdoctoral training.)
DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
M.D.	2004	Medicine
Diploma	2008	Pediatrics
Diploma	2010	Pediatric Infectious Disease
		= .553.53
	DEGREE (if applicable) M.D. Diploma	DEGREE (if applicable) YEAR(s) M.D. 2004 Diploma 2008

NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.

A. Positions and Honors. Positions and Employment

2005-2007	Resident in Pediatrics, Department of Pediatrics, Chiang Mai University, Thailand
2008-present	Clinical Fellowship in Pediatric Infectious Disease, Department of Pediatrics, Faculty of
•	Medicine, Chiang Mai University, Thailand
2008-present	Study physician, Research Institute for Health Sciences, Chiang Mai University, Thailand
2008-present	Lecturer, Department of Pediatrics, Faculty of Medicine, Chiang Mai University, Thailand
2010-present	Co-investigator, Research Institute for Health Sciences, Chiang Mai University, Thailand

Other Experience and Professional Memberships			
2004-present	Member of the Medical Council of Thailand		
2007	Fogarty International Clinical Scholars Program (NIH, Bethesda, MD, US.)		
2008-present	Membership of The Royal College of Pediatricians of Thailand		
2009	International AIDS Society, Cape Town, South Africa		
2009-present	Membership of the Pediatric Infectious Disease Society of Thailand		
2010	Conference of Retrovirus and Opportunistic infections (Young Investigator), San Francisco,		
	California, US.		

B. Selected peer-reviewed publications (in chronological order).

- Seewijee T, Sudjaritruk T, Oberdorfer P. Atypical pneumonia: diagnosis and treatment. Thai J Pediatr 2009;48:193-199.
- Sudjaritruk T, Udompornwattana S, Gromrat P, Oberdorfer P. Relapse neonatal HSV infection: 1 case report. Thai J Pediatr 2009:48:325-31.
- 3. Makonkawkeyoon K, **Sudjaritruk T**, Sirisanthana V, Silvilairat S. Fulminant enterovirus 71 infection: case report. Annual Tropical Pediatrics 2010:30(3):245-8.
- 4. **Sudjaritruk T**, Sirisanthana T, Sirisanthana V. Antibody responses to hepatitis A virus vaccination in Thai HIV-infected children with immune recovery after antiretroviral therapy. Pediatr Inf Dis J 2011 (in press).
- 5. **Sudjaritruk T**, Sirisanthana V. Successful treatment of a child with vascular pythiosis. BMC Infectious Diseases 2011, 11:33.

C. Presentation

1. **Sudjaritruk T**, Sirisanthana V. Successful treatment of vascular pythiosis: A case report. Oral presentation at 67th Annual Pediatrics meeting, April 8 -10,2009, Chonburi, Thailand.

- Sudjaritruk T, Sirisanthana V. Causes of hospitalization in 880 HIV-infected children: effect of Thailand's national antiretroviral access program. Poster Presentation at 1st International Workshop on HIV Pediatrics, 17 – 18 July 2009, Cape Town, South Africa.
- 3. **Sudjaritruk T**, Aurpibul L, Puthanakit T, Sirisanthana T, Sirisanthana V. Causes of hospitalization in 1,112 HIV-infected children: comparison of the pre-*Pneumocystis jirovecii* pneumonia (PCP) prophylaxis, pre-antiretroviral therapy, and antiretroviral therapy (ART) era. Poster Presentation at 17th Conference on Retroviruses and Opportunistic Infections, February 16-19 2010, San Francisco, US.
- 4. **Sudjaritruk T**, Sirisanthana T, Sirisanthana V. Antibody Responses to Hepatitis A Virus Vaccination in Thai HIV-infected Children with Immune Recovery after Antiretroviral Therapy. Oral Presentation at 14th Annual meeting of Pediatric Infectious Disease Society of Thailand, May 14-16, 2010, Chonburi, Thailand.
- Sudjaritruk T, Sirisanthana T, Sirisanthana V. Antibody Responses to Hepatitis A Virus Vaccination in Thai HIVinfected Children with Immune Recovery after Antiretroviral Therapy. Poster Presentation at 1st International Workshop on HIV Pediatrics, July 16-17, 2010, Vienna.
- 6. **Sudjaritruk T**, Sirisanthana T, Sirisanthana V. Antibody Responses to Hepatitis A Virus Vaccination in Thai HIV-infected Children with Immune Recovery after Antiretroviral Therapy. Poster Presentation at XVIII International AIDS Conference, July 18-23 2010, Vienna.
- D. Research Support.

On Going Research Support

1. The clinical presentation, diagnosis, management and outcome of tuberculosis in HIV-infected children in the TREAT Asia Pediatric HIV Observational Database (TApHOD)

Role: Lead Investigator

2. TASER-Pediatrics: Prospective Monitoring of Second-line Antiretroviral Therapy Failure and Resistance in Children

Role: Site Principle Investigator

- 3. Efficacy and Safety of Monovalent Influenza A (H1N1) 2009 Panenza[™] in HIV-Infected Thai Children Role: Site Principle Investigator
- **4. IMPAACT P1083**: A Phase II/III trial of lopinavir/ritonavir dosed according to the WHO pediatric weight band dosing guidelines.

Role: Co-investigator

5. IMPAACT 1077HS: HAART Standard Version of the PROMISE Study (Promoting Maternal and Infant Survival Everywhere).

Role: Study physician

6. IMPAACT P1026s: Pharmacokinetic properties of antiretroviral drugs during pregnancy.

Role: Study physician

7. **HIVNAT 121:** A prospective study to compare brain volumes and Diffusion Tensor Imaging (DTI) in HIV-infected children from the immediate compared to deferred antiretroviral therapy arms of PREDICT and to HIV-negative healthy children.

Role: Study physician

8. A4001031: An open-label, Multicenter, Multiple-dose pharmacokinetic and 48 weeks safety and efficacy trial of maraviroc in combination with optimized background therapy for the treatment of antiretroviral-experience CCR5-tropic HIV-1 infected children 2-18 years of age.

Role: Study physician

9. Al424397: A Prospective Single Arm, Open-label, International, Multicenter Study to Evaluate the Safety, Efficacy and Pharmacokinetics of Atazanavir (ATV) Powder Boosted With Ritonavir (RTV) With an Optimized NRTI Background Therapy, in HIV Infected Pediatric Patients Greater Than or Equal to 3 Months to Less Than 6 Years. (Pediatric Atazanavir International Clinical Evaluation: the PRINCE I Study) Role: Study physician

10. TDF: Pharmacokinetic study and safety monitoring of tenofovir including once daily antiretroviral regimen in HIV-infected children with viral suppression.

Role: Study physician