

Child/Adolescent-Centric Differentiated Care to Enhance Clinical Care and Viral Load Suppression among Children and Adolescents Living with HIV, Andhra Pradesh, India 2022

Reshu Agarwal¹, D Shanta², N.Chava², P. Kumar², A.P. Rao², G Ramesam², R. Prasad², P Turaka², R. Allam¹, S. Verma¹, S.Upadhyaya¹, AE Florence³, V. Yeldandi², M. Nyendak¹, K. Prasad³

¹U.S Centres for Disease Control and Prevention (CDC), Delhi, India, ²Society for Health Allied Research & Education India, Hyderabad, India, ³Andhra Pradesh State AIDS Control Society, Vijayawada, India

Background

- Low rates of viral load suppression (VLS) among children and adolescents living with HIV (C/ALHIV) remains a challenge globally.
- Andhra Pradesh (AP; second highest HIV burden state, India) had a VLS rate of 65% (2754/4211) among C/ALHIV on antiretroviral therapy (ART) (Sept 2021).
- Secondary analysis of program data indicated sub-therapeutic (age/weight) dosage of ART due to lack of weight monitoring or proxy pill pick up were significantly associated with low VL.

Intervention

Conducted 35 comprehensive health camps for C/ALHIV at ART centres and decentralized sites during Oct 2021 to Sep 2022, reaching all C/ALHIV with unsuppressed viral load (Fig -1)



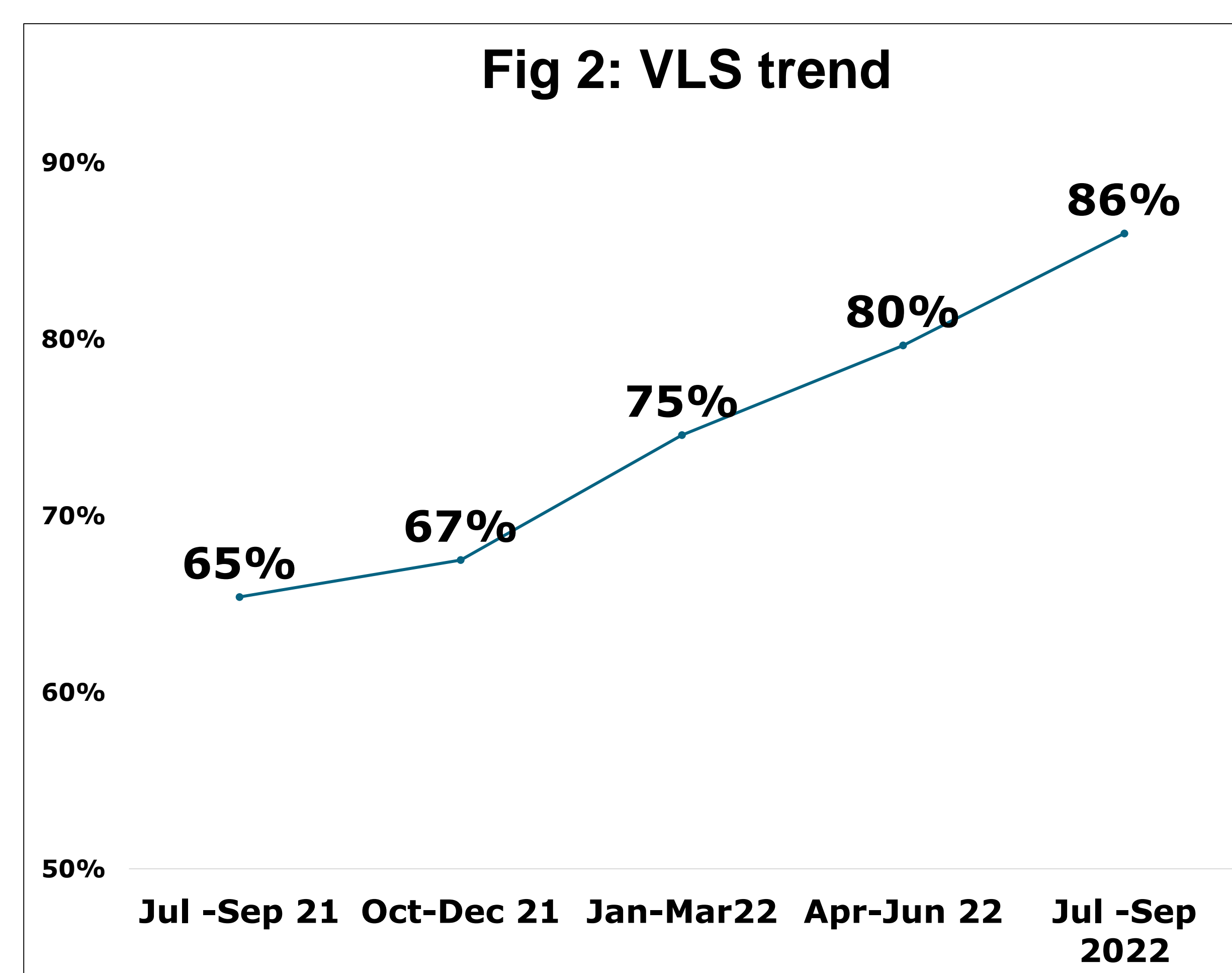
Fig 1: CLHIV/ALHIV Health Camp

Description

- During the health camp:
 - conducted clinical and nutritional assessment
 - reviewed ART regimen/dosage
 - aligned ART refill dates with family members
 - counselled caregivers to improve treatment continuity and adherence
 - collected specimen collection for those due for viral load testing
- Simultaneously, oriented outreach staff on essential aspects of care for A/CLHIV for sustainable follow up in future.

Results

- Of the 1,457 C/ALHIV with unsuppressed VL, ART regimen/drug dosages modified in 283 (19%) who were not on age/weight appropriate regimen/dosages.
- Pill pick-up dates aligned for 319 (22%) C/ALHIV whose family members were also receiving ART, but pill pickup dates not aligned.
- VL specimens were collected for 266 C/ALHIV due for viral load testing.
- Of the 76% (1109/1457) eligible C/ALHIV who underwent VL testing, 817 (74%) were virally suppressed, improving overall VLS from 65% to 86% (3621 of 4211 C/ALHIV) through September 2022 (Fig 2).
- 246 outreach staff from 13 districts of AP were oriented.



Conclusions

- Improvement in VLS and other health outcomes in C/ALHIV is feasible through systematic approaches and child friendly services.
- Child/adolescent-centric differentiated services, including regular clinical monitoring; age-appropriate counselling, particularly addressing health/ HIV related concerns among adolescents; and involvement of caregivers are critical to enhance clinical care and VLS among C/ALHIV.