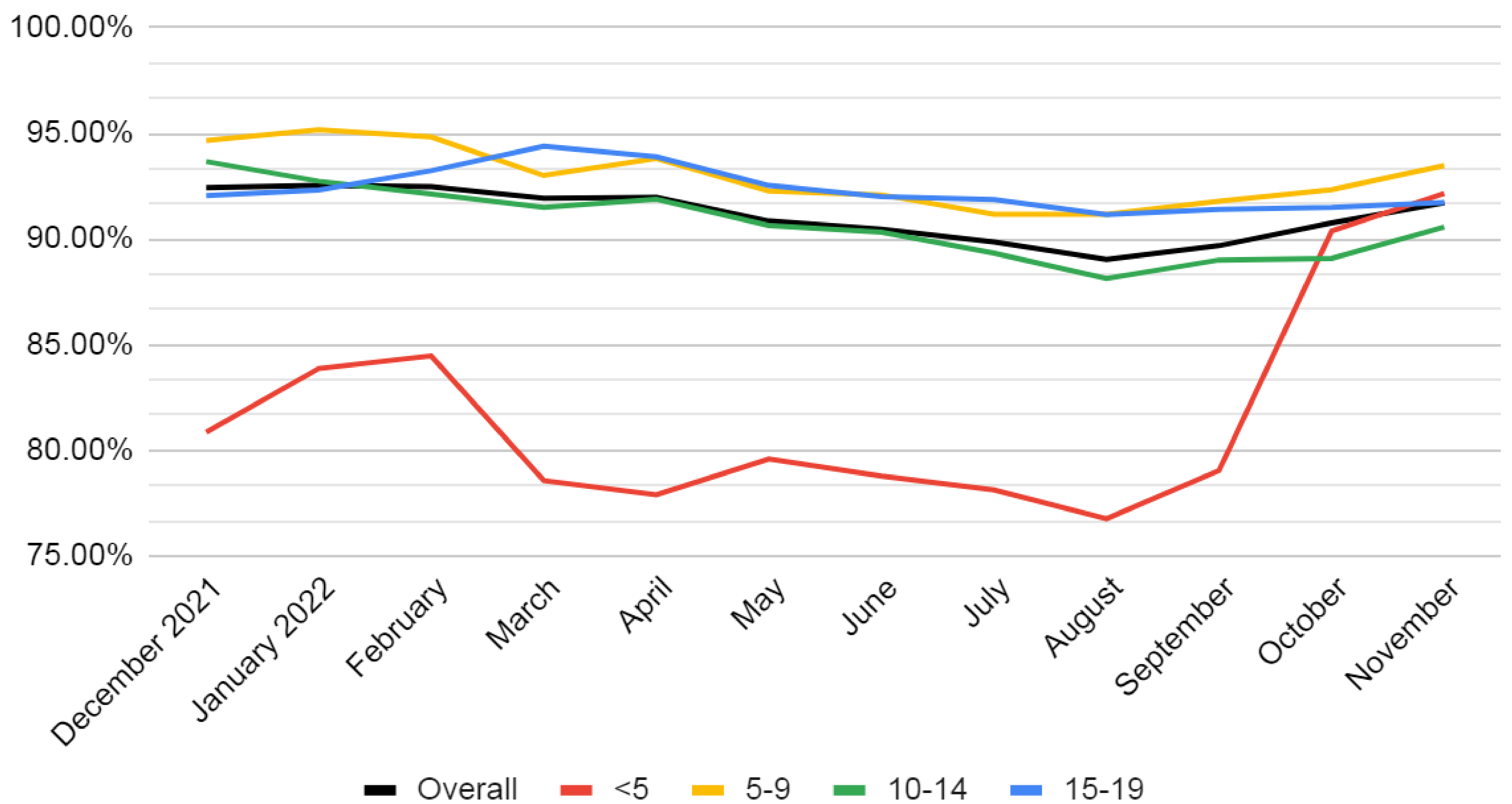


# Rapid rise in virologic suppression rates of children <5 years old after initiation of a Viremia Clinic and pediatric dolutegravir.

Figure: Virologic Suppression Rates by Age Group



## Improved virologic suppression in children living with HIV under the age of 5 in Tanzania after the initiation of a viremia clinic and pediatric dolutegravir

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### Background

- Children living with HIV (CLHIV) <5 years old (<5) often have worse treatment outcomes and lower rates of virologic suppression (VS) than older children
- Some pediatric centers have utilized resources to address possible barriers to VS including socioeconomic factors, stigma, poor peer or parental support, medication tolerability, etc.

### Methods

- Data from December 2021 to November 2022
- Investigating the outcomes of an interdepartmental Viremia Clinic started in February 2022
- Study included active clients at the Baylor College of Medicine Children's Foundation - Tanzania clinic in Mbeya who:
  - had their viral load (VL) measured within the previous 12 months and
  - had been on antiretroviral therapy (ART) for ≥6 months
- First-line ART regimen for children < 20kg: ABC-3TC-LPV/r
  - DTG could be used if ≥ 20kg
- Due to drug stock-outs, only LPV/r granules were available for most of the study period.
- Widespread use of pediatric DTG (dispersible tabs) began around August 2022

### Results

- VS in <5 was 80.9% (18/94) in December 2021 while the overall clinic suppression rate was 92.4% (1296/1402)
- Compared to ages ≥5 years, <5 VS was significantly lower ( $p < 0.0001$ ).
- <5 VS reached a nadir of 76.8% (76/99) before rising to 92.2% (94/102) by November 2022, surpassing the overall clinic VS of 91.7% (1239/1351) (see figure)
- In April 2022, the percentage of those failing who were <5 reached a maximum of 20.8% (21/101) but then fell to 7.1% (8/112) by November 2022

### Conclusions

- Despite historical challenges in <5, we saw sustained improvements in VS rates that improved after the initiation of a Viremia Clinic and pediatric DTG
- Moreover, clinic-wide rates of VS have begun to improve, though less dramatically than in <5