

Latest updates on Pediatrics and Adolescent Treatment

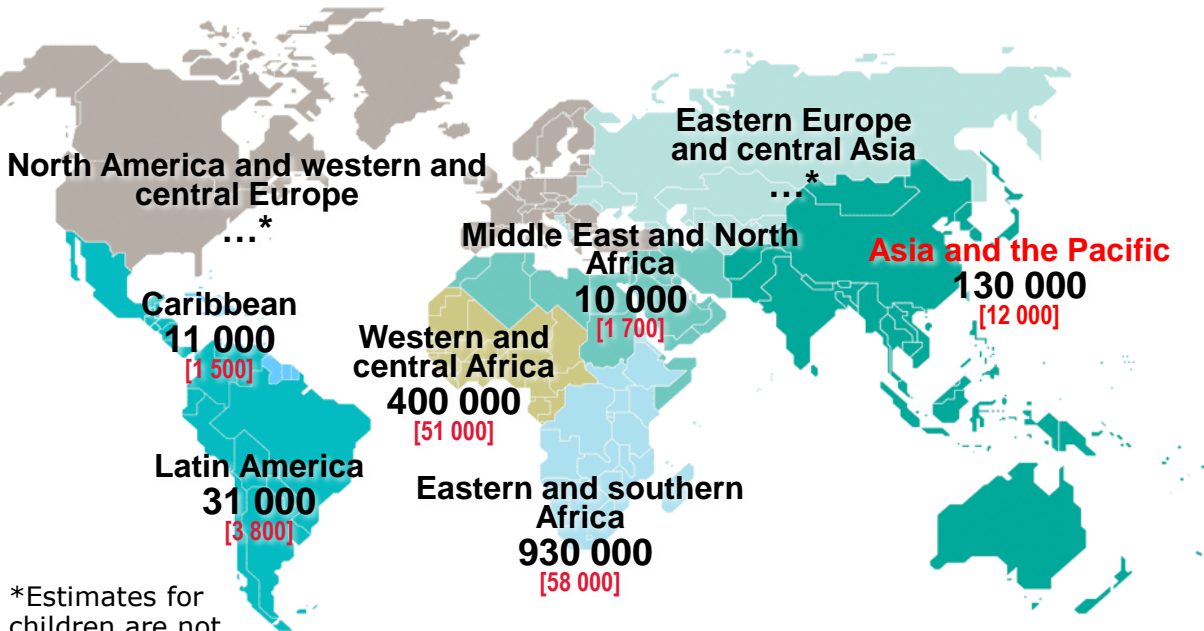


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MANILA, 14 MARCH 2023

Pediatric HIV

Children (<15 years) estimated to be living with HIV
[Newly Infected] | 2022



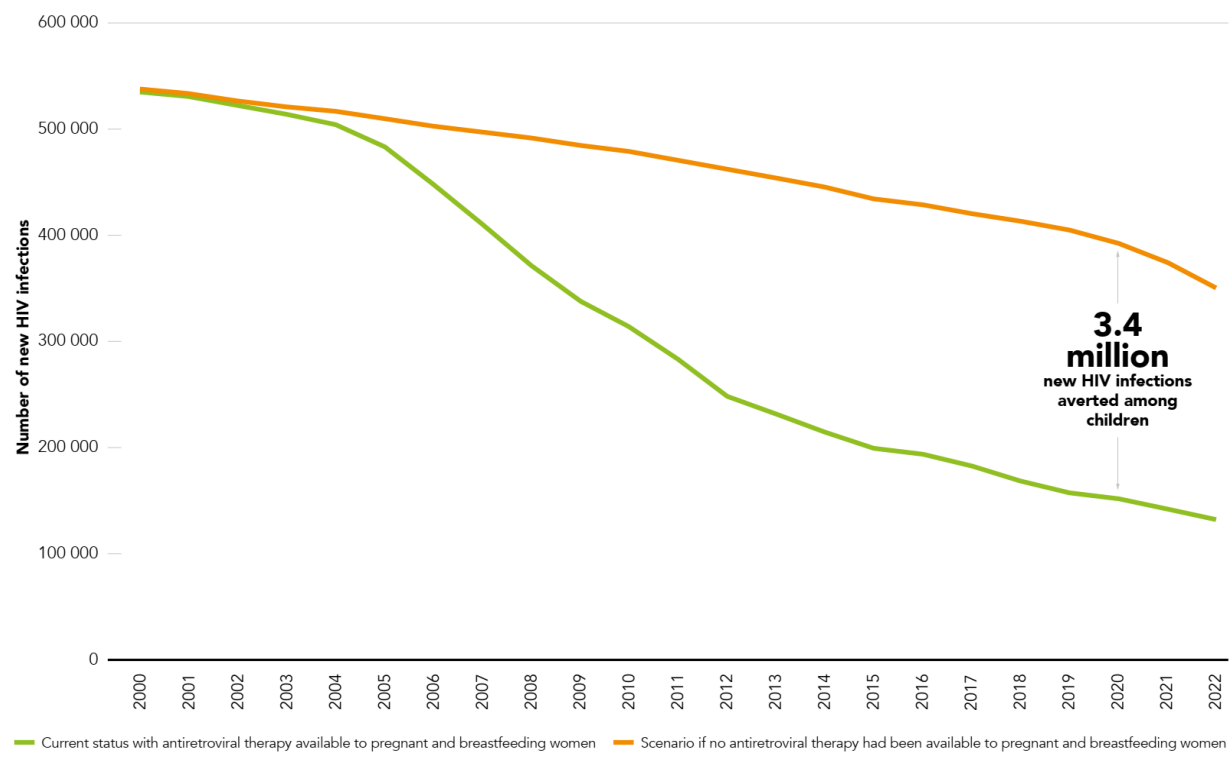
*Estimates for children are not published because of small numbers.

Total: 1.5 million (130 000)

UNAIDS, 2023



Figure 1.8 Number of new HIV infections among children (aged 0–14 years) versus scenario without antiretroviral therapy available to pregnant and breastfeeding women, global, 2000–2022



Source: UNAIDS special analysis of epidemiological estimates, 2023.

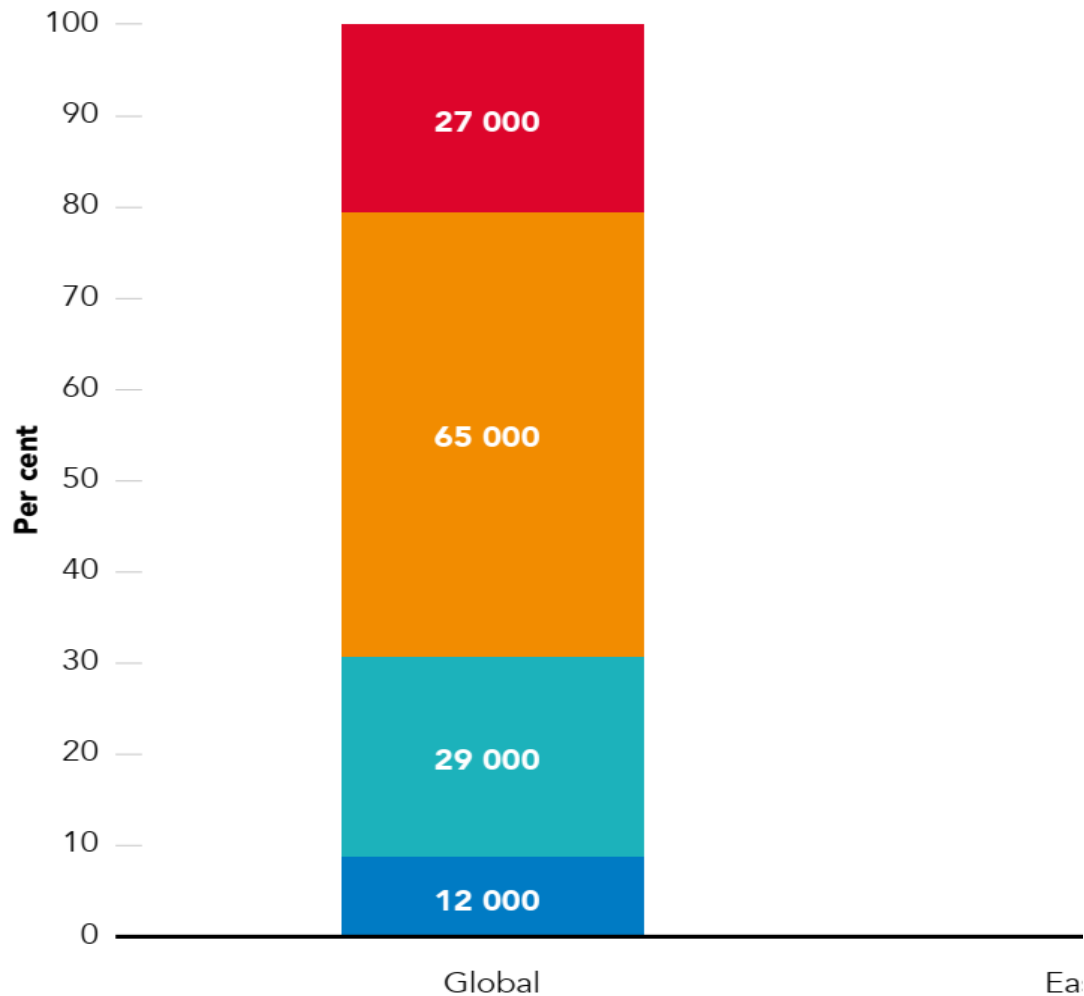
<https://thepath.unaids.org/>



Over 1.2 million newborns are exposed to HIV each year

Since peaking in the early 2000s, annual numbers of new HIV infections in children (aged 0–14 years) have fallen markedly—but that decline has almost stalled in recent years.

63



- Mother acquired HIV during pregnancy or breastfeeding
- Mother did not receive antiretroviral therapy during pregnancy or breastfeeding
- Mother did not continue antiretroviral therapy during pregnancy or breastfeeding
- Mother was on antiretroviral therapy but did not achieve viral suppression

Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

Women in Antenatal Care

Infant and Children HIV Testing



GUIDELINES

CONSOLIDATED GUIDELINES ON
HIV PREVENTION, TESTING,
TREATMENT, SERVICE
DELIVERY AND MONITORING:
RECOMMENDATIONS FOR A
PUBLIC HEALTH APPROACH

JULY 2021

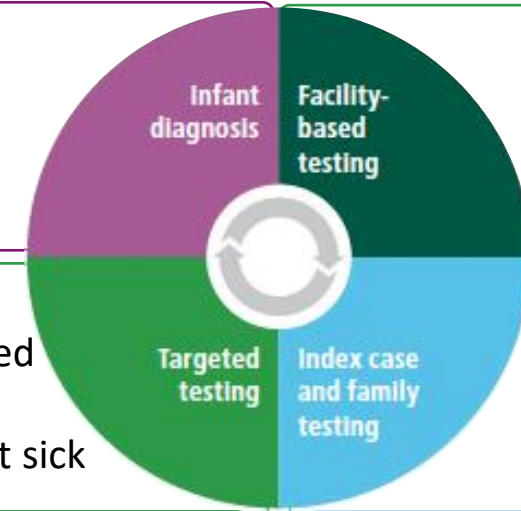
- Test ALL pregnant in ANC
- Provide ART to WLHIV

**Dual HIV/Syphilis RDTs
can be offered as the
first test in ANC**



HIV DNA PCR

Known HIV-exposed
infants & children
when they present sick



- Malnutrition wards
- TB wards
- In patient wards

- Living in households of adult living with HIV

Philippines: Health Indicators

Antenatal care coverage (%) n = 1.15M	80.7
Percent of HIV testing uptake in ANC (n = 2.1M) ^a	20.7
HIV prevalence in reproductive age group^b	<0.1
Percent of Syphilis testing uptake in ANC (n=2.2M) ^a	26.9
Percent of Syphilis positivity rate (n=572,664)^a	1.2

Infants exposed to HIV

Week 4-6- and 4-6-months
old HIV DNA PCR

>18 months of age

Sick children + Maternal hx
HIV antibody testing

Effective and safe ART regimen

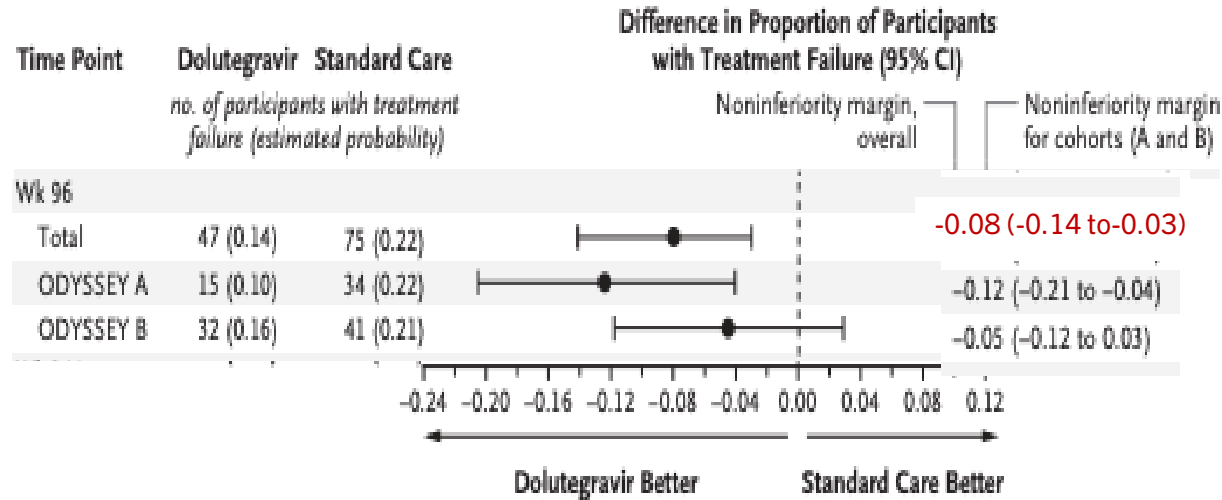


Table 2. Weight-based Dosing Comparisons Between Various DTG-based Regimens

ORIGINAL ARTICLE

Dolutegravir as First- or Second-Line Treatment for HIV-1 Infection in Children

Anna Turkova, M.R.C.P.C.H., Ellen White, Ph.D., Hilda A. Mujuru, M.Med., Adeodata R. Kekitiinwa, M.Med., et al., for the ODYSSEY Trial Team*




















Weight Band	Number of Tablets Per Day	
	pABC/3TC 120/60 mg + pDTG 10 mg	pALD: ABC/3TC/DTG 60/30/5 mg
3 to 5.9 kg	1 + 0.5	N/A – use separate products
6 to 9.9 kg	1.5 + 1.5	3
10 to 13.9 kg	2 + 2	4
14 to 19.9 kg	2.5 + 2.5	5
20 to 24.9 kg	3 + 1 DTG (50 mg) tablet	6

DTG dose of 50mg FCT is approximately equal to 30mg of DT (i.e. 3 x 10mg DTs).



Difference in the Proportion of Participants with Virologic or Clinical Treatment Failure by 96 Weeks.

WHO-recommended dosing for ABC/3TC & DTG-based formulations

WHO-Recommended Daily Dosing							
Formulation	3 – 5.9kg	6 – 9.9kg	10 – 13.9kg	14 – 19.9kg	20 – 24.9kg	25 – 29.9kg	≥ 30kg
ABC/3TC 120/60mg scored dispersible tablet	 1	 1.5	 2	 2.5	 3	—	—
DTG 10mg scored dispersible tablet	 0.5	 1.5	 2	 2.5	<i>[3 DTG 10mg or transition to 1 DTG 50mg tablet]</i>	—	—
ABC/3TC/DTG 60/30/5mg (pALD) dispersible tablet	—	 3	 4	 5	<i>[6 pALD or transition to ABC/3TC + DTG 50mg]</i>	—	—
ABC/3TC 600/300mg tablet	—	—	—	—	—	 1	 1
DTG 50mg film-coated tablet	—	—	—	—	 1	 1	<i>[transition to TLD]</i>
TDF/3TC/DTG 300/300/50mg tablet	—	—	—	—	—	—	 1

Efficacy and safety of three antiretroviral therapy regimens started in pregnancy up to 50 weeks post partum: a multicentre, open-label, randomised, controlled, phase 3

TAF/FTC/DTG

TDF/FTC/DTG

TDF/FTC/EFV

	Dolutegravir, emtricitabine, and tenofovir alafenamide group (n=217)	Dolutegravir, emtricitabine, and tenofovir disoproxil fumarate group (n=215)	Efavirenz, emtricitabine, and tenofovir disoproxil fumarate group (n=211)	Total (n=643)
Maternal adverse events up to 50 weeks post partum				
Any clinical or laboratory adverse event of grade 3 or higher*	53 (25%)	66 (31%)	58 (28%)	177 (28%)
Any clinical adverse event of grade 3 or higher	43 (20%)	41 (19%)	45 (21%)	129 (20%)
Infant adverse events up to 50 weeks after birth				
Number of infants	208	202	207	617
Infant death*††	2 (1%)	4 (2%)	14 (7%)	20 (3%)
Born preterm (<37 weeks of gestation), n	1	1	6	8
Small for gestational age, n	2	2	3	7
Major congenital anomaly	2 (1%)	0	2 (1%)	4 (1%)
Estimated creatinine clearance at week 26 after birth, mL/min¶	134.8 (109.6)	123.6 (40.3)	135.0 (51.1)	131.1 (73.8)
Infant HIV infection*	2 (0.98%)	1 (0.50%)	1 (0.55%)	4 (0.67%)



Treatment as Prevention

Awareness

To general population

Acceptability

Let science lead, not prejudice

ART Uptake and Adherence

Incentive to take ART

Improved well-being of PLHIV

Reduced self-stigma

(Bor, 2021)



Adolescent friendly health services (Safe space)

WHO- defined characteristics of adolescent-friendly health services

Equitable: all adolescents, not just certain groups, are able to obtain the health services they need

Accessible: adolescents are able to obtain the services that are provided.

Acceptable: health services are provided in ways that meet the expectations of adolescent clients.

Appropriate: the right health services that adolescents need are provided.

Effective: the right health services are provided in the right way and make a positive contribution to the health of adolescents.