

Comments from the community on the injectable cabotegravir and rilprivine in virologically suppressed children between the ages of 1-12

Aisha Gava Nakitto
IMPAACT Treatment SC
CAB Representative
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IMPAACT

International Maternal Pediatric Adolescent
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Presentation Outline

- ▶ Background of Communities
- ▶ Community groups approached
- ▶ Perspective of different communities
- ▶ Conclusion

Background

- Most communities usually have a holistic approach which is grounded in various principles namely
 - ▶ Empowerment
 - ▶ Human rights
 - ▶ Self-determination
 - ▶ Collective social action
- Principles & Values help them make decision among themselves for their communities

Communities approached

- ▶ Forum of People living with HIV which included Young people living with HIV
- ▶ CAB members
- ▶ Community members who don't know their HIV status
- ▶ Civil society Organization (CSO)

Community perceptive of introducing long acting injection to children

- ❑ The Communities had different views which were both positive and negative on introducing long acting treatment in young children and these were
 - ❑ They felt that usually children of this age of 1-12 years have a low immunity which exposes them to high risk
 - ❑ The pain that comes with an injection even if it is done only every two months is a lot to bear
 - ❑ The mental anguish that comes with those children that have fear for injections
 - ❑ Myth ; Fear of unknown: like if get disabled when injected

Negative Perspective of introduction of long acting injection to children

- Most parents had their augment basing them on
 - That when one is virologically suppressed is an achievement, therefore to have children switched to a medication that is not 100% guaranteed to do the same is a high risk
 - Fear of the injectable not doing as well as the oral tablet since the children are already virologically suppressed
 - Fear of side effects to the new drug in their bodies

Positive Perspective of introduction of long acting injection to children

- ▶ Reduction of pill burden
- ▶ Reduction in stigma within families & communities
- ▶ Higher chances of achieving suppression due assured adherence

Conclusion

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- ❑ The hesitancy of the guardians or parents to switch them from a treatment that is already working well to a research whose results they are not so certain about may pose a challenge to introduce long acting treatment in children.
- ❑ Some parents felt that children between ages of 1-5 are really very vulnerable with very tender skin so to expose them to an injection every month or every two months is something they might be hesitant to.
- ❑ Parents wondered that if long acting is working , why not start with those who are not suppressed to prove its effectiveness
- ❑ The management of side effects really has to be explicitly defined since the side effects could affect the further growth of such children.

THANK YOU FOR LISTENING