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"Zyambo" increased rifampicin doses were (AUC) 21.6 (35.8, 35.3) mg.hr/L compared to 12-hourly dosing (AUC24 GMR [90% CI] 0.35(0.21-0.61)) (Table 1). Only 7/15(45%) and 8/12(67%) children achieved target LPV peak dose trough concentrations ≥1mg/L (8hr and 12hr) with and without rifampicin respectively.

During median 12 (IQR 4-16) weeks on 8-hourly LPV/r, 2 patients had 3 grade 3/4 adverse events (2 pneumonias, 1 urinary tract infection) deemed unrelated to the intervention. There were no treatment-related discontinuations.

15 children (10[66%] males), with median age of 3.0 (range 1.0 to 7.0) years at enrolment, received median LPV 23 (range 21-37) mg/kg/dose during rifampicin co-treatment.

Plasma LPV exposures on 8-hourly LPV/r with rifampicin were lower compared to 12-hourly dosing (AUC24 GMR [90% CI] 0.35(0.21-0.61)) (Table 1). Only 7/15(45%) and 8/12(67%) children achieved target LPV peak dose trough concentrations ≥1mg/L (8hr and 12hr) with and without rifampicin respectively.

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