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BACKGROUND

- Long-term viral suppression with ART is difficult to maintain over the course of a lifetime, and has associated side effects
- Monthly intravenous infusion of broadly neutralizing monoclonal antibodies (bNABs) may be an attractive alternative to daily oral antiretroviral treatment (ART) for children, if feasible and acceptable to children and caregivers
- We evaluated caregiver perspective of the monthly dual bNAB infusions (VRC01LS and 10-1074) received in the Tatelo Study in Botswana.

METHODS

- From June 2019 - July 2021, we evaluated caregiver perspectives of treatment received in the Tatelo Study, using closed-ended questionnaires at research sites in the Gaborone and Francistown region of Botswana
- Children aged 2-5 years who had been on continuous ART for at least 96 weeks of life were included in the Tatelo study
- After a period of ART+bNAB overlap, bNAB treatment for up to 24 weeks
 - ART re-started if viral rebound >400 copies/mL, or after 24 weeks
- Caregiver perspective was assessed prior to the first bNAB administration (pre-intervention) and after the completion of the final bNAB administration (post-intervention)
- Caregivers were defined as “immediate family” (if the respondent was the participants mother or father), “extended family” (if grandparents, older sibling, aunt or uncle), or “both” (if respondents were both immediate and extended family)

- A descriptive thematic of caregivers’ responses is summarized

RESULTS

- Acceptability data available from 24/25 caregivers pre- and post-intervention
 - 1 caregiver was unavailable at pre-intervention visit
- Responses provided by the child’s mother at both visits in 60% of participants; by an extended family member in 28% of participants; and by a combination of mother and extended family member for 12% of the participants
- Pre-intervention (Fig 1):
 - **21/24 (87.5%) preferred bNABs to ART**
 - 3 (13%) had no preference
 - none preferred ART pre-intervention.
- Post-intervention (Fig 1):
 - **21/25 (84%) preferred bNABs to ART**
 - 2 (8%) had no preference
 - 2 (8%) preferred ART
- Table 1 shows the descriptive thematic of caregiver responses pre and post intervention
- Monthly intravenous bNAB infusions were highly acceptable and preferred by most caregivers pre and post intervention, but no dominant reason for this was apparent

Figure 1. Pre- and post-intervention preferences by caregivers for monthly bNAB infusions vs. daily ART (if medical benefit were equal)

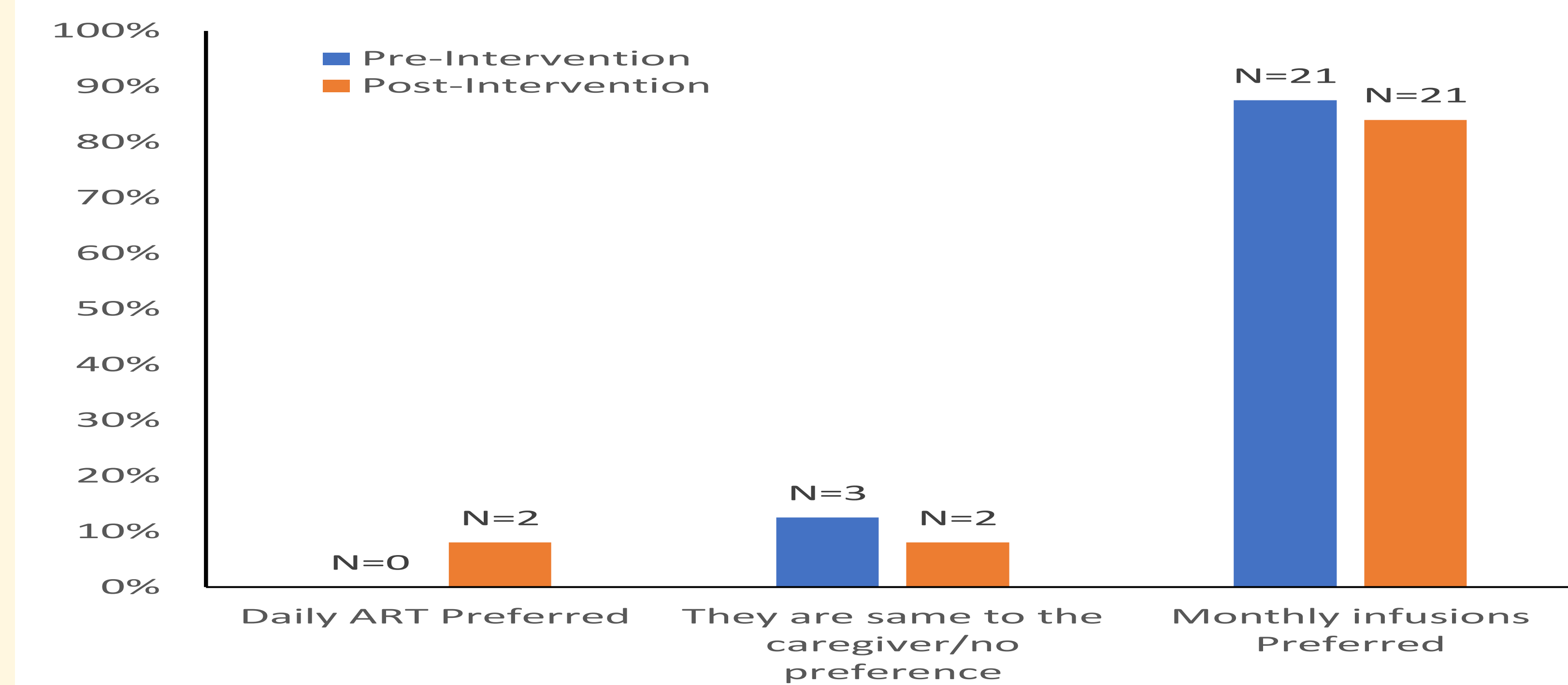


Table 1. Reasons for preferring monthly infusions over daily ART	Pre – bNAB N (%)	Post – bNABs N (%)
if infusions were better at suppressing the virus than ART	10 (41.7)	5 (20.8)
if infusions continued to be once monthly compared to daily ART	9 (37.5)	9 (37.5)
If infusions were every 3 months instead of every month	3 (12.5)	2 (8.3)
If infusion visits were shorter	1 (4.2)	2 (8.3)
If clinic were closer	1 (4.2)	-
If infusions were a single injection	-	5 (20.3)
Nothing, will always prefer daily ART	-	1 (4.2)

CONCLUSIONS

- Monthly intravenous bNAB infusions were highly acceptable to caregivers of children with HIV in Botswana, and preferred over standard ART by most
- Caregiver acceptability is an unlikely barrier to bNAB uptake and eventual programmatic use for children living with HIV

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