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PAEDIATRIC AND ADOLESCENT RETENTION TRENDS ACROSS AGE BANDS DURING COVID-19 PANDEMIC

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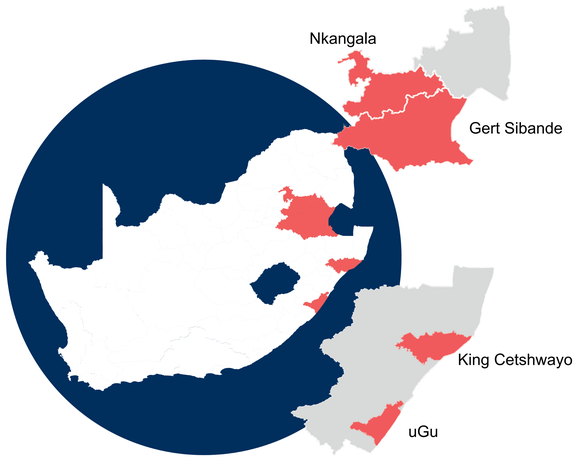
BACKGROUND

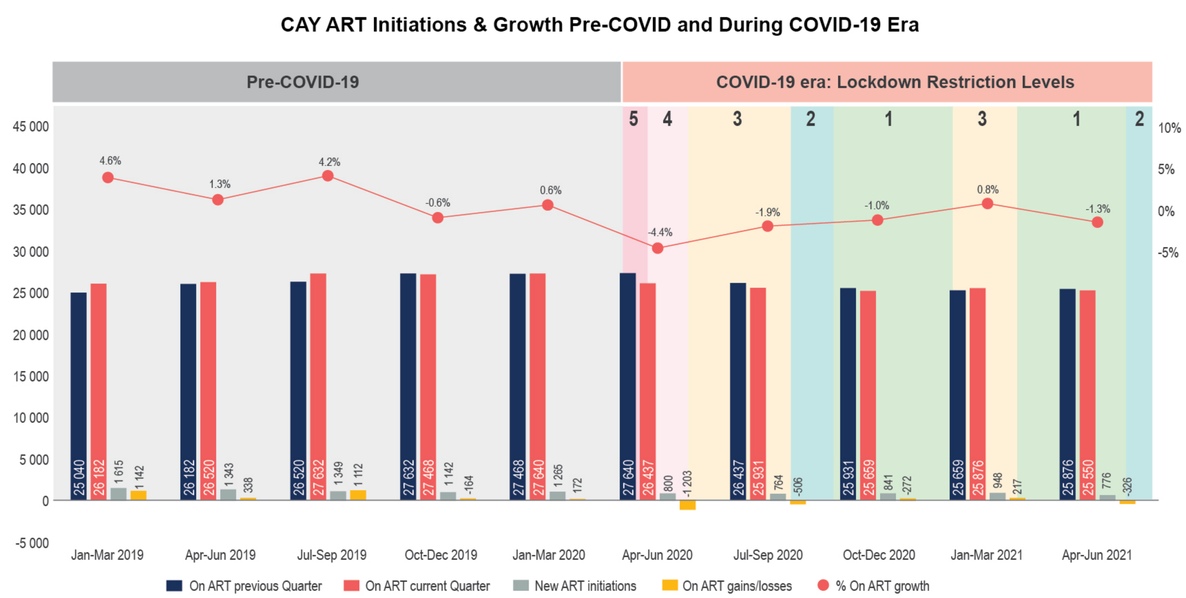
Progress towards the 90-90-90 HIV goals is slower for children, adolescents and youth ≤19 years (CAY) living with HIV, with only 71% of those knowing their status linked to sustained ART in the BroadReach-supported districts. From the start of COVID-19 pandemic and lockdown, facility headcounts declined. We reviewed trends in CAY ART initiation and retention to evaluate effects of COVID-19 and lockdown on the already struggling CAY ART program.



METHODS

Retrospective data from October 2019 to June 2021 for CAY was analyzed. October 2019 to March 2020 data was categorised as pre-COVID and April 2020 to June 2021 as COVID-era. Indicators evaluated were ART initiations, remaining in care, lost to follow-up (LTFU) and returned to care. We analyzed trends disaggregated into age bands: <5, 5-9, 10-14 and 15-19 years.

RESULTS



- The quarterly ART initiation average was 1 302 pre-COVID and 826 in COVID-era, (37% drop) with ages 5-9 and 10-14 years most affected (57% and 55% drop respectively).
- Pre-COVID CAY on ART growth was 10% (2% quarterly average).
- COVID-19 restrictions resulted in 8% decline in CAY on ART from 27 640 to 25 550 from January 2020 to June 2021.
- Ages 5-9 and 10-14 years had the largest attrition of -698 (15%) and -1 209 (14%) respectively, with <5 years dropping by 16% (-326). However, ages 15-19 showed a gain of 143 adolescents (1% growth).
- Majority (66%) of CAY not in care were LTFU after being on ART >3 months, mostly noted from July to December 2020 (78%) with ages 5-9 and 10-14 years most affected (82% and 86% respectively).
- During more restrictive lockdown levels (April to June 2020), 4.4% CAY on ART were lost in one quarter vs 3.4% lost in the next 12 months (July 2020 to June 2021) of less restrictive levels; an average reduction of 0.85% per quarter.
- Intense tracing from May 2020 resulted in >94% CAY resuming treatment after more than a month of interruption vs the 17% resumption to interruption ratio seen in the 2 quarters prior.

CONCLUSION

COVID-19 pandemic and lockdown restrictions impacted negatively on an already poorly performing CAY ART program by reducing initiations and reversing gains made in retention. The worst affected age band was 5–14-year-olds which already had the largest performance gaps prior to the COVID-19 pandemic. As we continue to trace CAY back to care, we need to upscale interventions aimed at retention in care i.e., multi-month scripting and dispensing, HIV disclosure, community and differentiated ART delivery especially for the 5–14-year-olds.

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