

PA-165 ADHERENCE TO MEDICATION AND CLINIC CARE EXPERIENCE AMONG PREGNANT AND BREASTFEEDING WOMEN LIVING WITH HIV IN THE KILIMANJARO REGION, TANZANIA

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Background Adherence to antiretroviral treatment (ART) among HIV-positive pregnant and breastfeeding women is influenced by various context-specific factors. This study aimed to investigate clinic experience and adherence among pregnant and breastfeeding women living with HIV. This cross-sectional study was conducted among pregnant and breastfeeding women living with HIV who were receiving care at selected health facilities in Kilimanjaro region.

Methods Data were collected through face-to-face interviews using a semi-structured questionnaire. We analyzed data using descriptive statistics to describe levels of adherence. Differences in adherence rates between pregnant and breastfeeding women were assessed using chi-square tests.

Results The study included 100 breastfeeding women and 42 pregnant women. Self-reported adherence to antiretroviral therapy (ART) among pregnant and breastfeeding women was 94%, while pharmacy refill data indicated adherence rates of 57%. Although not statistically significant, pregnant women were found to be more adherent compared to breastfeeding women by 57.14%, ($p = 0.987$). Women who were satisfied with clinic care also tended to be more adherent, with a rate of 57.45%, ($p = 0.248$), compared to those who were not satisfied. Fifteen percent of the participants reported having to travel a long distance to access the clinic, despite other facilities nearby. This was attributed to concerns about stigma, lack of comfort, and unfriendly healthcare workers. Eighty percent of the women understood the importance of adhering to ART. However, only 37% had attended workshops or training sessions at the clinic on adherence to ART and medications.

Conclusion This study highlights the importance of ensuring access to healthcare services for pregnant and breastfeeding women living with HIV. Despite the high level of understanding of the importance of adherence to ART, only few women had attended workshops or training sessions on adherence to ART. Efforts should be made to increase participation in training and education programs to improve adherence to ART.

PA-166 CIRCULATING ANODIC ANTIGEN (CAA) DETECTION IN PREGNANT WOMEN AND THEIR CHILD DURING SCHISTOSOMA HAEMATOBIIUM INFECTIONS IN LAMBARÉNÉ, GABON

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Background The detection of schistosome-derived antigens in urine is a highly effective diagnostic approach for controlling schistosomiasis. It offers greater sensitivity compared to parasitological methods and involves a more convenient, user-friendly lab-based method. This diagnostic approach is particularly advantageous for pregnant women and young children, as early detection of active infections can lead to prompt treatment with Praziquantel (PZQ). The freeBILy clinical trial in Gabon (NCT03779347) evaluated the accuracy of the circulating anodic antigen (CAA) test for detecting *Schistosoma haematobium* (Sh) infections in pregnant women as well as an endpoint measure for PZQ efficacy.

Methods The accuracy of the upconverting particle lateral flow (UCP-LF) CAA urine test was comprehensively evaluated using a cross-sectional design and comparing it against urine filtration (UF) and PCR. Subsequently, Sh-positive pregnant women were enrolled in sub-study and received a single dose of PZQ either immediately (intervention) or after delivery (control) to assess the safety of PZQ use during pregnancy and to monitor the kinetics of CAA levels following PZQ administration. Finally, in an observational, longitudinal study mothers and their newborns were followed to determine the incidence of schistosomiasis in infants with accurate diagnostics.

Results A total of 733 pregnant women were enrolled in this study with mean age 25.3 years. The prevalence of schistosomiasis measured by the respective tests was 18% (UF), 19% (UCP-LF CAA), and 12% (PCR). Compared to the composite reference standard, the sensitivity of UCP-LF CAA was 71.8%, with 64% and 68% for UF and PCR, resp.

Conclusion Preliminary data show a high prevalence of schistosomiasis among pregnant women. Furthermore, the UCP-LF-CAA test was more sensitive than conventional microscopy, which contributed to the improved health of pregnant women as they were treated during pregnancy. PZQ treatment had no deleterious effects on mother nor child, and administering it to pregnant women can be considered to be safe.

PA-167 CHARACTERIZATION OF HIV-1 RESERVOIRS IN CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS TOWARD PEDIATRIC HIV CURE

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Background The virostatic effect of antiretroviral therapies (ART) infers viral persistence in sanctuaries, with a high likelihood of reactivation off-treatment. This systematic review and meta-analysis aimed at estimating the global burden of archived drug resistance mutations (ADRM), the size of reservoirs and their determinants in paediatrics.