Feasibility, acceptability and effectiveness of long acting injectable antiretrovirals in the "Acceptability and Feasibility of long-acting INjectable ART in Adolescents and Young Adults (AFINAty)" study in South Africa.

Lauren Jennings[1], Millicent Atujuna[1], Chantel Schreuder[1], Nyiko Mashele[1], Metsekae Madimabe[1], Linda-Gail Bekker[1], Catherine Orrell[1]

[1]Desmond Tutu HIV Centre, Institute of Infectious Diseases and Molecular Medicine and the Department of Medicine, University of Cape Town

Background

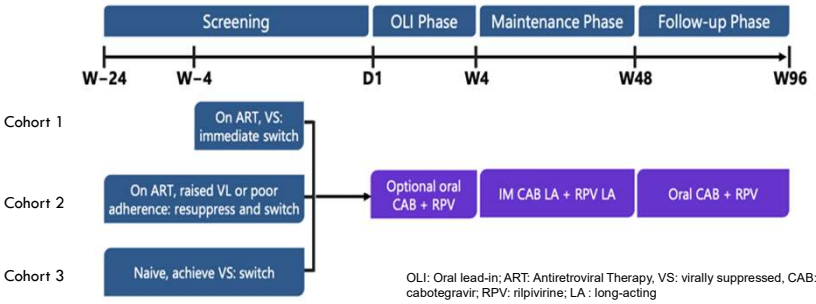
Young people living with HIV (YLHIV) face barriers to achieving optimal ART adherence, particularly with oral tablets.

Long acting injectable (LAI) antiretrovirals, like cabotegravir and rilpivirine, may help to overcome some of these barriers.

We assessed the **feasibility, acceptability and effectiveness** of LAIs delivered in a community clinic setting in Cape Town, South Africa.

Methods

We conducted a mixed method study in YLHIV aged 12-24. All participants were on first-line oral ART, enrolled in three cohorts.



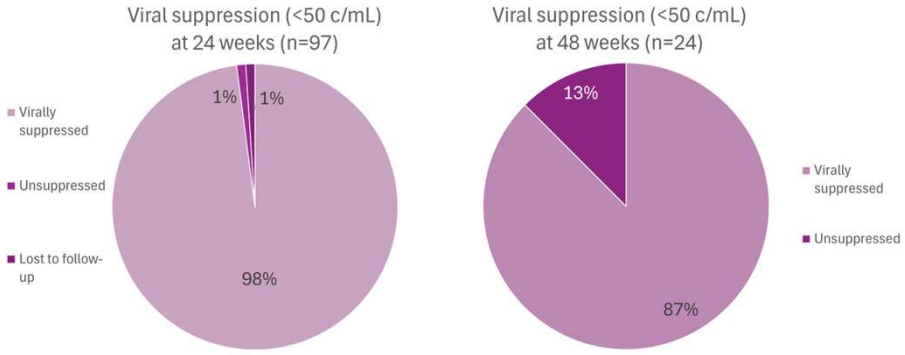
OLI: Oral lead-in; ART: Antiretroviral Therapy, VS: virally suppressed, CAB: cabotegravir; RPV: rilpivirine; LA : long-acting

Once virally suppressed YLHIV were offered a switch to cabotegravir and rilpivirine LAIs (every 8 weeks). Viral load was measured at weeks 24 and 48 after switching. We conducted in-depth interviews in a sub-set of participants to understand acceptability of LAIs.

Results

We screened 179 YLHIV. 134 were virally suppressed and switched to LAIs. The median age was 20 years (IQR 18-22) and 85 (63.4%) identified as female.

As of 31 May 2024, 97 participants had reached week 24. Of these, 95 (97.9%) were virally suppressed, with one lost to follow-up and one with low-level viraemia (<100 c/mL). Of the 24 participants who reached week 48, 21 (87.5%) were virally suppressed and three had low-level viraemia (<300 c/mL). There was no confirmed virological failure on retest within 4 weeks. There have been no severe drug-related adverse events or injection site reactions.



Data from interviews indicated that LAIs reduced the burden of pill-taking and daily schedules, provided a sense of freedom, alleviated anxiety associated disclosure and fear of missing doses. All YLHIV interviewed expressed preference for LAI over oral ART.

"…I sometimes I forgot [to take oral ART]. Now that I am on injectables, everything is fine. You don't have to worry about the pills anymore." (Male, 20 years, Cohort 2)

"What I like about the injection is that you don't drink [it]….. Like, you don't drink pills and you don't have to stress about 'oh right! 'So, you're normal. You're like everyone else and you don't have that fear that 'oh no, someone is going to see me when I take my pills." **(Female, 20 years, Cohort 1)**

"I like that I don't have to worry about my pills. I can do whatever I want. If I decide to go somewhere and not come back home, I won't be stressed about leaving my pills at home." **(Female, 18 years, Cohort 3)**

Conclusions

Delivery of long-acting injectable ART is **feasible, acceptable, and well-tolerated in YLHIV in a South African community setting.**

LAIs address several pill-taking related barriers to adherence and their use in high-risk, adherence-challenged populations should be further explored.

Acknowledgements

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Further information

Please contact:
Lauren.Jennings@hiv-research.org.za