

The Status of HIV in 2022

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Disclosure

I, Casey Messer, have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

Objectives

At the conclusion of this session, the participant will be able to:

- Discuss the current status of the HIV epidemic in the US
- Identify updated guidelines for prevention & treatment of HIV
- Evaluate clinical indications for the newest FDA-approved HIV treatment medications

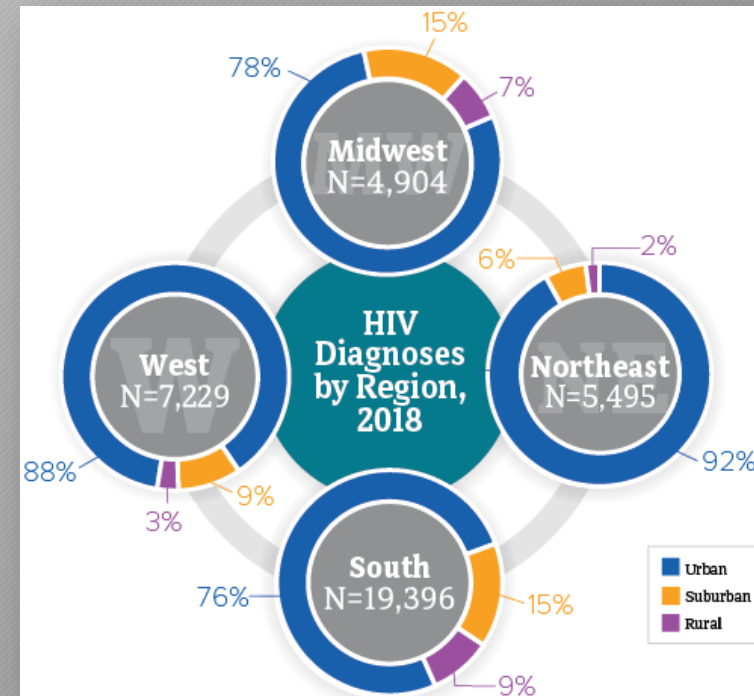
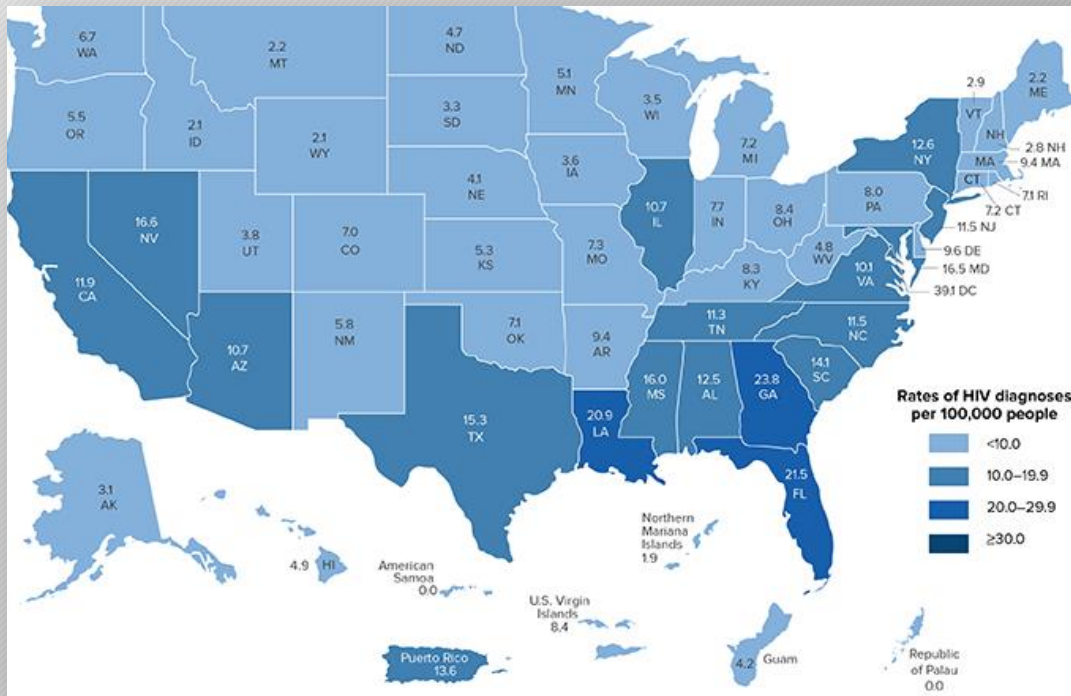
HIV Epidemiology Overview

HIV Epidemiology Overview

- Approximately 1.2 million people in the U.S. are living with HIV
- New infections are steady at ~38,000 per year
- 1 in 7 (14%) persons living with HIV are unaware
- More than 50 percent of new diagnoses occur in 48 counties; Washington, DC; and San Juan, Puerto Rico

HIV Epidemiology Overview

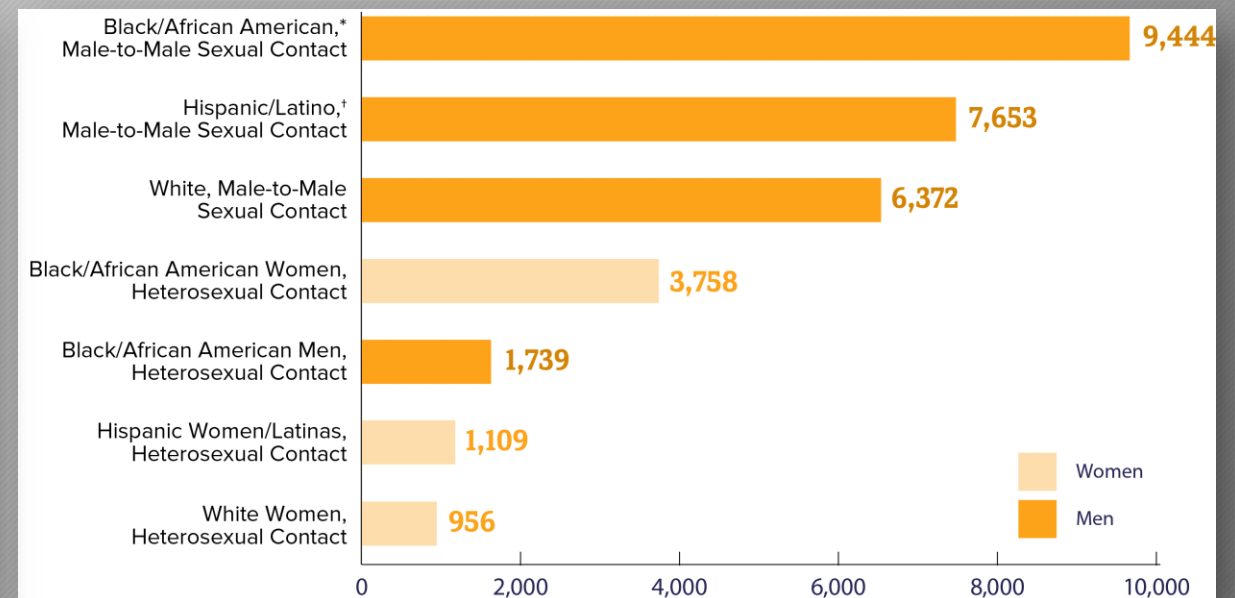
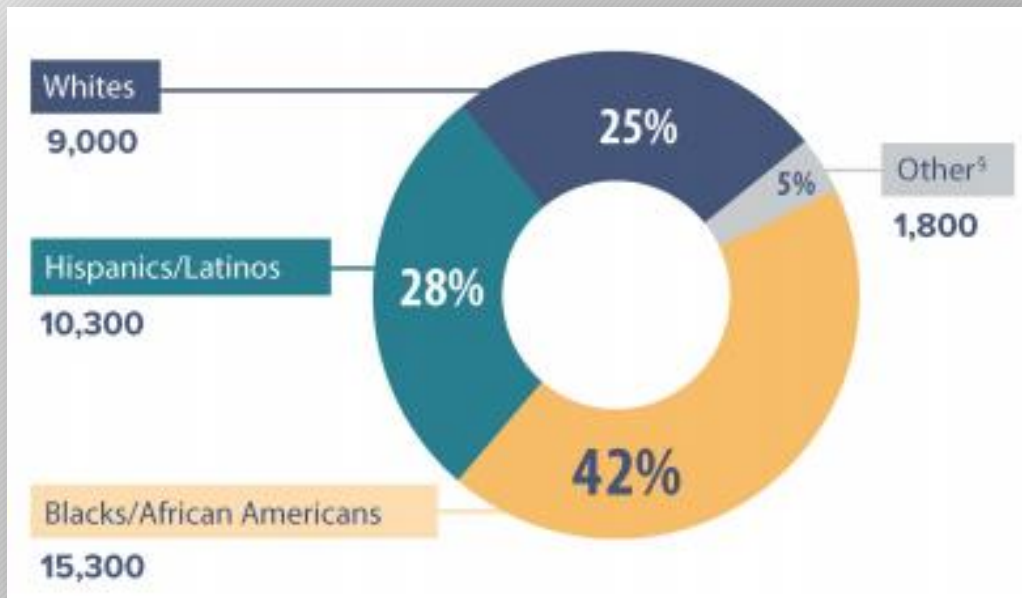
HIV disproportionately affects southern states



Source: CDC, 2020

HIV Epidemiology Overview

HIV disproportionately affects racial/ethnic minorities



Updated Guidelines for HIV Prevention



HIV Prevention

- Harm reduction approaches are individualistic based on risk
 - Abstinence/nonpenetrative sexual contact/mutual monogamy
 - Consistent condom use
 - Durable viral suppression (U=U)
 - Biomedical interventions
 - Pre-Exposure Prophylaxis (PrEP)
 - Post-Exposure Prophylaxis (PEP)
 - Occupational vs nonoccupational exposure

HIV PrEP

- Pre-Exposure Prophylaxis (PrEP)
 - An option for anyone who injects drugs or is not in a mutually monogamous sexual relationship with an HIV negative partner
 - Daily oral administration was the first FDA-approved dosing
 - emtricitabine/tenofovir disoproxil fumarate (F/TDF)
 - emtricitabine/tenofovir alafenamide (F/TAF)
 - HIV Ag/Ab, Hep B surface ab/ag, Creatinine at baseline
 - Repeat Creatinine every 6 to 12 months after initiation
 - HIV Ag/Ab every 3 months (also other STIs, HCG)
 - PrEP Consultation Service
 - 855-448-7737

Long-Acting Injectable PrEP

- cabotegravir (CAB) approved for HIV PrEP in December 2021
 - Initiation
 - Baseline HIV Ag/Ab and STI screening
 - Hep B surface ab/ag, creatinine, LFTs, lipids, NOT indicated
 - 30mg oral lead-in for no more than 5 weeks (optional)
 - 600mg cabotegravir IM in gluteal muscle consecutively 1 month apart
 - Follow-Up & Monitoring
 - 600mg cabotegravir IM in gluteal muscle every 2 months
 - HIV Ag/Ab after injection at month 1, 2 then bimonthly beginning 3rd injection
 - MSM/TGW receive STI screening every 4 months (every other injection visit)
 - Heterosexually active women and men
 - Syphilis/Gonorrhea screening every 6 months (every third injection visit)
 - Chlamydia screening every 12 months (every sixth injection visit)

HIV PEP

- Occupational Post-Exposure Prophylaxis
 - Follow your employers guidelines and protocols
- Nonoccupational Post-Exposure Prophylaxis (nPEP)
 - Evaluate <72 hours after potential exposure
 - HIV testing, combination Ag/Ab preferred, or rapid antibody test
 - Emtricitabine/tenofovir disoproxil fumarate (200mg/300mg) once daily
 - plus*
 - dolutegravir 50mg daily OR raltegravir 400mg twice daily**
 - 28-day course, with re-testing following completion
 - PEP Consultation Service
 - 1-888-448-4911

HIV Testing

- The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. (CDC 13-64)
- Ag/Ab combination (4th generation)
- More frequent HIV screening should be provided to patients living in high HIV incidence areas and among populations disproportionately burdened:
 - Southern US
 - Black/African Americans
 - Gay/bisexual/same-gender-loving Men

Updated Clinical Indications for HIV Treatment Medications



HIV Treatment

- DHHS Guidelines on use of Antiretroviral Agents (January 2022)
 - Antiretroviral Therapy (ART) should be started immediately or as soon as possible after diagnosis
 - Dolutegravir may be used as alternative regimen for persons of childbearing age who are not using contraception, recommended option for individuals using effective contraception
 - Increase in age-related comorbidities for long-term survivors
 - Recommended Initial Regimens
 - Multiple triple therapy combination single tablet regimens
 - dolutegravir/lamivudine
 - bictegravir/tenofovir alafenamide/emtricitabine (before drug resistance testing)

HIV Treatment

- Newest FDA-approved HIV treatment medication
 - cabotegravir plus rilpivirine (Cabenuva) long-acting injectable
 - Maintenance “switch” therapy for virologically suppressed adults
 - No history of treatment failure
 - No known or suspected resistance to cabotegravir or rilpivirine
 - Dosed once monthly or every 2-months as two injections
 - Lead-in of oral cabotegravir (30mg) and rilpivirine (25mg) for 30 days prior to injections
 - Initial injections include 600mg cabotegravir + 900mg rilpivirine
 - Continuation injection dose
 - 400mg cabotegravir + 600mg rilpivirine (monthly)
 - 600mg cabotegravir + 900mg rilpivirine (Every 2 months)
 - 7 day grace period of injection due date, oral medications should be restarted

Frequently Asked Questions

When will there be an HIV vaccine?

Frequently Asked Questions

What's the latest on long-acting HIV medications?

The Status of HIV in 2022 Summary

- In the US, rates of HIV have plateaued over the last 8 year
 - Disparities exist among racial/ethnic minorities and southern states
- HIV Prevention
 - PrEP & PEP
 - PrEP Consultation Service 855-448-7737
 - PEP Consultation Service 1-888-448-4911
- HIV Testing
 - Routine, opt-out testing adolescents and adults aged 15 to 65 years

The Status of HIV in 2022 Summary

- HIV Treatment
 - Test & Treat
 - Multiple single-tablet regimens as first line therapy
- New FDA-approved long-acting injectable
 - cabotegravir plus rilpivirine (Cabenuva)
 - Once monthly or every 2-month injections
 - Switch therapy, not for treatment naïve
- Future Forecasts
 - HIV vaccine is still elusive
 - New medication classes, injectable, implants, MPT's

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Questions and Answers

Thank you!

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