Ryan White Clinical Conference, October 3-6, 2021: Key takeaways and slides

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Click for: PDF handouts of slides, PowerPoint slide decks.

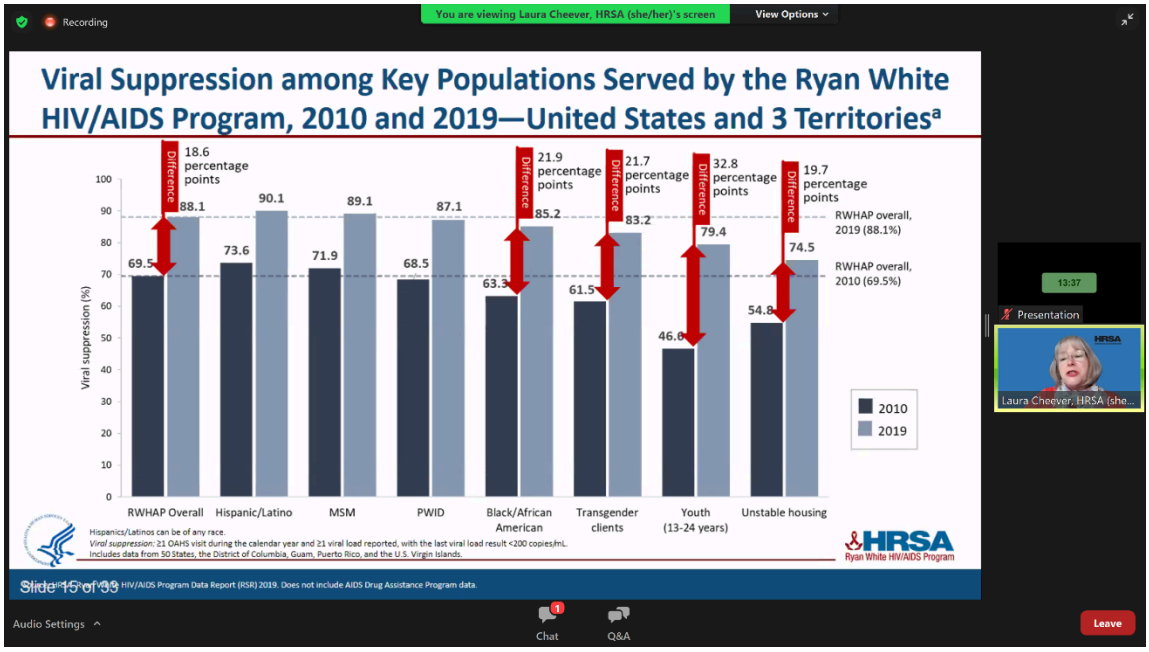
Key takeaways:

- **New Ryan White resources**: HIV care best practices compilation, HIV/AIDS Compass Dashboard.
- **New ART in development** include candidates with reduced frequency of dosing: Islatravir for qmonth oral PrEP**,** Lenacapravir for q6 month ART and for MDR HIV, broadly neutralizing antibody infusions to be used with long-acting CAB or oral regimens.
- **CAB-RPV LA** studies have shown non-inferiority with q8 week dosing (CROI 2021), and Europe has approved q8 week dosing. Studies are on-going for direct-to-inject for treatment naïve and without oral lead-in (LATTITUDE study), plus in adolescents (MOCHA study).
- **PLWH and COVID vax**: CDC clarified that third Pfizer or Moderna doses are for CD4 <200, hx of AIDS OI without immune recovery, symptomatic HIV, or untreated HIV. Pfizer boosters are permitted for all PLWH but not all may be at higher risk. HIVMA has updated guidance.
- **New ART and weight gain:** significant weight gain seen: 3-6 kg for INSTIs and 2-4.5 kg for switching from TDF to TAF, mostly within the first year, and highest for women and Black and African American people. INSTI and TAF combo with highest weight gain. Exercise and caloric restriction can reduce weight gain by 30%.
- **Drug-drug interactions (DDI)**: try to reduce polypharmacy and use the Liverpool Drug Checker when starting new meds, especially if using ritonavir, cobicistat, statins, anticoags, antacids.
- Remember that INSTIs (Biktarvy, dolutegravir/Tivicay, CAB oral) need to be taken 2 hours before or 6 hours after multivitamins and antacids (cations reduce INSTI absorption).
- **HIV and aging:** assess frailty and fall risk with chair-to-stand observation, screen for HIV-associated neuro-cognitive disorder (HAND) using MOCA (PDF in English), and assess loneliness with UCLA loneliness scale.
- The Friendship hotline provides 24/7 crisis help for elders to talk to someone: 1-888-670-1360.
- **ART panel:** Updated data presented in October from the STAT RCT on the DTG/3TC single-pill 2-drug rapid ART regimen showed non-inferiority to other ART regimens at 48 weeks; panelists want to see long-term data around durability of viral load suppression.
- **Young PLWH:** "I am more than my viral load!" Feedback from young PLWH is for providers to see them as whole people and more than just their ART and viral loads.
- **INSTIs cause an artificial increase in A1C**, so it's not as reliable for diagnosis for people on INSTI regimens. Use fasting glucose instead to screen for diabetes.
- **Lung cancer** rates are 2x higher among PLWH, and viral cancers are 5x higher among PLWH. Remember to screen with low-dose CT for people ages 50-80 who have a 20-pack-year smoking history and currently smoke or quit in the past 15 years. (USPSTF grade B)
- **Hot off the press! Anal cancer screening results from the ANCHOR study** show that removing HSIL with electrocautery significantly reduced the rates of progression to anal cancer, compared to active monitoring without treatment. Stay tuned for data to inform our anal pap practices.
- **Depression in PLWH** is very common, about 30-40% in HIV clinics. Screen with PHQ2 or 9 with form they fill out themselves or by someone who cares. Distinguish from bipolar. Treatment is trial and error: use usual meds, check for DDI, go up to max dose for 6-8 weeks before switching. With 2 med trials, 2 out of 3 will achieve acute remission. If no remission, refer to psychiatry.

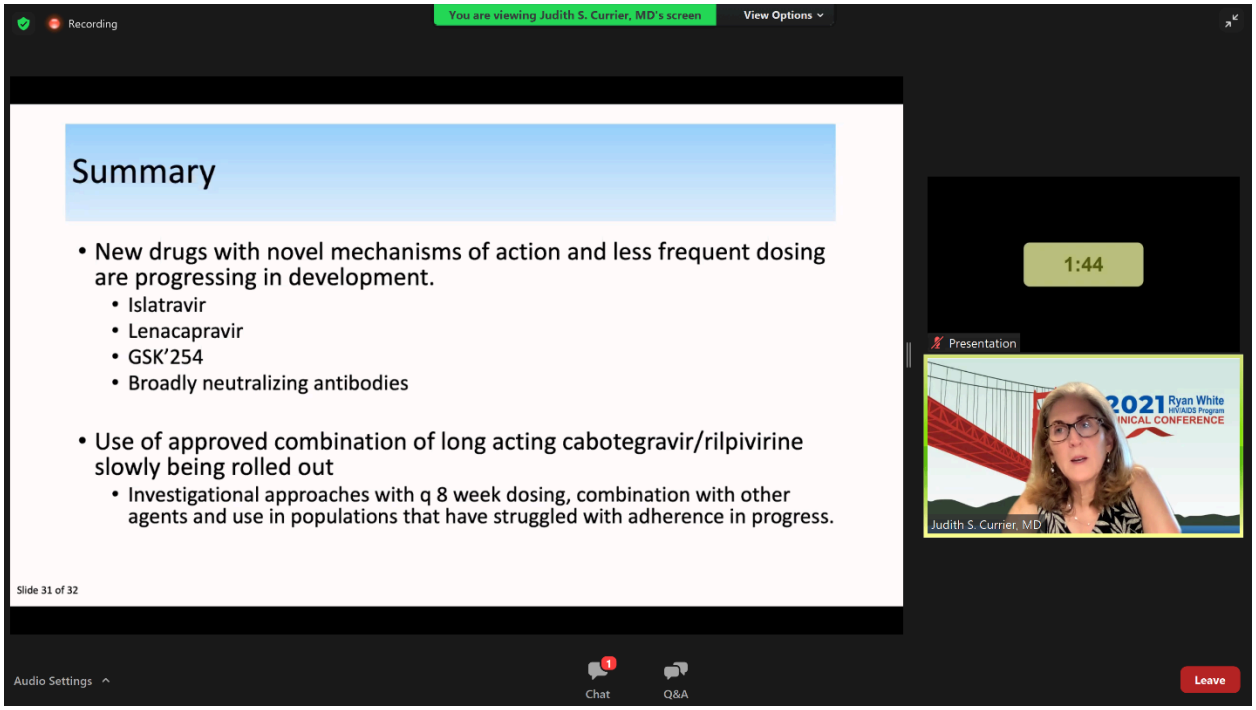
- **Pregnant PLWH**: PCPs can continue to take care of them w/o specialty OB! Generally, continue ART if it's working (except cobi and check if you need to adjust dosages). For newly dx'ed pregnant PLWH, DTG+TDF/FTC is preferred, or DTG/ABC/3TC if HLAB5701 neg (but don't delay).
- **Breastfeeding for PLWH in the US:** guidelines for people who don't want to formula feed: it's acceptable to exclusively breastfeed during the first 6 months, then introduce complementary foods and gradually wean from breastfeeding. Avoid rapid weaning due to viral shedding.
- **Addressing burnout**: recognize the emotional exhaustion, depersonalization (cynicism), and feeling of diminished personal accomplishment. Take time off for self-care. Organizations need to ask "How do we prioritize what really matters? Is what we make people do really necessary?"
- **Re-engaging PLWH in care:** when reaching out to people, use intentional messaging: "We missed you. We care about you. We'd love to see you again. Call today and make an appointment or drop by." Text messaging can be used with patient permission (document it).
- **2021 CDC STI treatment guidelines:** Please download the updated wall chart summary here.
- **Gonorrhea treatment update**: The treatment of uncomplicated gonorrhea is now 500 mg of intramuscular ceftriaxone; if chlamydia is present or is not ruled out, add one week of 100 mg of oral doxycycline taken twice daily. Patients with pharyngeal gonorrhea should have a test-of-cure 1-2 weeks later. Everyone with gonorrhea should be re-screened 3 months after treatment.
- **Chlamydia treatment update:** Doxycycline 100mg orally twice daily is the preferred option**.** Asymptomatic or mild infections or proctitis: treat for 7 days. Moderate-severe: 21 days.
- **PrEP data-free zone:** please see Dr. Landovitz's slides (PDF, PPT), and see Dr. Landovitz's amazing PrEP RCT effectiveness summary infographic on the last page of this document.

October 3, 2021 sessions

- **HIV/AIDS Bureau Updates,** *Laura W. Cheever, MD, ScM*
    - Mr. Harold Phillips is leading the reconstituted Office of National AIDS Policy (ONAP) and will be working on an update to the National HIV/AIDS Strategy (NHAS) for 2022, which will incorporate public comments, the latest surveillance data, more on quality of life and aging with HIV.
    - The first national STI strategic plan and updated viral hepatitis strategic plan were also released this year.
    - The new Ryan White HIV/AIDS Compass Dashboard includes nationwide outcomes by demographic groups (age, gender identity, race/ethnicity, risk) and by jurisdictions, including the Oakland TGA (Alameda and Contra Costa Counties), which shows us with:
        - Above national average viral load suppression rates overall, for Black and Latinx MSM, and youth,
        - Average for people with unstable housing, and
        - Below average for Black ciswomen, transgender women, people 50 and older, and people who inject drugs in 2019. 2020 data is not yet available.
        - The data dashboard shows us below average in all groups for retention in care, but may be more reflective of data completion problems in ARIES.
    - Disparity gaps in viral load suppression decreased among clients served nationwide RW programs and in particular among youth, Black clients, transgender clients, and clients with unstable housing (see slide below).
    - Despite the pandemic, between March and August 2020, 6,300 new clients were enrolled in Ryan White and 3,596 were re-engaged in care nationwide.
    - Burnout has increased among the US health care workforce from 35-54% in 2019 to 76% in September 2020. HRSA has invested $103 million into health worker resilience and mental health programs (mostly for trainings and a TA provider).
    - There is a new HIV best practices compilation of care strategies used in RW settings.



- **New Investigational ART Drugs and Strategies**, *Judith S. Currier, MD*
    - New ART under study:
        - Islatravir is new nucleoside reverse transcriptase translocation inhibitors (NRTTI, which blocks reverse transcriptase in multiple ways) in Phase 3 development for HIV treatment (with doravirine in a fixed-dose oral tablet) and PrEP (once monthly oral dosing).
        - Lenacapravir is a q6 month injectable capsid inhibitor in Phase 2/3 trials for treatment for people with multidrug resistant HIV in combination with an oral background regimen (CAPELLA trial), showing 81% virologic suppression and mean increase of 81 CD4 cells at week 26. Phase 2 trial for treatment naïve PLWH (LEN + FTC/TAF vs. BIK) show
        - GSK'254 is a maturation inhibitor under study; resistance is a problem with this class.
        - Broadly neutralizing antibodies (infusions): several are being studied in combination with long-acting CAB and oral regimens.
    - CAB-RPV injectable:
        - Data presented at CROI 2021 showed that q8 week dosing was non-inferior to q4 week dosing. Europe has approved q8 week dosing but it's not yet approved in the US.
        - The MOCHA trial is studying CAB-RPV LA in adolescents.
        - The LATTITUDE study is looking at CAB-RPV LA in treatment naïve without VLS and without oral lead-in.



- **An Update on COVID-19,** *Rachel Bender Ignacio, MD, MPH*
    - PLWH and COVID risk
        - Shapiro and Bender study (under review) showed that COVID-19 severity was worse with CD4 <350 and history of CD4 <200 in the 13k PLWH CNICs cohort.
        - Hx of CD4<200 RR 1.67 and current CD4<350 RR 2.68. See data slides below.
        - The COVID pandemic also disrupted care, attention and funding for HIV and share common disparities among communities of color, requiring underlying structural change (Millet).
    - Combined COVID vax updates from Dr. Bender Ignacio and Sophy:
    - Third Pfizer or Moderna vaccine doses are *recommended* for people with immunocompromising conditions who received the first two Pfizer or Moderna doses. This includes PLWH with "advanced and untreated HIV." This is because people with certain immunocompromising conditions don't respond well enough to the first 2 doses as others but do appear to respond to a third dose.
        - Published guidance: the CDC, CDPH and HIVMA (for PLWH).
        - It's best to stay with the same mRNA vaccine (Pfizer or Moderna) for the third dose simply because we have more data on that, but if the same one is not readily available, it's OK to give a third dose with the other mRNA vaccine.
        - The CDC has since clarified that "advanced HIV" means:
            - CD4 cell counts less than 200/mm3
            - A history of an AIDS-defining illness without immune reconstitution
            - Clinical manifestations of symptomatic HIV infection
        - People who got the J&J vaccine have not gotten authorization for additional doses yet (but hopefully will on Oct 15).
    - Pfizer boosters are available for people who received two Pfizer vaccine doses 6 or more months ago who are ages 65 and over, and ages 18-64 with underlying conditions

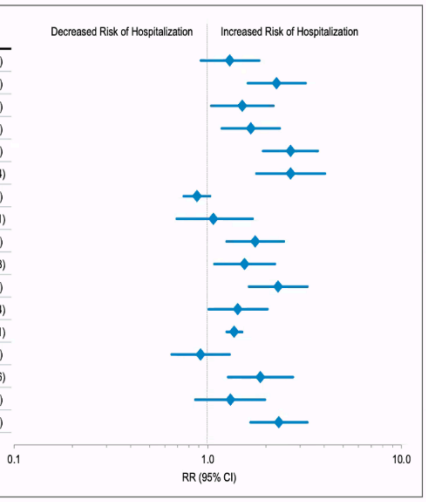
(including PLWH considered at risk), living in long-term care facilities, and with high-risk work exposures, such as frontline health care workers, first responders and teachers.

- Published guidance: the CDC and HIVMA (for PLWH).
- Technically, since HIV is an included "underlying condition," Pfizer boosters are permitted for all PLWH, but not all PLWH are *recommended* to get Pfizer boosters. For example, an otherwise very healthy 30-year-old undetectable on ART who lives alone and does not have significant workplace exposures would be lower risk for severe COVID-19 and transmission. (Granted, this is not many of our patients!)
- People who got the J&J vaccine have not gotten authorization for booster doses yet (but hopefully will on Oct 15).

- Fluvax can be given with COVID vaccines (updated CDC guidance).

Risk Factors for COVID Severity among PWH

Characteristic[a]	RR (95% CI)
Female	1.30 (0.92, 1.85)
Age (≥60 vs. <60)	2.27 (1.61, 3.21)
Race (Black vs. non-Black)	1.51 (1.04, 2.19)
Lowest CD4 count (<200 vs. ≥200 cells/mm³)	1.67 (1.18, 2.36)
Current CD4 count (≤350 vs. >350 cells/mm³)	2.68 (1.93, 3.71)
Current CD4 count (<200 vs. ≥200 cells/mm³)	2.68 (1.78, 4.04)
CD4:CD8 ratio (per 1 standard deviation increase)	0.88 (0.75, 1.03)
Detectable viral load (≥50 vs. <50 copies/mL)	1.07 (0.69, 1.71)
Diabetes	1.76 (1.25, 2.48)
Hypertension	1.55 (1.08, 2.23)
CKD (eGFR, <60 vs. ≥60 mL/min/1.73 m²)	2.31 (1.63, 3.28)
BMI (<30 vs. ≥30 kg/m²)	1.43 (1.01, 2.04)
ASCVD risk score (per 10% increase)	1.37 (1.25, 1.51)
Cigarette smoker (ever)	0.92 (0.65, 1.30)
COPD	1.87 (1.27, 2.76)
HCV	1.31 (0.86, 1.98)
FIB-4 score (>1.45 vs. ≤1.45)	2.33 (1.66, 3.28)



Most studies recapitulate non-HIV Specific risks in PWH:
- HTN
- DM
- Age
- BMI

Shapiro & Bender Ignacio et al, CROI 2021 and manuscript under review

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COVID Severity risk: CD4 & VL

- Across cohorts from early pandemic through the present, clear trends toward increased risk of severe outcomes with low CD4
- Some cohorts suggest current CD4 <350 as threshold, others at 200, but analysis dependent
- Concern for confounding by test date & SARS CoV-2 effect on lymphopenia (eg WCDPH used data from hospitalization)
- Most large non-HIV specific datasets lack specificity on parameters of HIV treatment
- Most PWH on ART in these cohorts
- CNICS: History of CD4 <200 RR 1.67 and current CD4 <350 RR 2.68 for hospitalization, low CD4/CD8 ratio increases risk

WCDPH CID 2020; Vizcarra Lancet HIV 2020; Shapiro & Bender Ignacio, under review

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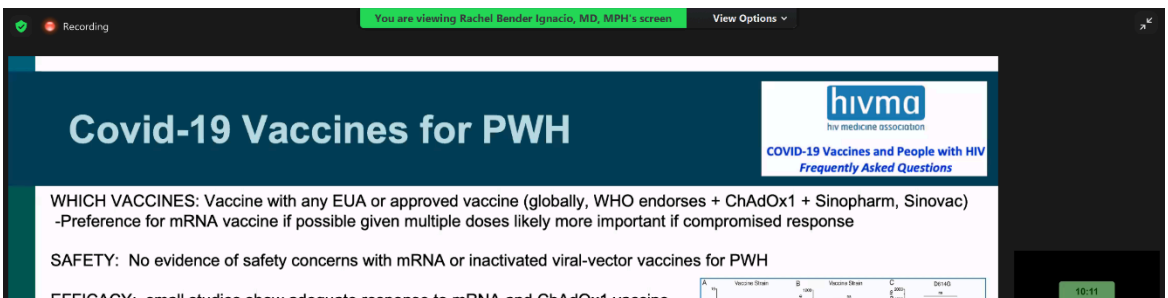
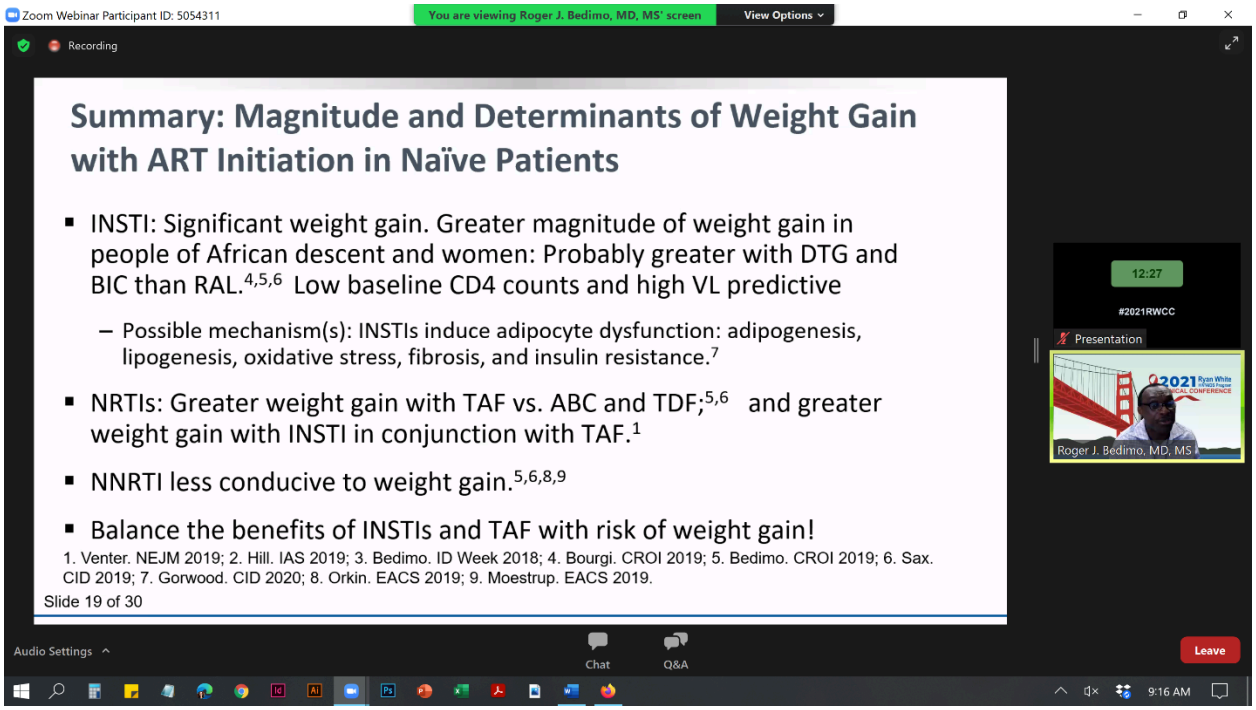


- **Challenges and Opportunities for Telemedicine,** *Wendy Armstrong, MD*
    - Telehealth is a useful and important tool but it's not for everyone. About 50% prefer in-person visits when there's a choice.
    - Digital divide is a major barrier with unequal access to broadband internet, smartphones, computers, language access, private spaces and headphones.
    - Telehealth coverage post-pandemic is still unknown: states regulate Medicaid coverage, individual insurance providers vary in their reimbursement schemes, CMS may or may not extend Medicare coverage to 2023.

- **40 Years of Progress: Looking Back at the Beginning of the HIV/AIDS Epidemic in the Bay Area.** Watch here. *This special panel features a moderated discussion of those that were involved at the very start of the HIV/AIDS epidemic in the San Francisco Bay Area.*
    - East Bay OG clinicians Dr. Kathleen Clanon and Dr. Michael Reyes spoke on this special panel and described how we learned to listen and center community voices and input in care and service delivery through the HIV epidemic and applied some of those learnings to the COVID pandemic response.

October 4, 2021 sessions

- **Antiretroviral Therapy and Weight Gain,** *Roger J. Bedimo, MD, MS*
    - Significant weight gain seen: 3-6 kg for INSTIs and 2-4.5 kg for switching from TDF to TAF
    - Mostly within the first year.
    - Highest for women and Black and African American people.
    - INSTI and TAF combo with highest weight gain.
    - Exercise and caloric restriction can reduce weight gain by 30%.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Summary: Magnitude and Determinants of Weight Gain with ART Initiation in Naïve Patients
INSTI: Significant weight gain. Greater magnitude of weight gain in people of African descent and women: Probably greater with DTG and BIC than RAL.[4,5,6] Low baseline CD4 counts and high VL predictive
– Possible mechanism(s): INSTIs induce adipocyte dysfunction: adipogenesis, lipogenesis, oxidative stress, fibrosis, and insulin resistance.[7]
NRTIs: Greater weight gain with TAF vs. ABC and TDF;[5,6] and greater weight gain with INSTI in conjunction with TAF.[1]
NNRTI less conducive to weight gain.[5,6,8,9]
Balance the benefits of INSTIs and TAF with risk of weight gain!
1. Venter. NEJM 2019; 2. Hill. IAS 2019; 3. Bedimo. ID Week 2018; 4. Bourgi. CROI 2019; 5. Bedimo. CROI 2019; 6. Sax. CID 2019; 7. Gorwood. CID 2020; 8. Orkin. EACS 2019; 9. Moestrup. EACS 2019.
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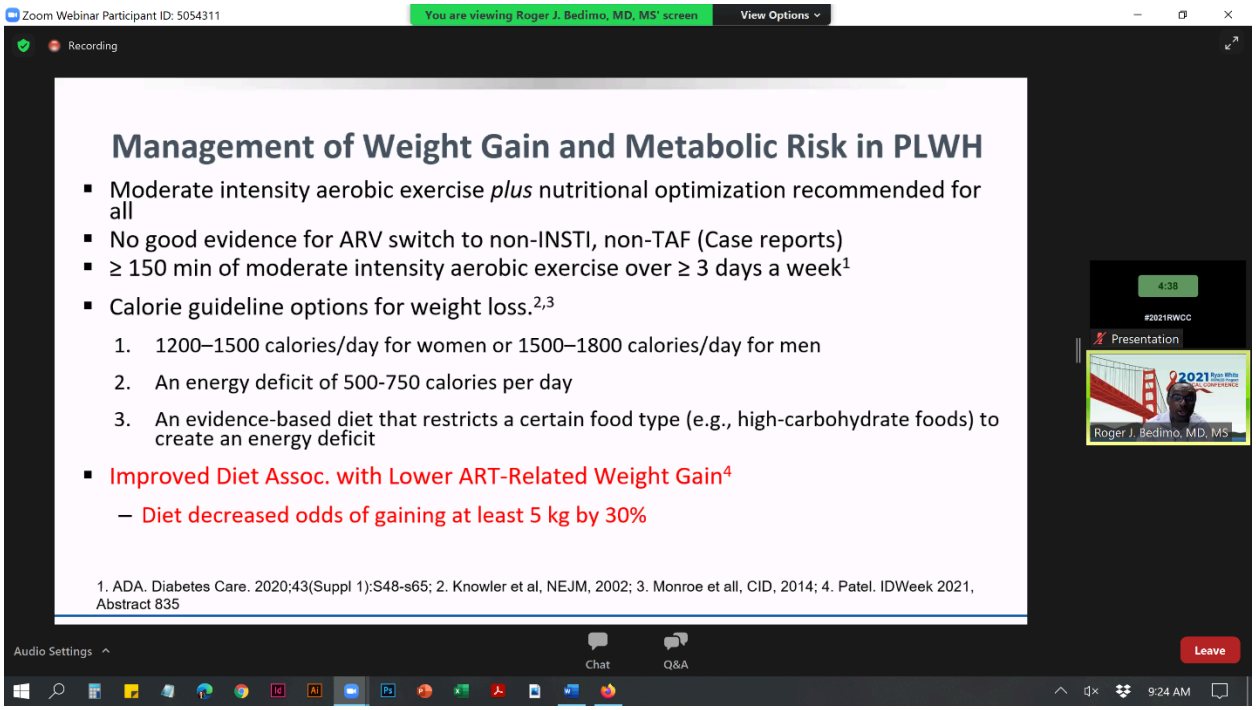
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Management of Weight Gain and Metabolic Risk in PLWH
Moderate intensity aerobic exercise *plus* nutritional optimization recommended for all
No good evidence for ARV switch to non-INSTI, non-TAF (Case reports)
≥ 150 min of moderate intensity aerobic exercise over ≥ 3 days a week[1]
Calorie guideline options for weight loss.[2,3]
1. 1200–1500 calories/day for women or 1500–1800 calories/day for men
2. An energy deficit of 500-750 calories per day
3. An evidence-based diet that restricts a certain food type (e.g., high-carbohydrate foods) to create an energy deficit
Improved Diet Assoc. with Lower ART-Related Weight Gain[4]
– Diet decreased odds of gaining at least 5 kg by 30%
1. ADA. Diabetes Care. 2020;43(Suppl 1):S48-s65; 2. Knowler et al, NEJM, 2002; 3. Monroe et al, CID, 2014; 4. Patel. IDWeek 2021, Abstract 835
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Roger J. Bedimo, MD, MS
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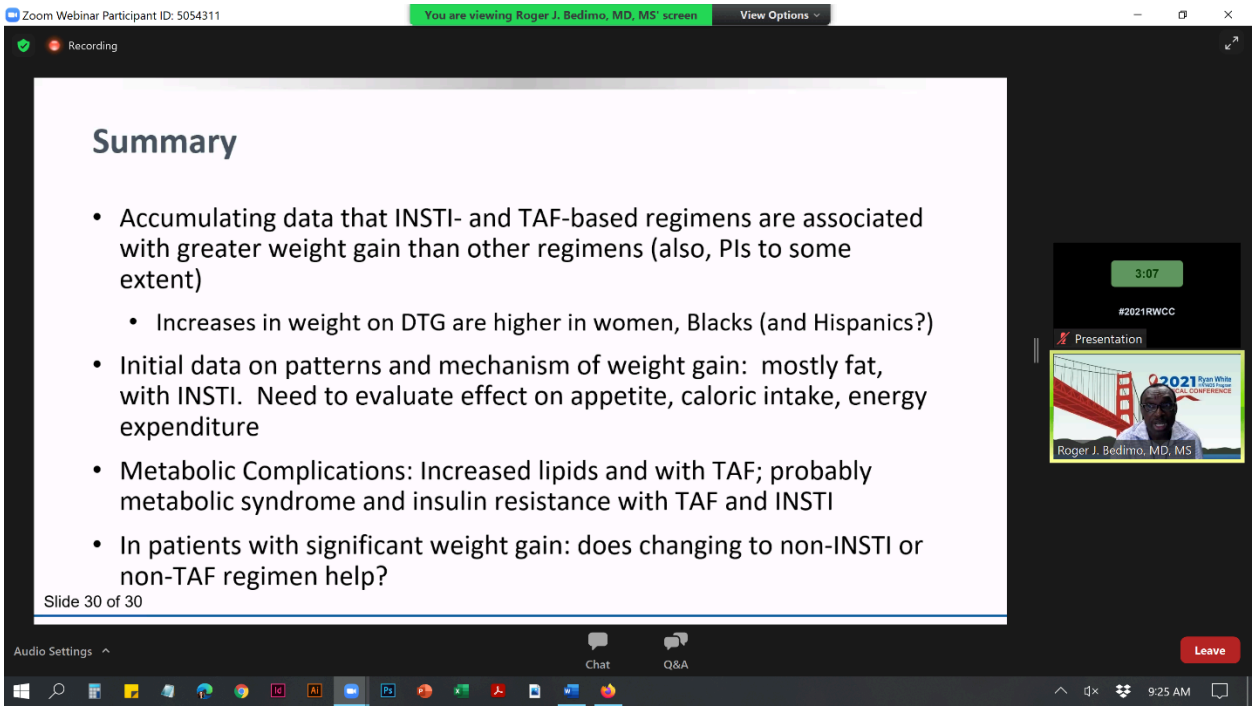
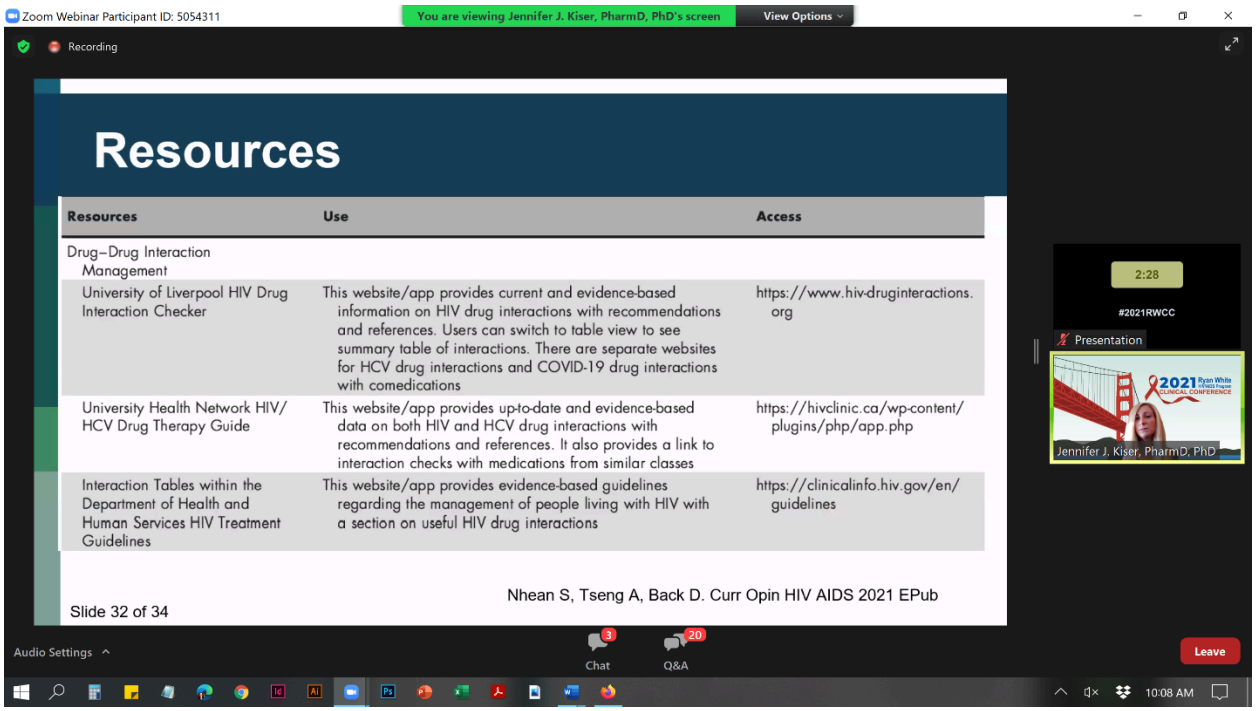
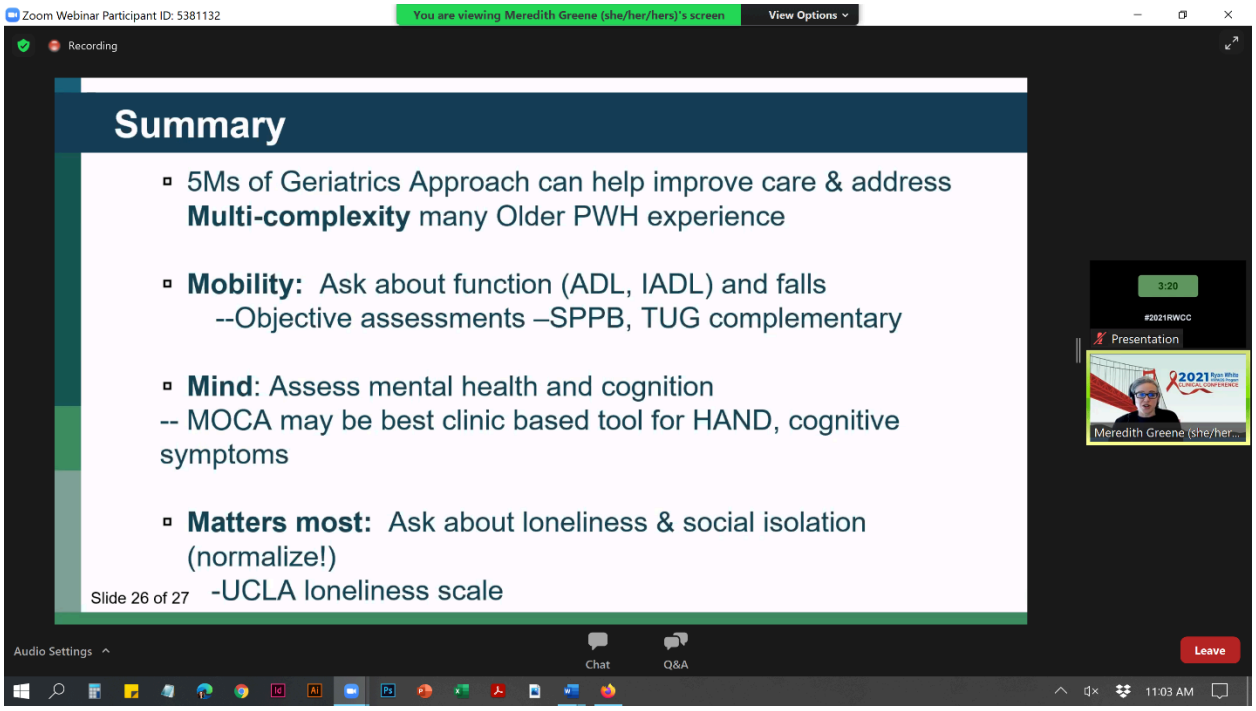


- **Managing Polypharmacy and Drug-Drug Interactions**
  Jennifer J. Kiser, PharmD, PhD
  - Try to reduce polypharmacy and use the Liverpool Drug Checker when starting new meds, especially if using ritonavir, cobicistat, statins, anticoags, antacids.
  - Remember that INSTIs (Biktarvy, dolutegravir/Tivicay, CAB oral) need to be taken 2 hours before or 6 hours after multivitamins and antacids (cations reduce INSTI absorption).



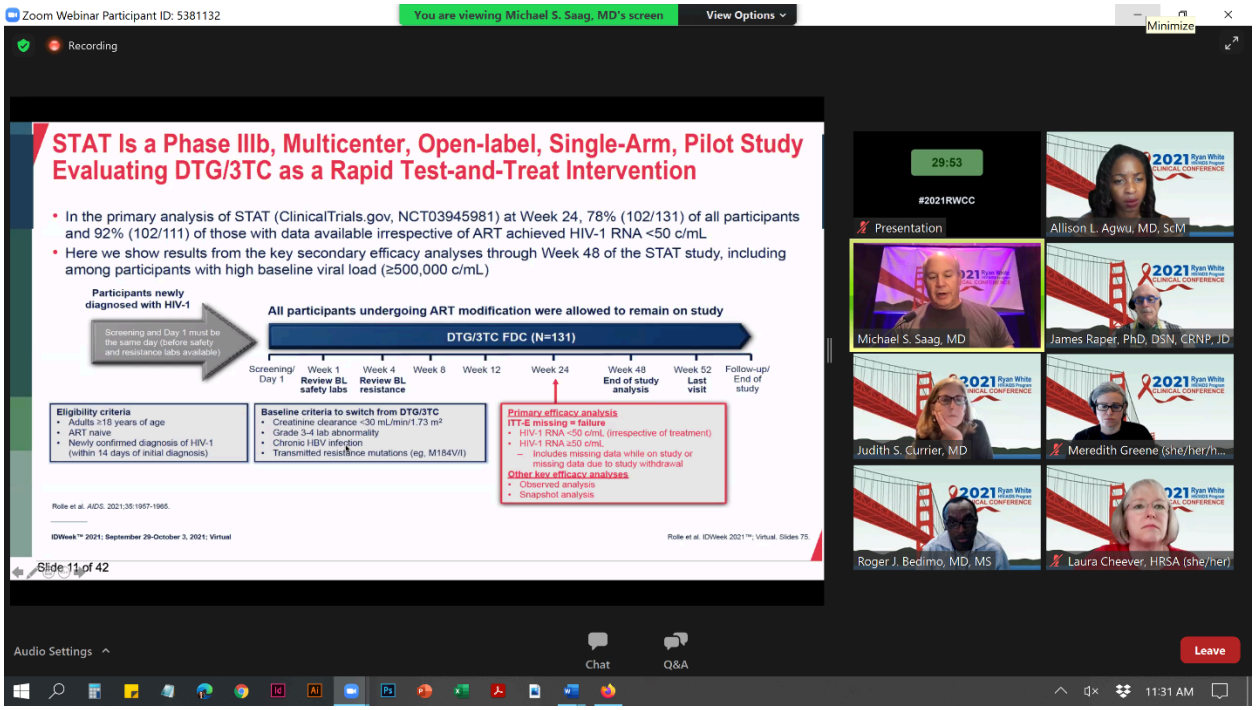
- **Managing Aging and HIV,** *Meredith Greene, MD*
    - Video telehealth visits: observe sitting in chair-to-stand, observe gait at home, see home environment, ask them to pull all their pills and do a full medication review.
    - Assess frailty and fall risk with chair-to-stand observation and ask: Have you fallen in the last year?
    - Screen for HIV-associated neuro-cognitive disorder (HAND) using MOCA (PDF in English).
        - MOCA has been studied in diverse groups and is multilingual.
        - But developed first in Montreal with mostly a white population.
        - Consider routine screening annually for people ages 50+.
    - Assess loneliness with UCLA loneliness scale.
    - The Friendship hotline provides 24/7 crisis help for elders to talk to someone: 1-888-670-1360.

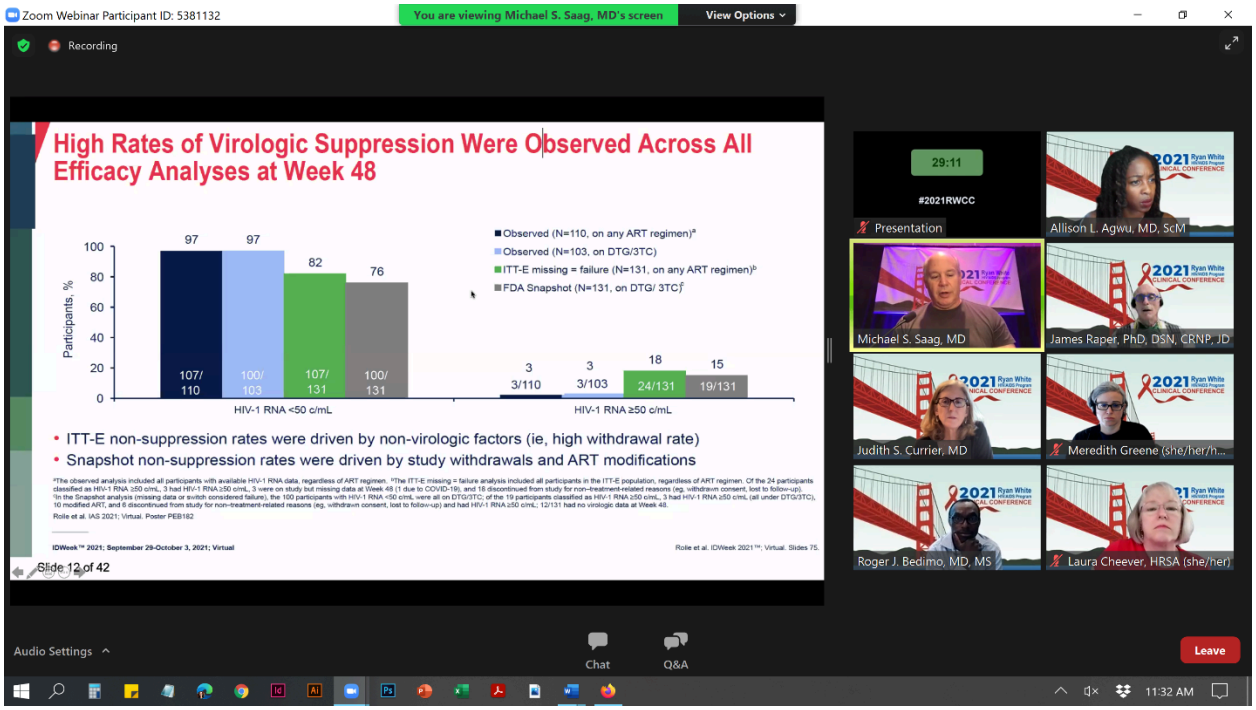


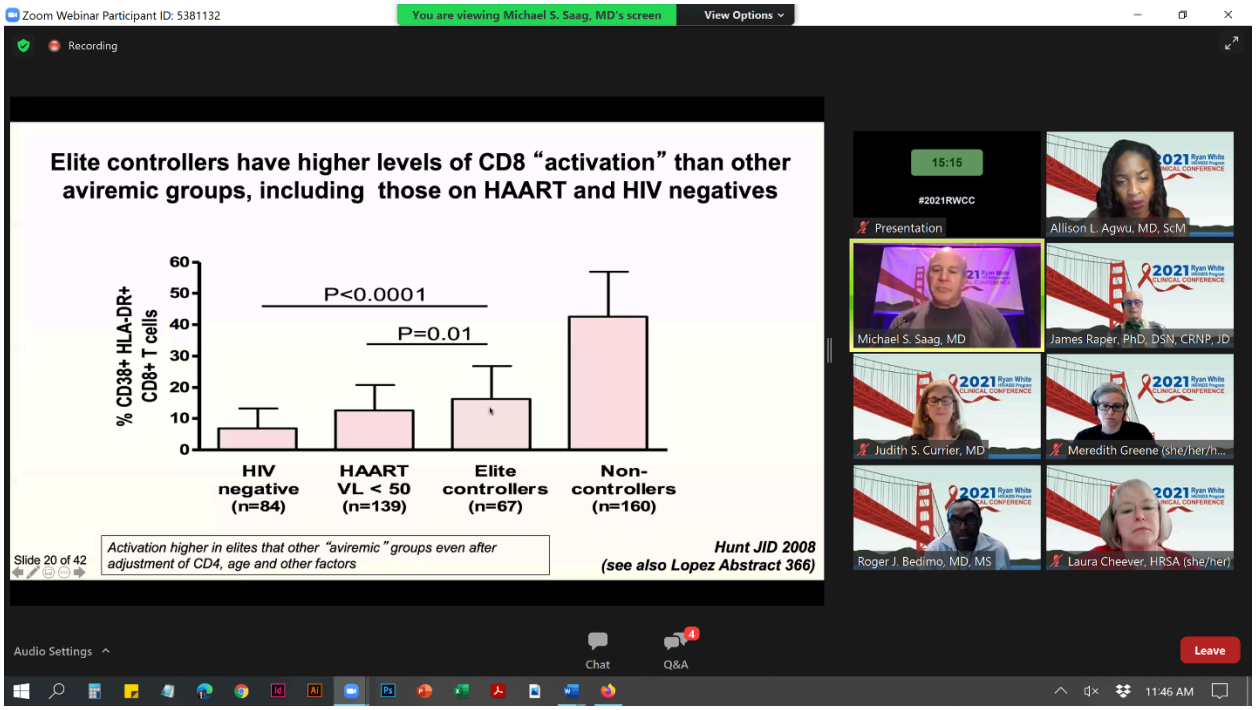
- **Cases From the Clinic(ians): Antiretroviral Therapy Cases and Panel Discussion,** *Michael S. Saag, MD and panelists*
    - **Serum CrAg with baseline labs**: Consider checking a serum CrAg (cryptococcal antigen) for people with CD4<100 to screen for disseminated cryptococcus. If it's positive, get an LP to check CSF and treat accordingly. It's not in current DHHS guidelines and is a "consider" lab in IDSA 2020 guidelines.
    - **DTG+3TC for rapid ART:** Updated data presented at IDWeek (Oct 2021) from the STAT RCT on the DTG/3TC single-pill, 2-drug rapid ART regimen showed non-inferiority to other ART regimens.
    - 97% VLS in both study groups at 48 weeks for those who followed-up, 82% in ITT analysis including those missing lab data and LTFU.
    - The panelists were excited by this but also concerned about long-term efficacy and potential resistance with adherence gaps. See data slides below.
    - **Treating elite controllers**: most participants and panelists would start ART and a few panelists would recommend but not push it as hard as people with higher

viral loads. Elite controllers still have evidence of increased T-cell activation and inflammation, so lean towards treatment. See slide below.

- **Patients with chronically low CD4 counts despite virologic suppression on ART**: Some people (~10-15%) don't get strong CD4 recovery, and it might be related to how low and damaged their CD4 reservoirs are.
- Lots of interventions have been studied, and no meds changes or additions have been seen to help.
- Panelists would keep them on the tolerated suppressive ART regimen, check for coinfections and screen for cancers (Sophy's addition).



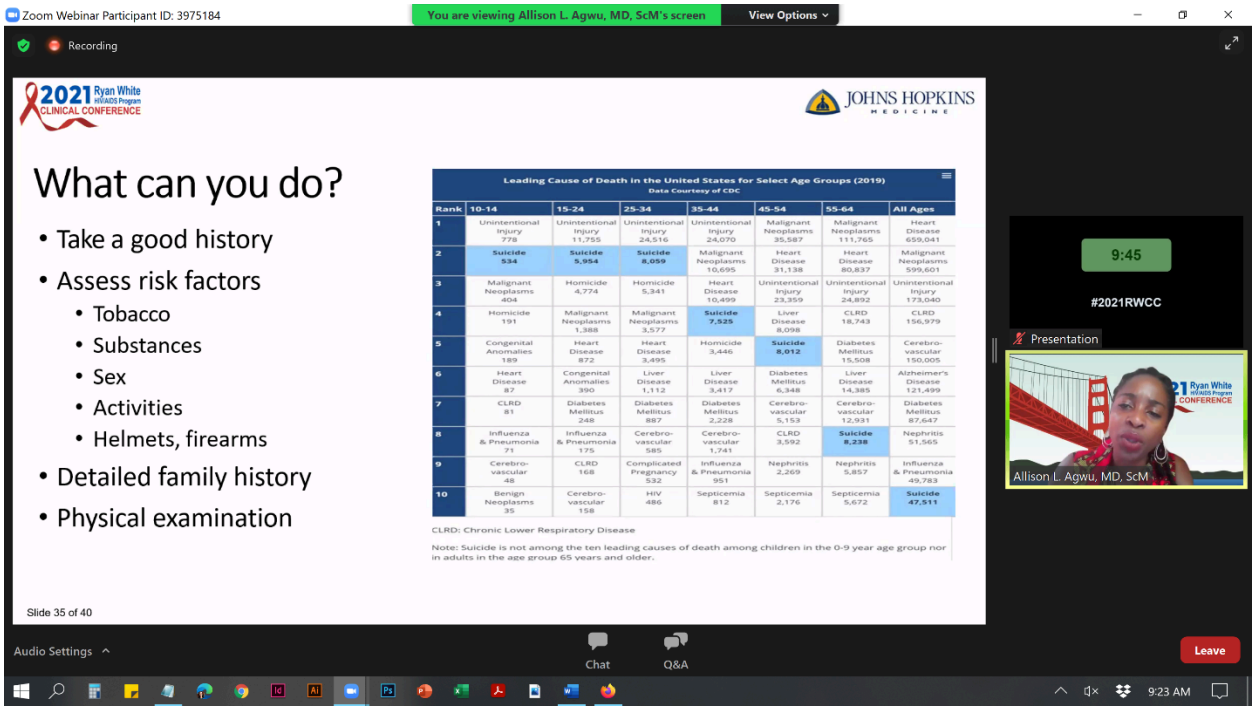


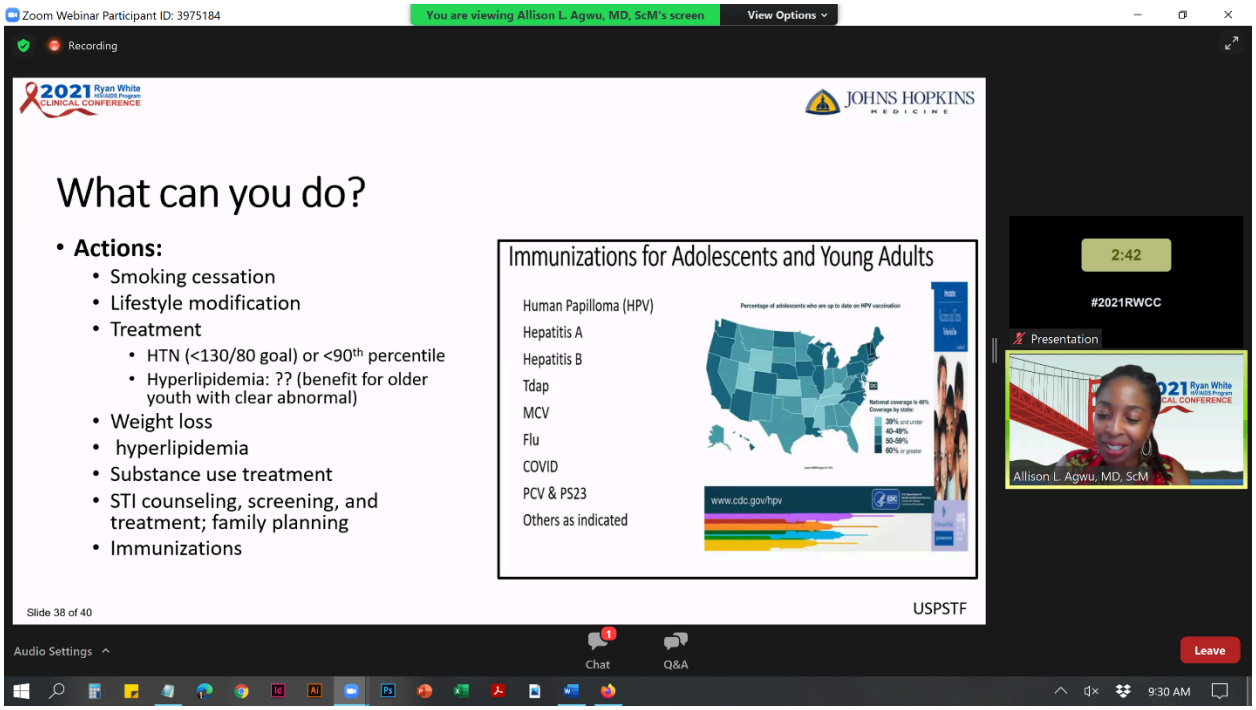


October 5, 2021 sessions

- **Preventing HIV-Related Comorbidities in Adolescents,** *Allison L. Agwu, MD, ScM*
  - "I am more than my viral load!"
    - Feedback from young PLWH is for providers to see and hear them as more than their ART and viral loads.
    - See images below.
- See slides below on preventive health assessments and interventions.

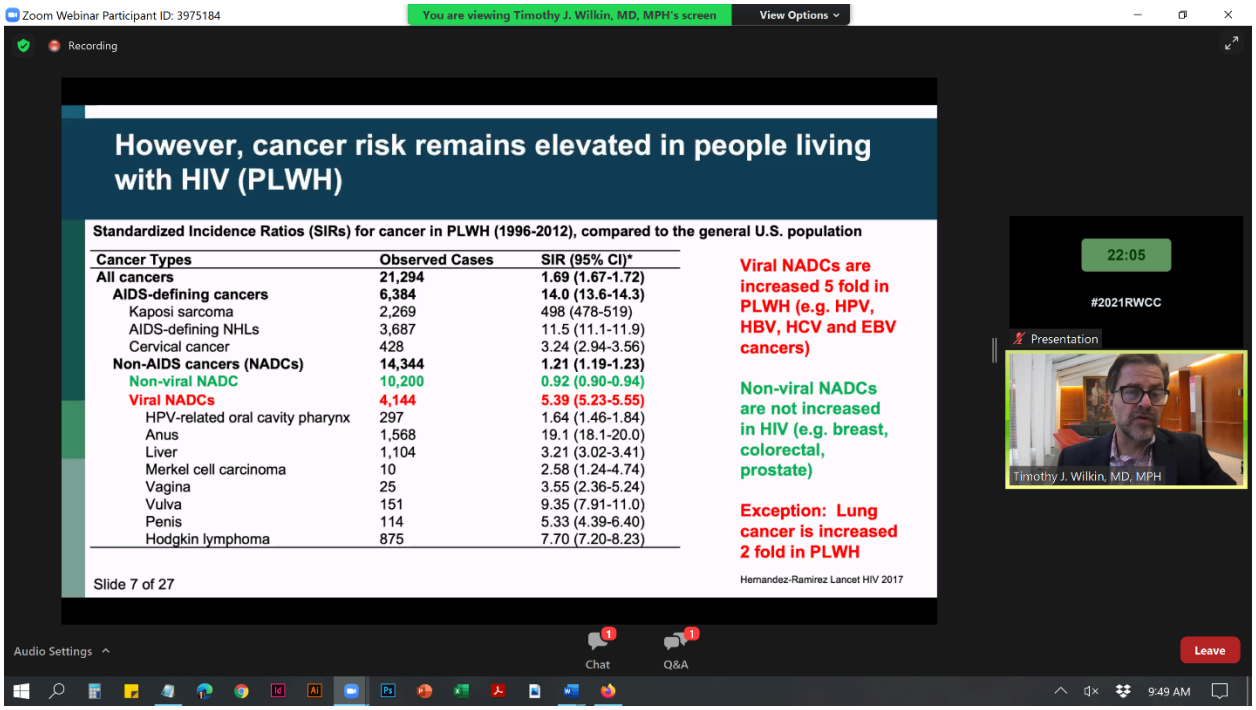
- PLWH adolescents have STD rates similar to the general population, have increased overall from 2017, with highest increase among females.
- Perinatal PLWH may are more likely to use condoms, but most people use inconsistently.
- Ask about and focus on modifiable risk factors
    - Young PLWH: 40% use tobacco products, 49% overweight/obese
    - Young PLWH and INSTIs: still emerging but trending towards some weight gain.
    - INSTIs cause an artificial increase in A1C, so it's not as reliable for diagnosis for people on INSTI regimens. Use fasting glucose instead to screen for diabetes.
    - For young people with IGT/diabetes, Dr. Agwu leans on lifestyle change over meds.
- For ART, Dr. Agwu aims for the smallest, least frequent pills with the fewest side effects. We forget that kids don't feel comfortable swallowing pills, and some benefit from pill swallowing training.

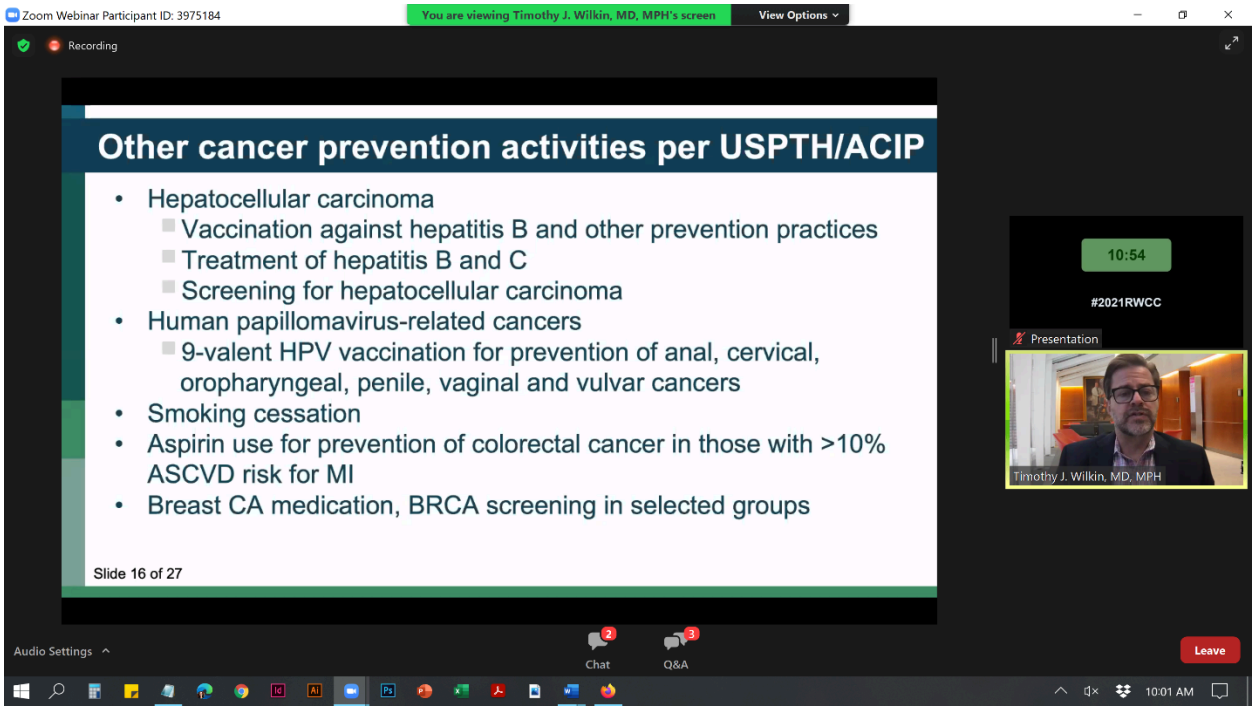


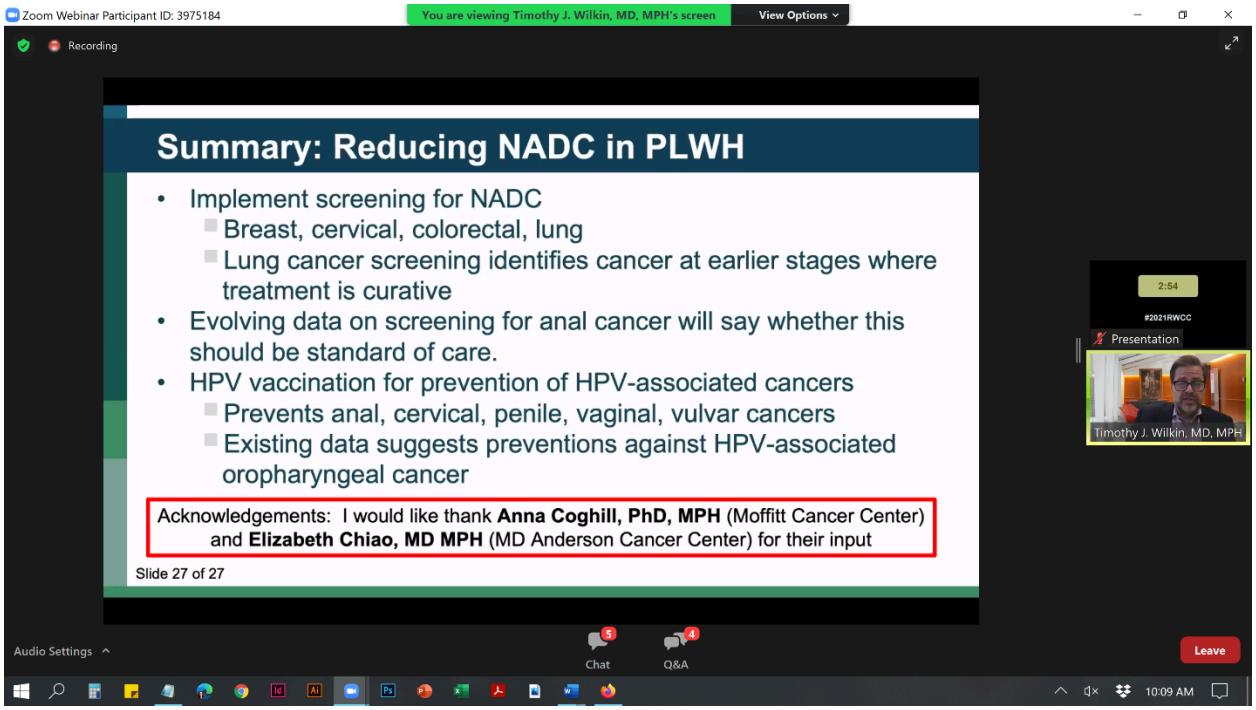


- **Non-AIDS Cancers,** *Timothy J. Wilkin, MD*
  - Cancer risk is higher among PLWH, now non-AIDS related cancers are a leading cause of death.
  - Higher risk of mortality for PLWH who have cancer diagnoses overall; Dr. Wilkin is not sure if it's an issue with less access to care or poorer response to treatment.
  - PLWH have significantly more viral cancers (5x higher) and AIDS-related cancers.
  - Lung cancer is 2x more among PLWH, while rates of other non-viral cancers are less.

        - USPSTF recommends lung cancer screening with low-dose CT for people ages 50-80 who have a 20-pack-year smoking history and currently smoke or quit in the past 15 years.
        - The guidelines were updated in March 2021 to go down to age 50 from 55, and down to 20+ pack years rather than 30+ pack years.
    - Colorectal cancer screening down to age 45: in May 2021 USPSTF gave a grade B recommendation for colorectal cancer screening in all people ages 45-49, in addition to their grade A recommendation for all people ages 50-75.
    - HPV and anal cancer are very elevated among PLWH
        - HPV vax: for ages 9-26, and 24-45 with shared decision-making.
            - Efficacy decreases after sexual activity, only prevents new infection.
            - 90% less oral cancer in trials too.
            - Seeing less morbidity with areas of high and organized vax programs, like Australia.
        - Screen for anal cancer with anal cytology (anal pap).
        - Evaluate any abnormalities with HRA.
        - Treat HSIL with ablation or topical therapy.
        - ANCHOR trial: done enrolling, done with f/u, results not yet released, press release might be this week! Designed to find out if treating HSIL will reduce morbidity.
        - October 7 update: here is the UCSF press release on the ANCHOR trial findings!

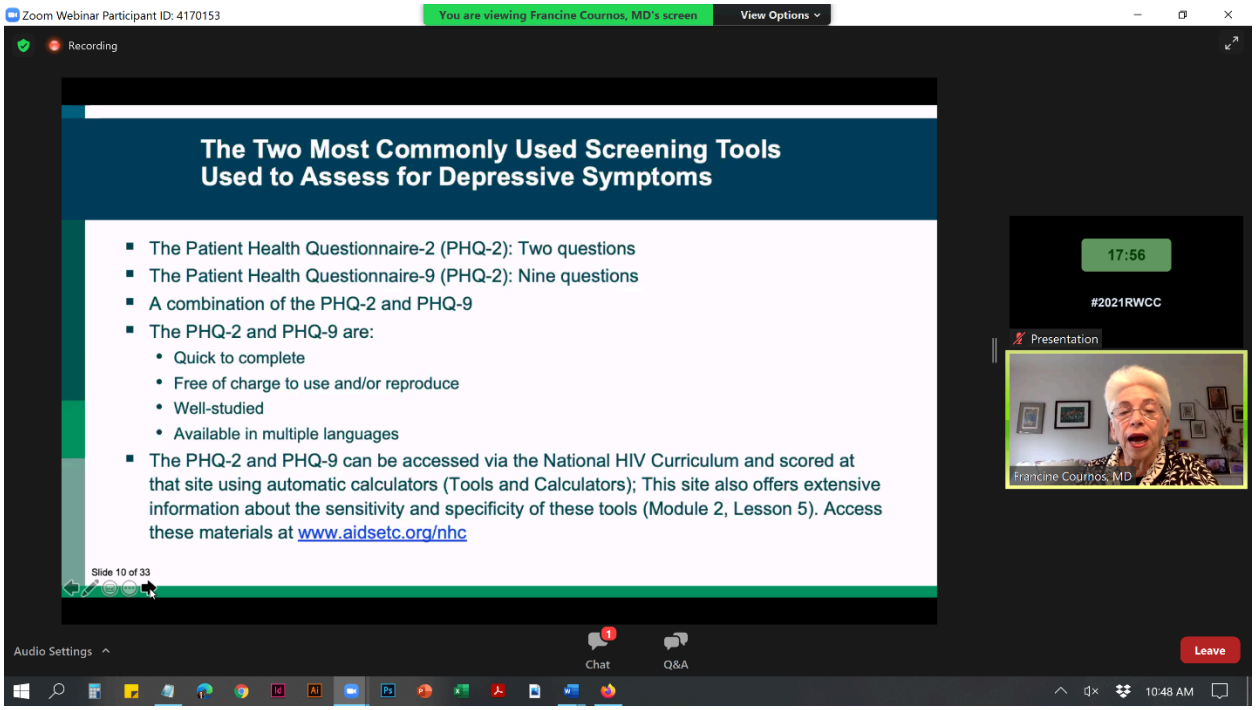


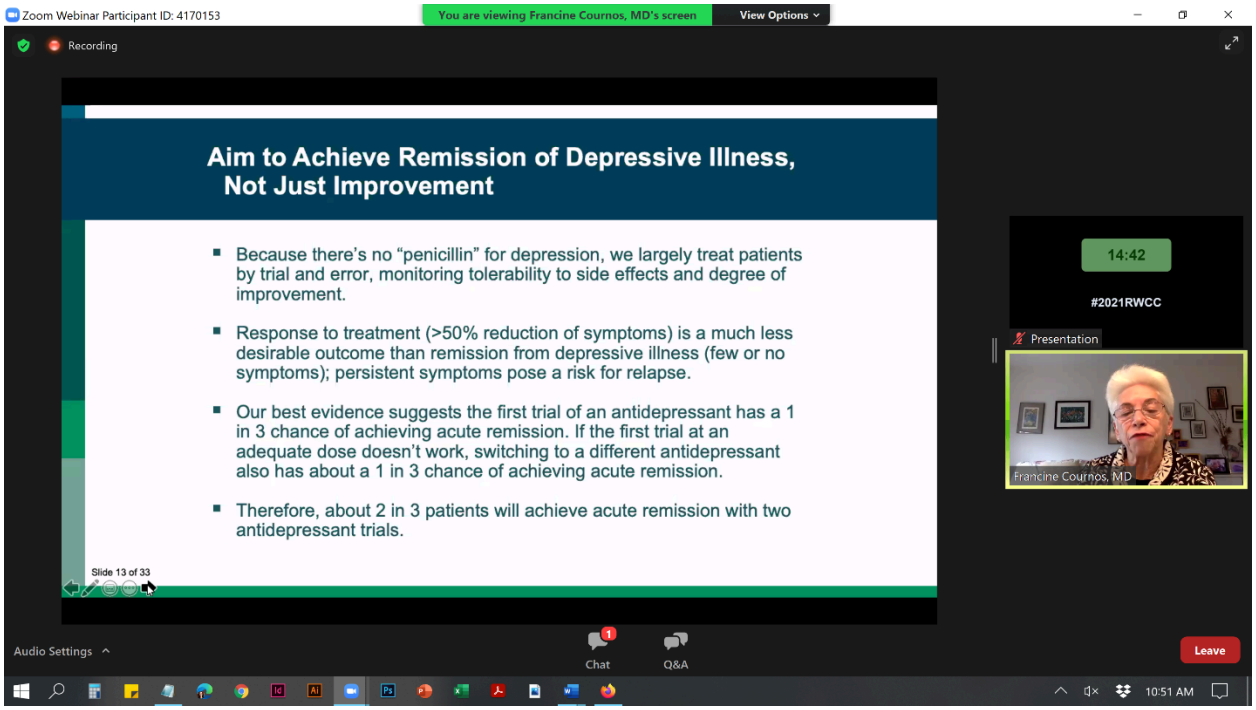


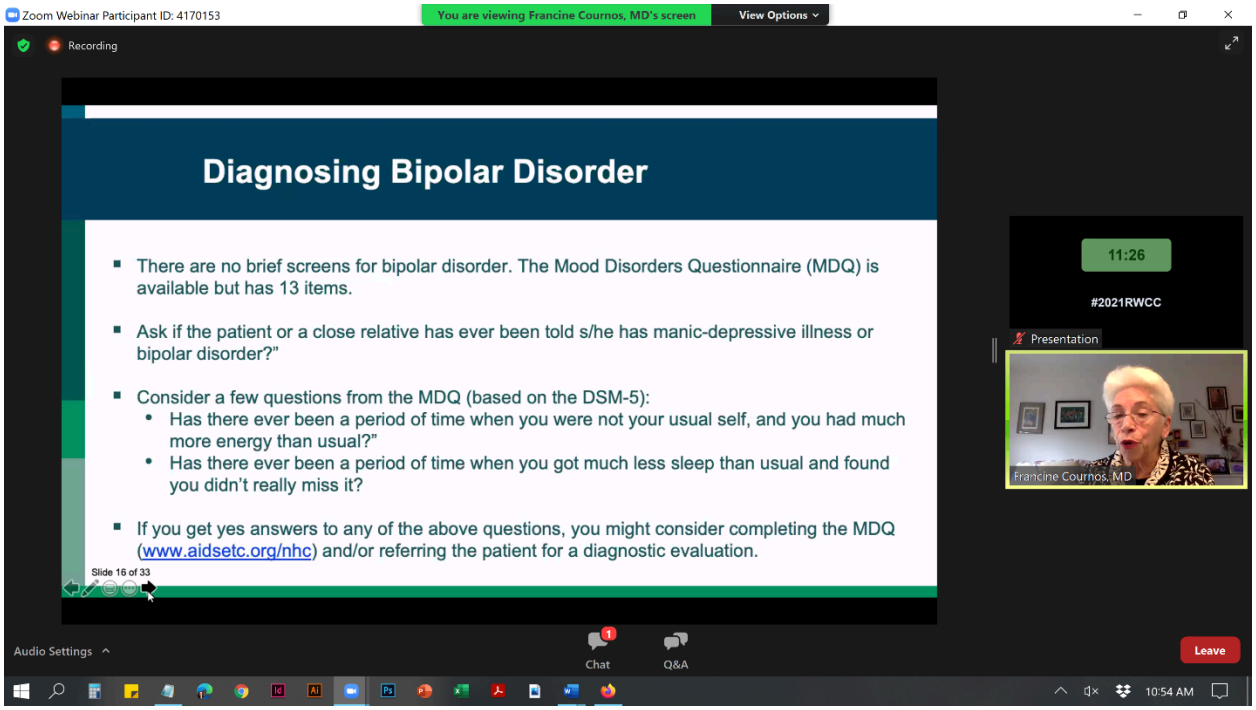


- **Addressing Depression in Patients with HIV,** *Francine Cournos, MD*
    - MDD among PLWH is very high, about 30-40% in HIV clinics
        - Associated with mortality and worse care continuum outcomes
    - One of the most disabling and frightening of all illnesses.
        - Treating is giving people their lives back!
        - Worse during pandemic for everyone and also especially among HCWs.
    - Treatment is trial and error
        - Distinguish between mild and moderate and severe: mostly impact on function.

        - PHQ2 and PHQ9 are simple tools
            - Not likely to get honest answers when we are not really interested in dx and tx.
            - Need to want to hear what the person says to screen properly.
            - Distinguish between MDD and bipolar because antidepressant can precipitate mania.
                - 3 in 20 people in primary care dx with MDD have bipolar.
                - Ask the 3 screening questions below.
                - Anti-stigma: bipolar people are often very creative and productive when they can harness their hypomanic states, like Alvin Ailey, but also suffer tremendously, especially in the depressive states.
    - Aim for remission:
        - Reduce suffering and cog dysfunction and mortality, increase quality of life, VLS.
        - Antidepressive meds: 1 in 3 acute remission. Use usual meds, check for DDI/tox.
        - Go up to max dose before switching. Many PCPs don't do this and it's a mistake.
        - Switch after 6-8 weeks if it doesn't work.
        - Doesn't matter what that something else is.
        - Ultimately with 2 trials, 2 out of 3 will achieve acute remission.
        - After 2 trials and still no remission, refer to psychotherapy.
    - Elders: start low and go slow.
        - Siloed SUD and MH treatment is a major barrier! Also stigma!
            - SUD among PLWH is very poorly studied.
            - 40% EtOH use among people with bipolar.
            - Need to treat MDD and SUD both… one does not treat the other.
        - When you can't get specialty BH care
            - Self-care
            - Community supports

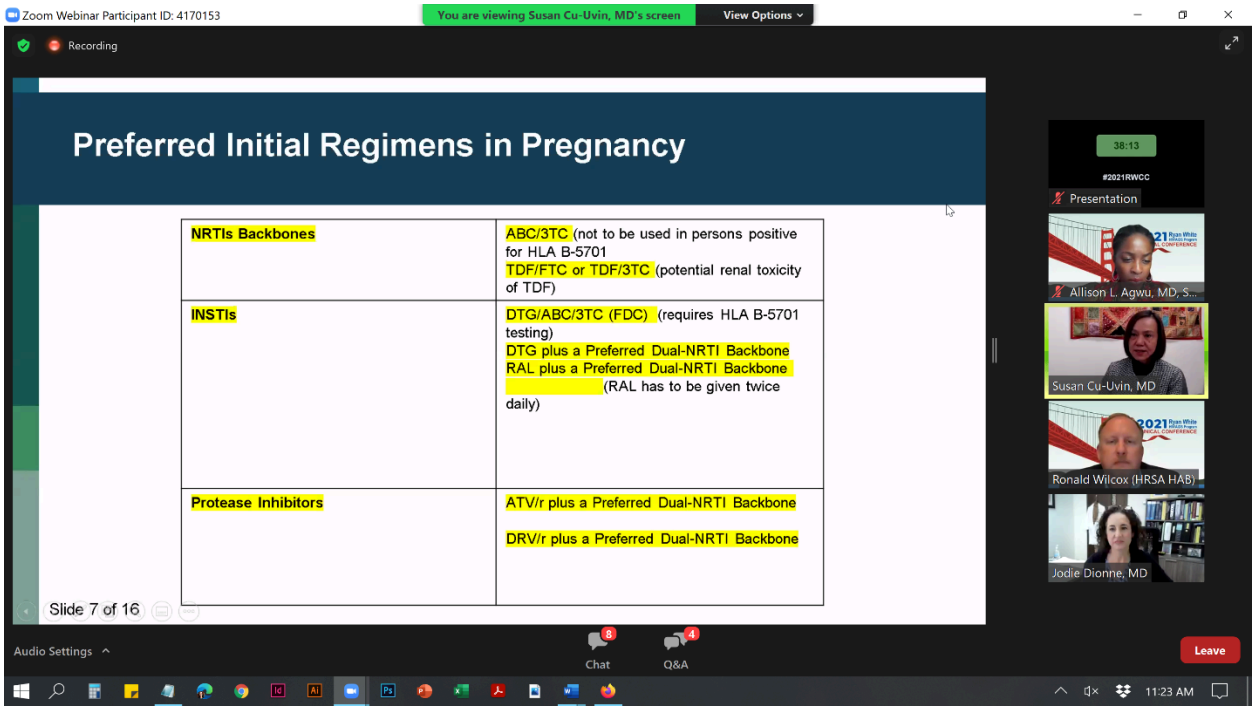


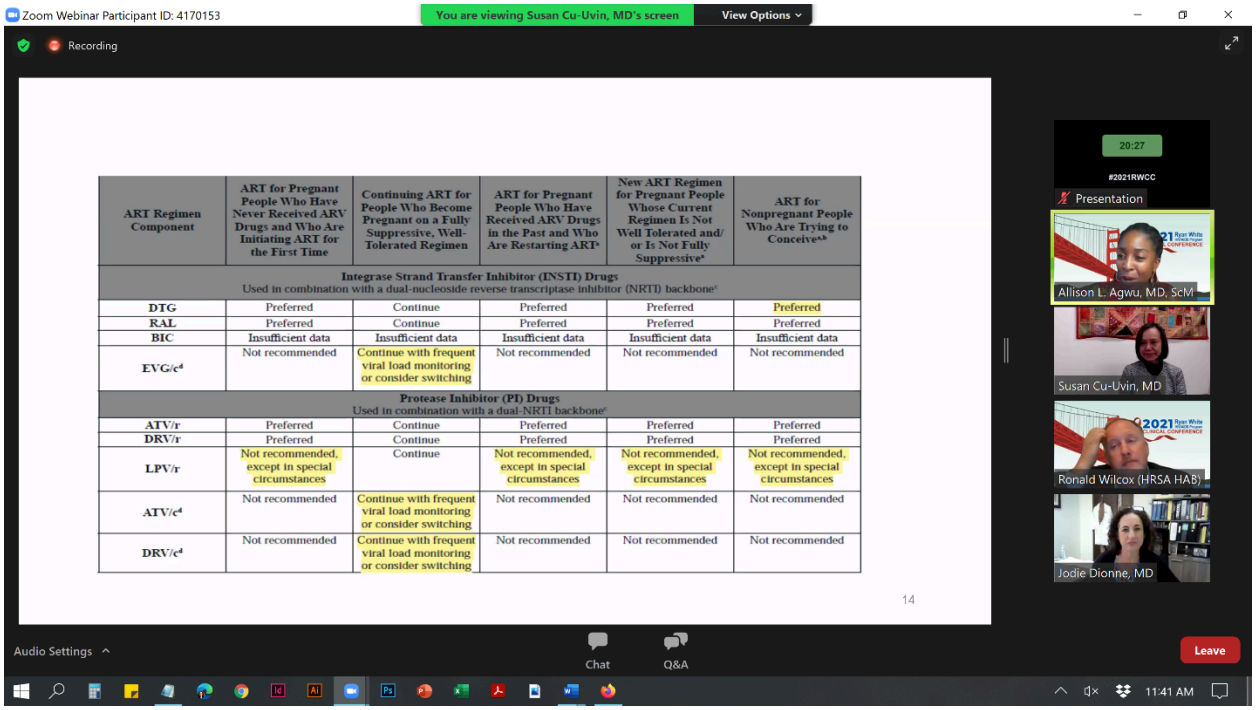


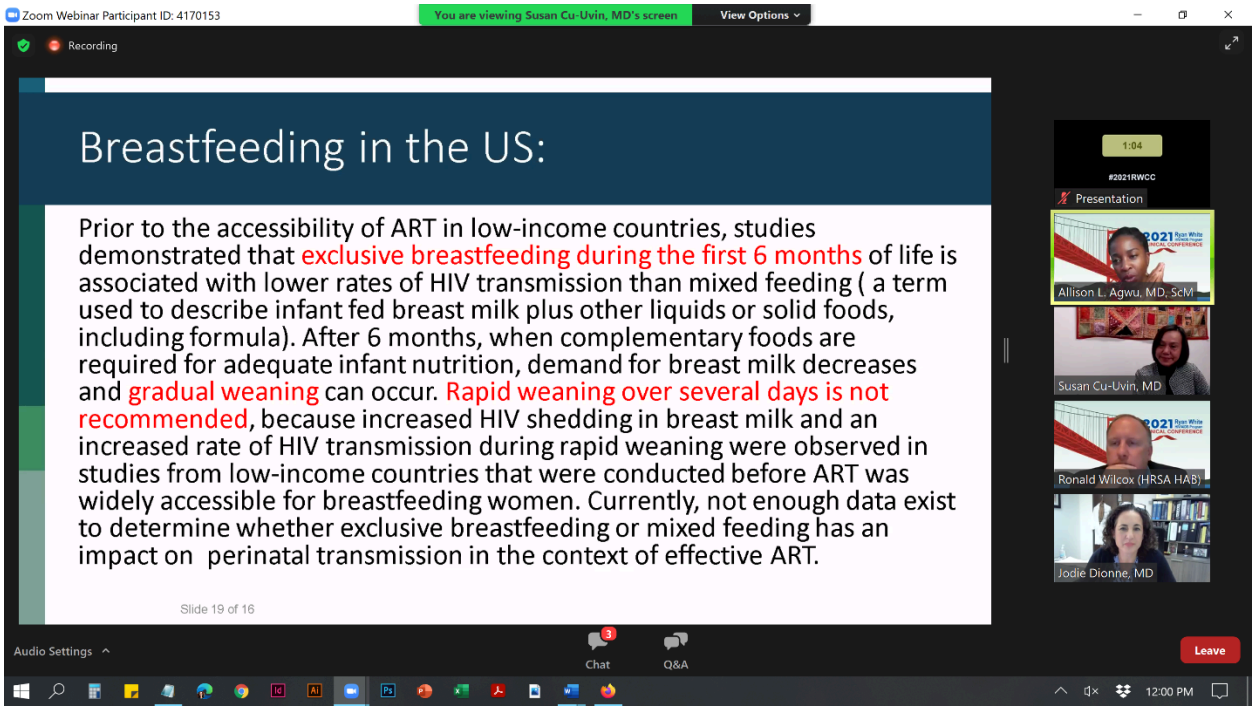


- **Perinatal HIV Care and Prevention: A Case-Based Panel Discussion,** *Susan Cu-Uvin, MD and panelists*
- PMTCT has reduced perinatal transmissions <1% in high income countries and ~4% in low to middle countries. Huge success!
- ART in a newly diagnosed pregnant person:
    - Participant poll: 68% chose DTG/TDF/F.
    - Dr. Cu-Uvin also chooses DTG/TDF/F.

    - INSTI regimens are important for reducing viral load rapidly to reduce risk of transmission to the fetus/baby.
    - Avoid: BIK (not enough data yet; will have in 2026), cobi regimens (don't work with metabolic changes in pregnancy), also avoid RPV with high VL >100k.
    - TAF is alternative now, new guidelines will be released in 2022. If already on TAF, then OK to stay.
    - Preferred regimens in pregnancy, see below
    - PCPs can take care of pregnant patients! Don't need to pass them off.
- ART in PLWH already stably suppressed who get pregnant.
    - Continue the ART regimen if it's working, except switch off cobi, and adjust dosage if needed.
- PLWH desiring pregnancy with HIV-negative partner: counsel and support around U=U and the importance of and efficacy of viral load suppression on ART for preventing sexual transmissions. No need for all the complex sperm washing and IUI, etc. that we used to do.
- Breastfeeding for PLWH in the US: recent data from Africa showing ~1% risk of transmission through breastfeeding when on ART. See slide below.
    - US guidelines are for people who don't want to formula feed, it's acceptable to exclusively breastfeed during the first 6 months, then introduce complementary foods and gradually wean from breastfeeding. Avoid rapid weaning due to increased HIV shedding and transmission observed with rapid weaning in studies.



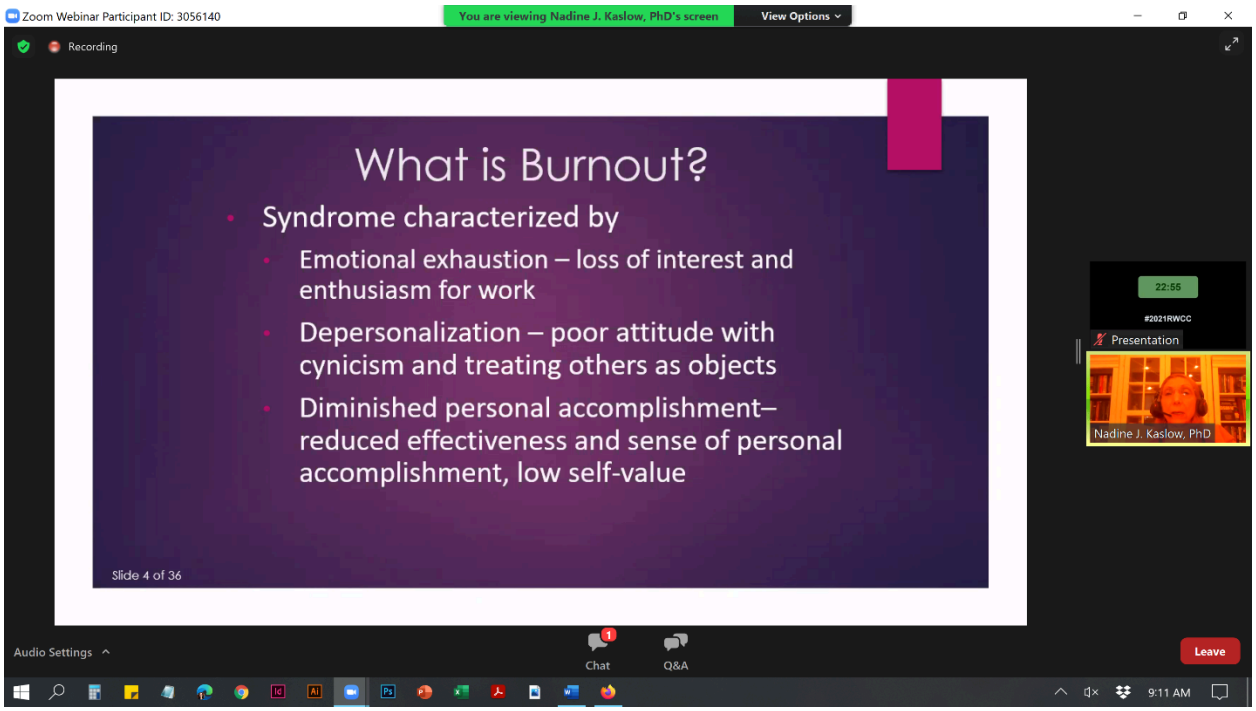


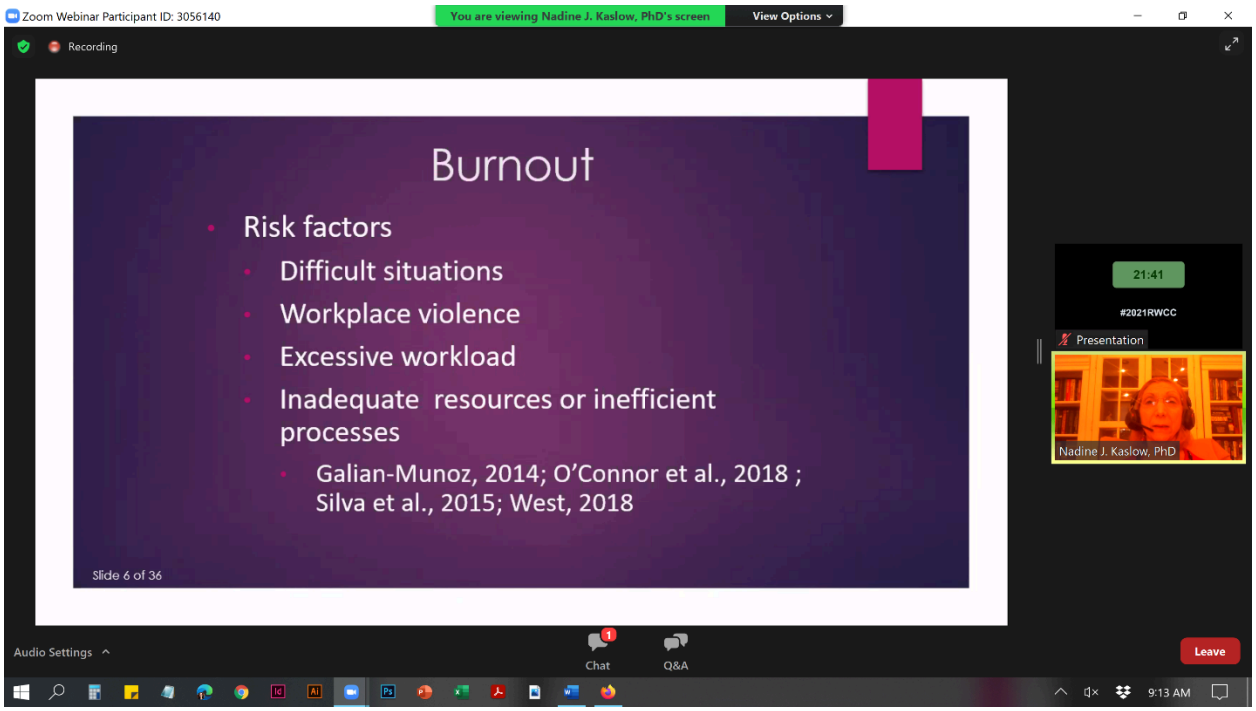


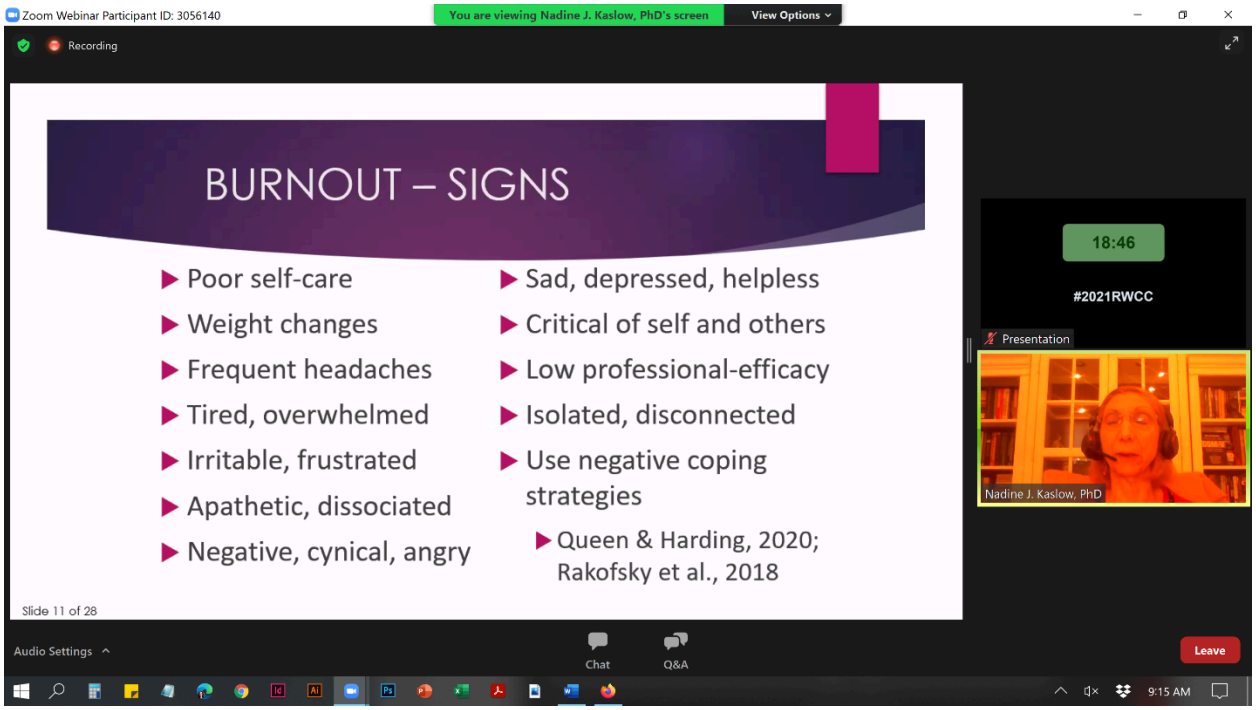
October 6, 2021 sessions

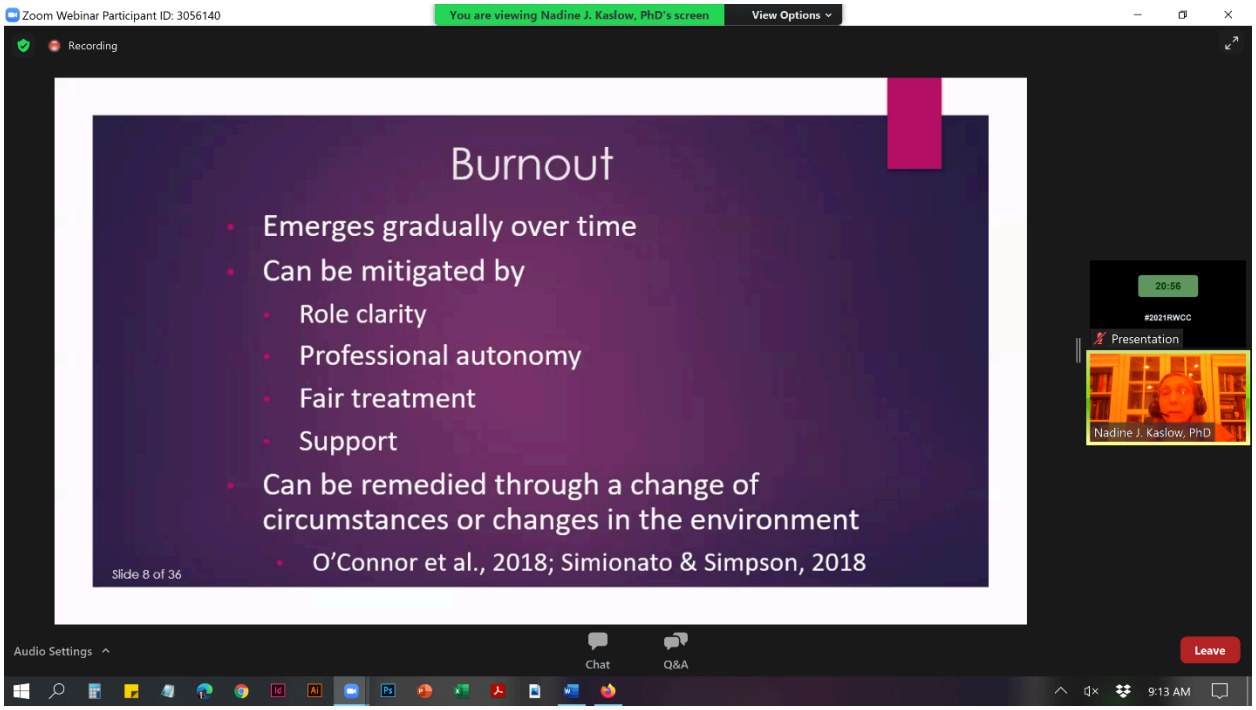
- **Addressing HIV Practitioner and Staff Burnout in the COVID-19 Era,** *Nadine J. Kaslow, PhD*
    - Recognize the emotional exhaustion, depersonalization (cynicism), and feeling of diminished personal accomplishment.
    - Take time off for self-care.

- Organizations need to ask “How do we prioritize what really matters? Is what we make people do really necessary?”
- See slides below for more details.



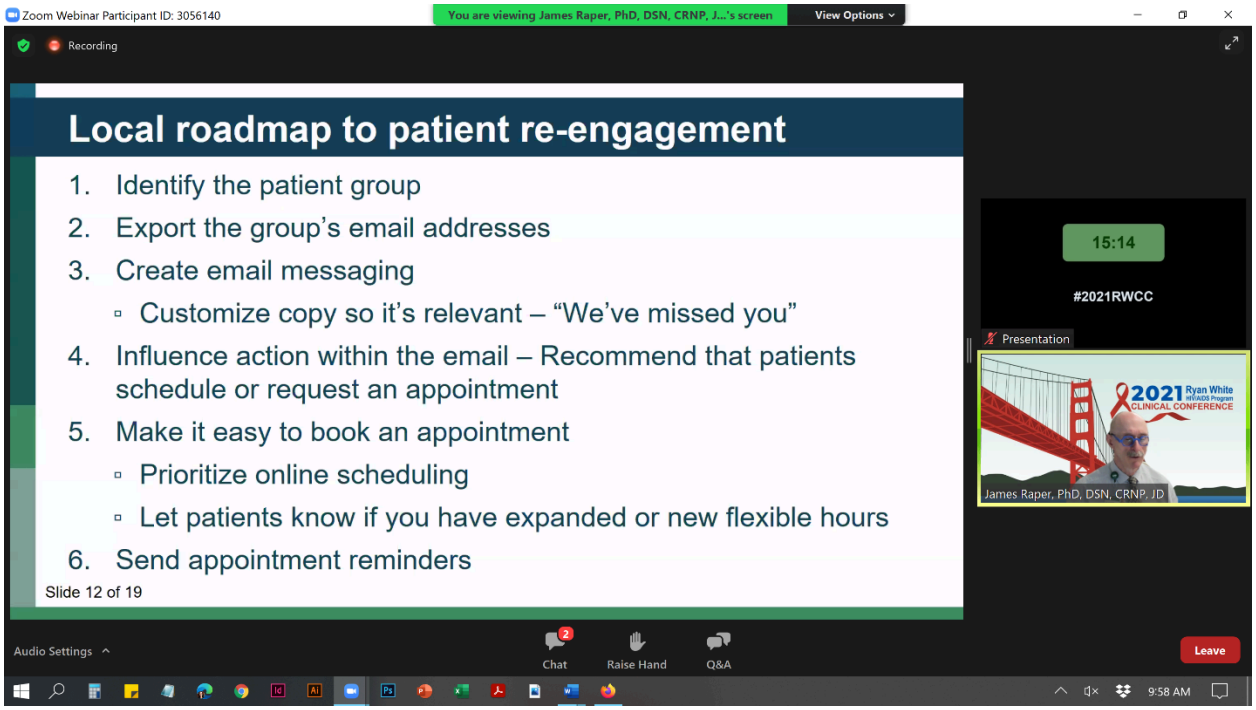


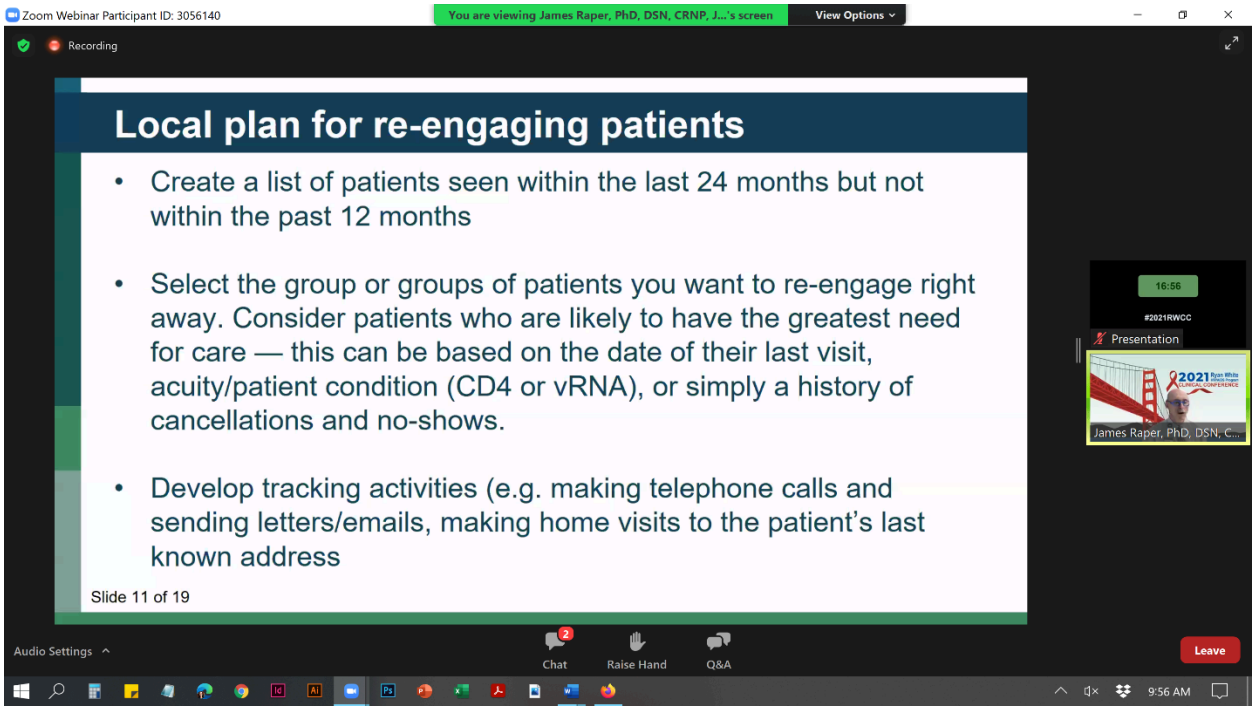




- **Engaging Out-of-Care Patients,** *James Raper, PhD, DSN, CRNP, JD*
  - CDC D2C activities:
    - Out of care patient lists
    - Prioritize patients to contact, phone, email, mail, home visits
    - Tracking contacts
    - Road map: see slide below

        - Intentional messaging: “We missed you. We care about you. We’d love to see you again. Call today and make an appointment or drop by.”
    - Text messaging and HIPAA problems
        - TigerConnect is a HIPAA compliant messaging app.
        - UAB compliance and Dr. Raper (who is also a lawyer) have this protocol:
            - Ask patients how they want to be communicated with.
            - What you work out with the patient, sign forms.
            - Privacy is an issue, and you can do it as long as you have documented permission from the patient.
            - Dr. Cheever: ask patients how they want to be contacted, be clear about what will be communicated on that platform and sign permission for that.
    - People who get refills but don’t come in?
        - Dr. Raper: refilling without visits and labs is medical malpractice, so UAB policy is they can get 6 months of refill, 1 month bridge, and after that they must come in for labs and a visit to get more medications.

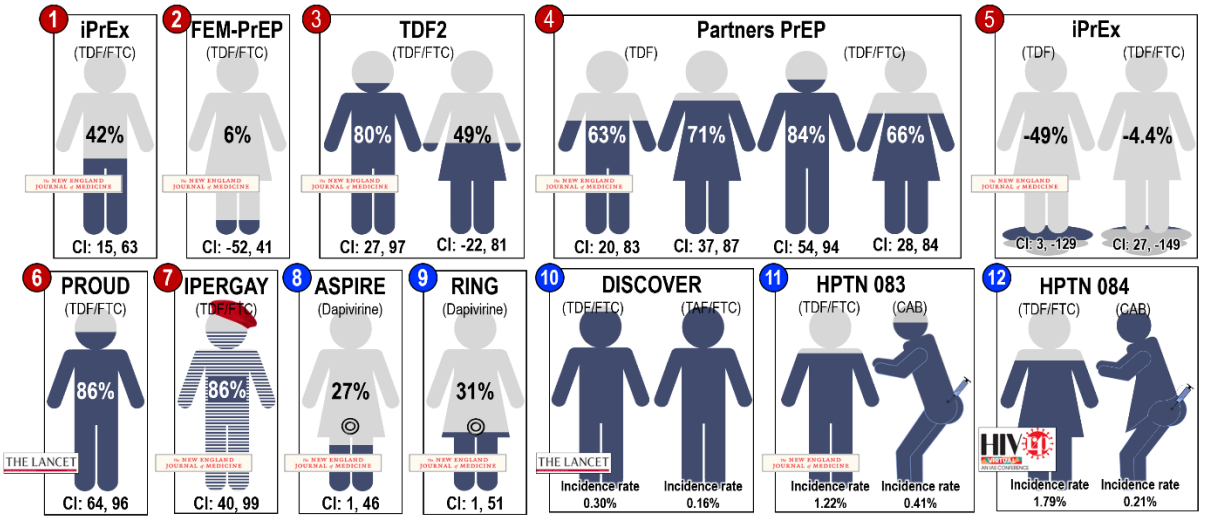




- **Diagnosing and Managing Sexually Transmitted Infections,** *Khalil G. Ghanem, MD, PhD*
    - I did not participate in this session; please see the slides (PDF, PPT).
    - Please see the updated 2021 CDC STI Treatment Guidelines here.
    - Updates include:
        - 1) updated recommendations for treatment of *Neisseria gonorrhoeae, Chlamydia trachomatis*, and *Trichomonas vaginalis*;
        - 2) addition of metronidazole to the recommended treatment regimen for pelvic inflammatory disease;
        - 3) alternative treatment options for bacterial vaginosis;
        - 4) management of *Mycoplasma genitalium*;
        - 5) human papillomavirus vaccine recommendations and counseling messages;
        - 6) expanded risk factors for syphilis testing among pregnant women;
        - 7) one-time testing for hepatitis C infection;
        - 8) evaluation of men who have sex with men after sexual assault; and
        - 9) two-step testing for serologic diagnosis of genital herpes simplex virus.
    - **Gonorrhea treatment update**: The treatment of uncomplicated gonorrhea is now 500 mg of intramuscular ceftriaxone; if chlamydia is present or is not ruled out, add one week of 100 mg of oral doxycycline taken twice daily. Patients with pharyngeal gonorrhea should have a test-of-cure 1-2 weeks later. Everyone with gonorrhea should be re-screened 3 months after treatment.
    - **Chlamydia treatment update:** Doxycycline 100mg orally twice daily is the preferred option**.**
        - Asymptomatic or mild infections or proctitis: treat for 7 days.
        - Moderate-severe proctitis: treat for 21 days.

- **Preexposure Prophylaxis: A Case-Based Panel Discussion,** *Raphael J. Landovitz, MD, MSc*
    - I did not participate in this session; please see the slides (PDF, PPT).
    - See Dr. Landovitz's amazing PrEP RCT effectiveness summary infographic below!

Effectiveness of PrEP in Randomized Clinical Trials



1. Grant et al. NEJM. 2010.
2. Van Damme et al. NEJM. 2012.
3. Thigpen et al. NEJM. 2012.
4. Baeten et al. NEJM. 2012.
5. Marrazzo et al. NEJM. 2015.
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9. Nel et al. NEJM. 2016.
10. Mayer et al. Lancet. 2020.
11. Landovitz et al. NEJM. 2021.
12. Delany-Moretlwe et al. HIV R4P. 2021.

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"PrEP 2.0": Trials of Novel PrEP Agents