

HIV Drug
Therapy

GLASGOW **2022**



HYBRID

30

YEARS

HIV Glasgow 2022

Conference Feedback

Alex Sparrowhawk, UK-CAB 11.11.2022

Ukraine and HIV

- There were a number of presentations looking at the impact of the Russian invasion of Ukraine on HIV treatment delivery, PrEP and the impact of people with HIV fleeing to other countries in Europe.

People with HIV fleeing to Poland

- The number of people with HIV in Poland is 16% higher than before the war, due to the numbers of Ukrainian people fleeing for safety.
- One in six people with HIV in Poland are from Ukraine.
- But, this is fewer than many people expected, especially with Ukraine having an HIV population of more than 250,000

Ukraine and HIV

People with HIV fleeing to Poland

- It is thought many are returning home and to their clinics to receive their treatment
- Complications include: a different demographic (largely heterosexual women, compared to Poland's largely MSM cohort), access to the same treatment, the fear of the winter ahead, which could mean more people need to receive their treatment and care within Poland, unable to travel etc.

Ukraine and HIV

Providing PrEP

- Despite the war people have still started PrEP in 2022
- There are 8,700 people taking PrEP, and over 4,500 started it this year
- The demographics taking PrEP are different to the UK, only 42% are gay/bi men, 30% are a negative partner (mostly women) of someone with HIV, 18% are people (mostly men) who inject drugs
- NGOs are stepping in to refer people to a doctor or nurse who can provide PrEP
- More than 30 facilities that provide PrEP have been destroyed or are within occupied territory

HIV and Ageing

Scoring system for predicting older people with HIV (60+) who will have poorer health outcomes (French and Swiss study)

- They looked at data from 2008-2013 in 1,583 people
- Identified 8 risk factors linked with death and created a scoring mechanism
- Points allocated: Age (1 point if over 65, 8 points if over 75); CD4 count (3 points if below 350, 6 points if below 200); Non-HIV-related cancer (6 points); Cardiovascular disease (8 points); Kidney function (5 points if estimated glomerular filtration rate is below 60, 16 points if below 30); Cirrhosis of the liver (13 points); Low body mass index (10 points if below 18.5); Anaemia (6 points).
- Points used to estimate likelihood of survival after 5 years of follow up
- They found the scoring worked in French and Swiss cohorts, but warned not applicable outside of European settings

PEP (and PrEP)

- HIV cells very quickly within hours (30min after ejaculation into colorectal cells), replication cycle takes about 28 hours, then more cells are infected etc. Four/Five – ten days the infection takes hold and viral load increases significantly.
- Should we challenge to the status quo and current PEP guidelines – do we need 3 drugs, do we need to prescribe for 28 days, is it worth starting 48-72 hours after exposure? Are we wasting drugs/money?
- Review of when to restart PrEP and when PEP is needed for PrEP users who stopped taking it – key is getting treatment into the body asap after exposure and before HIV can take hold.

Islatravir update

- MSD's long-acting drug which had the unexpected side effect of reducing CD4 and other cells in the immune system, and led to postponement of trials.
- MSD provided an update on what they plan to do next
 - Taking a smaller dose does not lead to these issues, studies to restart with daily doses
 - The larger doses, i.e. what could be used for implants, PrEP etc. will not continue or be developed
 - Looking to work with Gilead using Lenacapravir
 - MSD also have two other drugs to explore for long-acting purposes in their pipeline: MK-8507 and MK-8527

Long-acting injectables

- Predictors of people with virological failure:
 - Resistance to rilpivirine
 - HIV-1 A1 or A6 subtypes (rare in the UK)
 - BMI of 30 or more
- Failure was rare, and there was no difference between receiving the injections every month or every two months
- Multiple factors should be reviewed
- Another presentation demonstrated that in a small number of people using LAI in Germany they were very satisfied with the treatment – however, their scores were already high at onset (and you would expect this if they have decided to change the way they receive treatment), but did increase slightly after six months of using injectables

Immediate (same day) HIV treatment

- BHIVA symposium looked at same day or immediate HIV treatment upon diagnosis
- Presenters (including myself!) felt that shared decision making was key – and if right for the person then they can start straight away, but also there is no harm waiting for outcome of resistance tests etc. and then beginning

Monkeypox

- Update on the outbreak, focus on Europe but also a look at the impact globally
- Trials ongoing (treatment, testing/diagnostics etc.) but as numbers have fallen harder to recruit people to them
- Also heard from Harun (who attended our last meeting) to talk about personal experience
- Call to action: to engage and fund work around MPX, to improve vaccine access globally, and ensure we leave no one behind in the response

Further reading and conference updates

- **HIV i-Base**

[HIV Glasgow Congress 2022 | HTB | HIV i-Base](#)

- **NAM aidsmap**

[News from the International Congress on Drug Therapy in HIV Infection \(HIV Glasgow 2022\) | aidsmap](#)

- **Conference abstracts**

[HIV Glasgow, 23–26 October 2022, Glasgow, UK / Virtual - 2022 - Journal of the International AIDS Society - Wiley Online Library](#)