Implementing the IAPAC and WHO “Treat All” and Prep Guidelines

What Does that Mean across Europe

Catarina Esteves
Cascais, Portugal
Guidelines

4.3 When to start ART

4.3.1 When to start ART in adults (>19 years old)

**Recommendation**

- ART should be initiated in all adults living with HIV, regardless of WHO clinical stage and at any CD4 cell count (strong recommendation, moderate-quality evidence).

- As a priority, ART should be initiated in all adults with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and adults with CD4 count ≤350 cells/mm³ (strong recommendation, moderate-quality evidence).

**Sources:**

Goals of Antiretroviral Therapy

• Reduce HIV-associated morbidity and prolong duration and quality of survival
• Restore and preserve immunologic function
• Maximally and durably suppress HIV-1 RNA
  ▫ Persistently below level of detection (< 20-75 copies/mL, depending on the assay used)
    ▫ Isolated “blips” not uncommon in successfully treated patients and not thought to predict virologic failure
• Prevent HIV transmission

IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents, 2015

An estimated 50% of people living with HIV (PLHIV) globally are unaware of their status.

Among those who know their HIV status, many do not receive antiretroviral therapy (ART) in a timely manner, fail to remain engaged in care, or do not achieve sustained viral suppression.

Recommendations are provided for interventions to optimize the HIV care environment; increase HIV testing and linkage to care, treatment coverage, retention in care, and viral suppression; and monitor the HIV care continuum.
HIV in the European Union
HIV in the European Union

- 80 people are diagnosed every day, 47% are diagnosed late and are at a higher risk of dying.
- Two thirds are men (61:19).
- Most people get infected by sexual contact:
  - 33% sex between men
  - 26% heterosexual contact
  - 4% injection drug use
  - 17% unknown
- And many more remain unaware of their infection.


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The HIV Epidemic Across European Regions

- 2.5 million people are living with HIV in Europe\[^{[1]}\]
  - 968,000 in Western and Central Europe
  - 1.5 million in Eastern Europe and Central Asia
- Most cases occur in MSM in Western Europe and in heterosexuals in Eastern and Central Europe
- Estimated 30% to 50% of HIV+ cases undiagnosed\[^{[1]}\]

New HIV Diagnoses per 100,000 Population (2014)\[^{[2]}\]

- < 2
- 2 to < 10
- 10 to < 20
- ≥ 20
- Missing or excluded data


Slide credit: clinicaloptions.com
Cascade of HIV Care: Western Europe

UNAIDS TREATMENT TARGET

- Diagnosed: 90%
- On treatment: 90%
- Virally suppressed: 90%

HIV-Positive People: 100%
Diagnosed: 76%
Linked to Care: 74%
Retained in Care: 70%
On ART: 67%
< 200 c/mL HIV-1 RNA: 60%

Slide credit: clinicaloptions.com
Cascade of HIV Care: Sweden

The Swedish HIV Continuum of Care, 2015

- Estimated HIV Infected: 100%
- HIV Diagnosed: 90%
- Linked to HIV Care: 90%
- Retained in HIV Care: 87%
- On ART: 83%
- HIV-1 RNA < 50: 79%

2014 UNAIDS/WHO 90-90-90 target

Slide credit: clinicaloptions.com

Cascade of HIV Care: United Kingdom

The UK HIV Treatment Cascade, All Ages, 2014

- HIV Infected (n = 103,700): 100%
- HIV Diagnosed (n = 85,600): 83%
- On ART (n = 76,900): 74%
- Undetectable HIV-1 RNA (n = 72,800): 70%


Slide credit: clinicaloptions.com
Portugal: Epidemiological Unmet Need

• Poor diagnosis, linkage to care, and retention

- Prevalence: 60,000
- Diagnosed: 41,793
- Currently Followed: 31,000
- ARV Registry: 26,580
- On ART: 22,005

Slide credit: clinicaloptions.com
Implementing “Treat All”
“Treat All” means:

1. The first step is receiving a diagnosis of HIV
2. The second step is having a health care provider for treatment and advice
3. The third step is receiving HIV care for your entire life
4. The fourth step is taking anti-HIV, or antiretroviral, medications
5. The fifth step is achieving viral suppression
“Treat All” means:

- **HIV Testing**
  - Unaware of HIV Status
  - Not tested or never received results

- **Linkage to HIV Care Interventions**
  - Aware of HIV status but not in HIV medical care (not referred to care, did not attend initial visit)
  - Received initial HIV medical care visit
  - Receiving medical care but not HIV care

- **Retention in Care**
  - Received first set of follow up HIV medical care visits
  - Lapse in HIV medical care

- **Re-engagement in Care**
  - Resumed medical care after lapse
  - In long-term, continuous HIV medical care
“Treat All” means:

To avoid human resource shortages in HIV healthcare settings, there is widespread professional support for the greater involvement of nurses in HIV care, particularly with patients who are medically stable.

In a 2008 study of 2,430 non-institutionalized adults living with HIV in the U.S., 12% named a nurse practitioner or physician assistant as the HIV clinician who knew them best.

References:
“Treat All” means:

There is a **strong focus on task shifting** – shifting HIV care and other tasks to alternative providers.

For the healthcare system to know how best to use nurses – particularly advanced practice nurses – in HIV care, it is important to understand the role played by nurses and its impact.

References:
Kredo T, Adeniyi FB, Bateganya M, Pienaar ED. Task shifting from doctors to non-doctors for initiation and maintenance of antiretroviral therapy. Cochrane Database of Systematic Reviews 2014;7.
Task shifting because:

Nurses are already providing a significant amount of HIV care.

High levels of experience, a focus on a single condition, and either participation in HIV care teams or other easy access to physicians with HIV expertise may be key factors in the high performance scores among nurse practitioners and physician assistants.

As people with HIV live longer, all providers – including nurse practitioners - will be caring for patients with comorbidities and more complex clinical issues.

References:
Task shifting because:

Adherence Models: Perceptions and Practice

Non intentional Non- Adherence
- Capacity and Resources
  - Practical Barriers

Intentional Non- Adherence
- Motivational Beliefs / Preferences
  - Perceptual Barriers

Strategies promoting Full Engagement

Directly targeted interventions

Support Structures:
- Family
- Social care
- Psychiatry and psychology
- Peer support
- Community
- NGOs
- Addiction treatment programmes

Medical appointment

Adherence Nursing appointment

Follow-up: Phone/text messaging E-mail face-to-face visits

Assessment of perceptual and practical barriers

Routine Medical Care
- HIV Unit
- Primary Care

Practical Barriers

Perceptual Barriers

Case management
PreP Guidelines:

3 CLINICAL GUIDELINES: ANTIRETROVIRAL DRUGS FOR HIV PREVENTION

3.1 Oral pre-exposure prophylaxis for preventing the acquisition of HIV

Recommendation

Oral pre-exposure prophylaxis (PrEP) containing TDF should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches (strong recommendation, high-quality evidence).

PreP Across Europe:

The regulation of medicines in Europe is ultimately a national responsibility. In 1995 the EU established a European Medicines Agency (EMA) with the authority to evaluate medicines for use across the European Union as a whole.

In January 2016, Gilead Sciences announced that it had submitted an application to the EMA for approval of Truvada® as PrEP. The EMA announced on 22 July 2016 that its Committee for Medicinal Products for Human Use (CHMP) had adopted a positive opinion on the use of Truvada® for PrEP.
PreP Across Europe:

Decisions about price and reimbursement will take place at the level of each Member State considering the potential role and use of the medicine in the context of the national health system of each country.
PreP Across Europe:

- **France:** Up to July 2016, 1077 people, 96.4% of them MSM, have started HIV pre-exposure prophylaxis (PrEP) through the public healthcare system. 90 clinics now offer PrEP assessment and prescription and 273 doctors have been accredited as PrEP physicians.

- Pilot-projects are initiating in Belgium, Holland, United Kingdom and Portugal.

What I do:

- Chronic disease management, including health monitoring and symptom management
- Health promotion and education
- Disease prevention
- Mental health support
- Patient support/advocacy
- Referral management
- Reducing morbidity and mortality and increasing the quality of life of people at risk for HIV and those affected by the disease
- Provide risk-reduction counseling and Behavioural interventions
- Offer condoms
- HIV testing of serodiscordant partners
PreP by a Nurse perspective in a hospital setting:

Should PreP be hospital base centered?

Shifting this issue to the community?

- NGO
- Primary care
- Community Pharmacy
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Obrigado

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Our e-mail: catarina.esteves.santos@hospitaldecascais.pt