



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

What Does that Mean across Europe

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Guidelines

WHO, THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION, RECOMMENDATIONS - 2015.

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:

Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach Geneva: World Health Organization; 2013 (<http://www.who.int/hiv/pub/guidelines/arv2013/download/en>).

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.

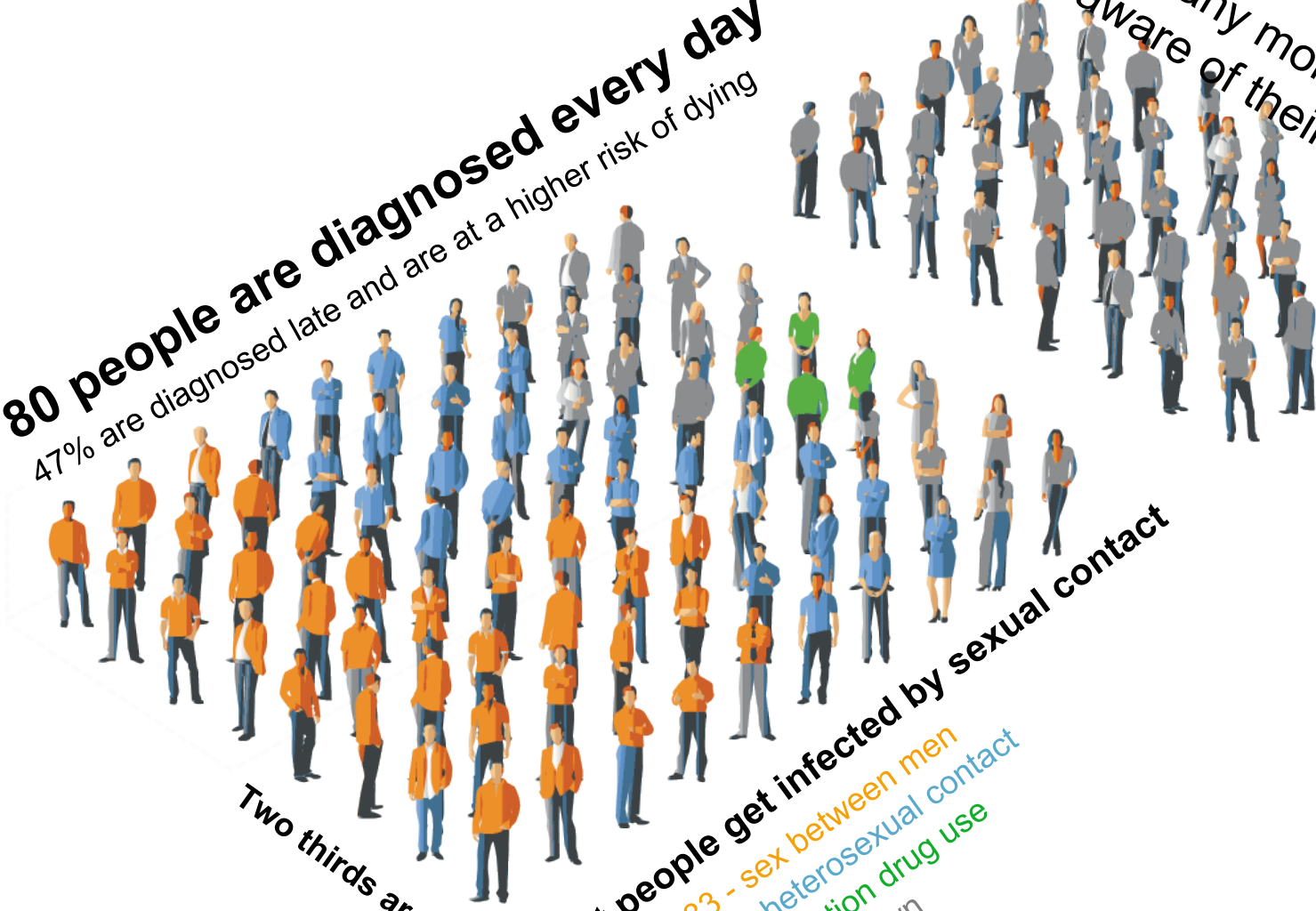
Recommendations are provided for interventions to optimize the HIV care environment; increase HIV testing and linkage to care, treatment coverage, retention in care, and viral suppression; and monitor the HIV care continuum.

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

And many more remain unaware of their infection



Two thirds are men
(61:19)

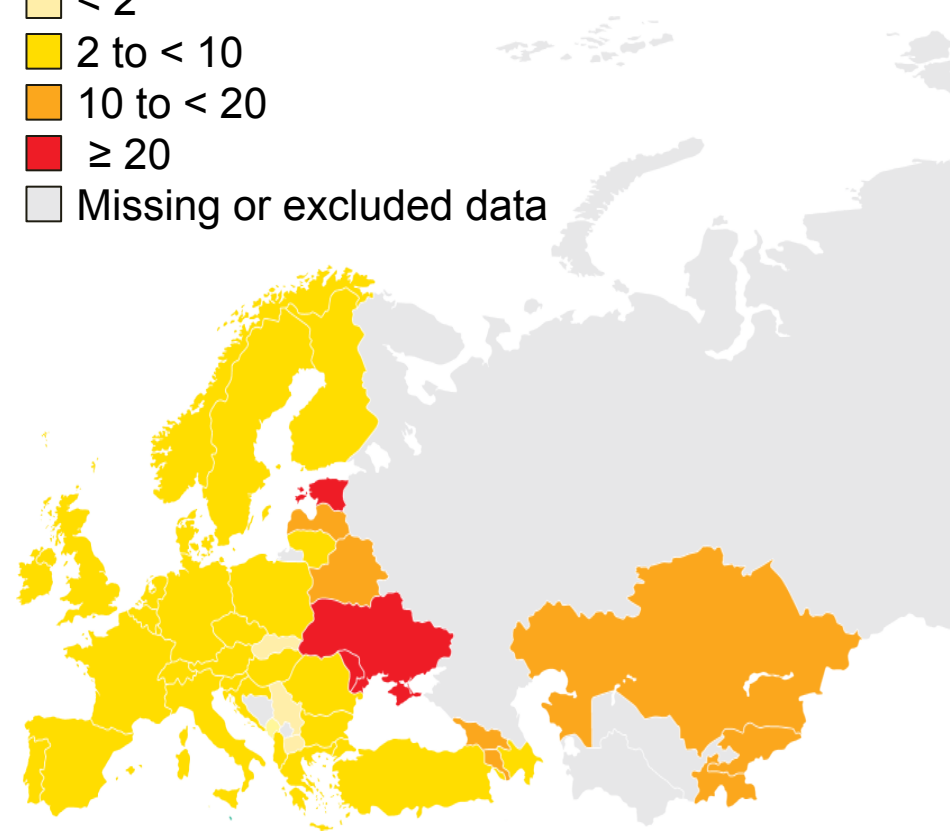
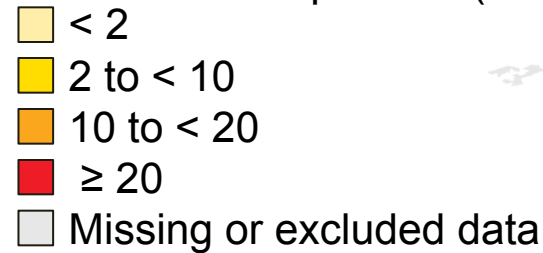
Most people get infected by sexual contact

- 33 - sex between men
- 26 - heterosexual contact
- 4 - injection drug use
- 17 - unknown

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]

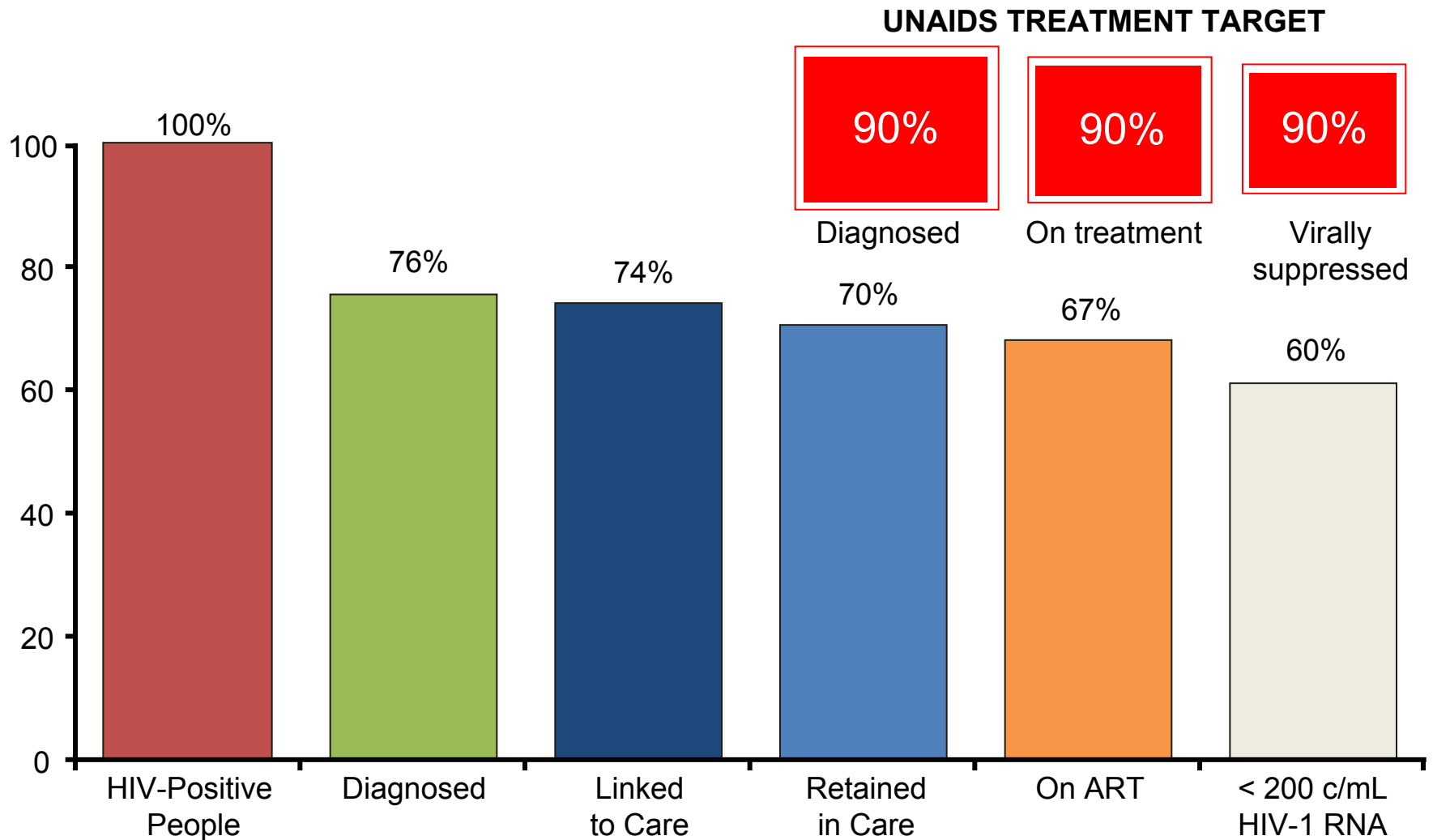
New HIV Diagnoses per 100,000 Population (2014)^[2]



1. <http://www.testingweek.eu>.

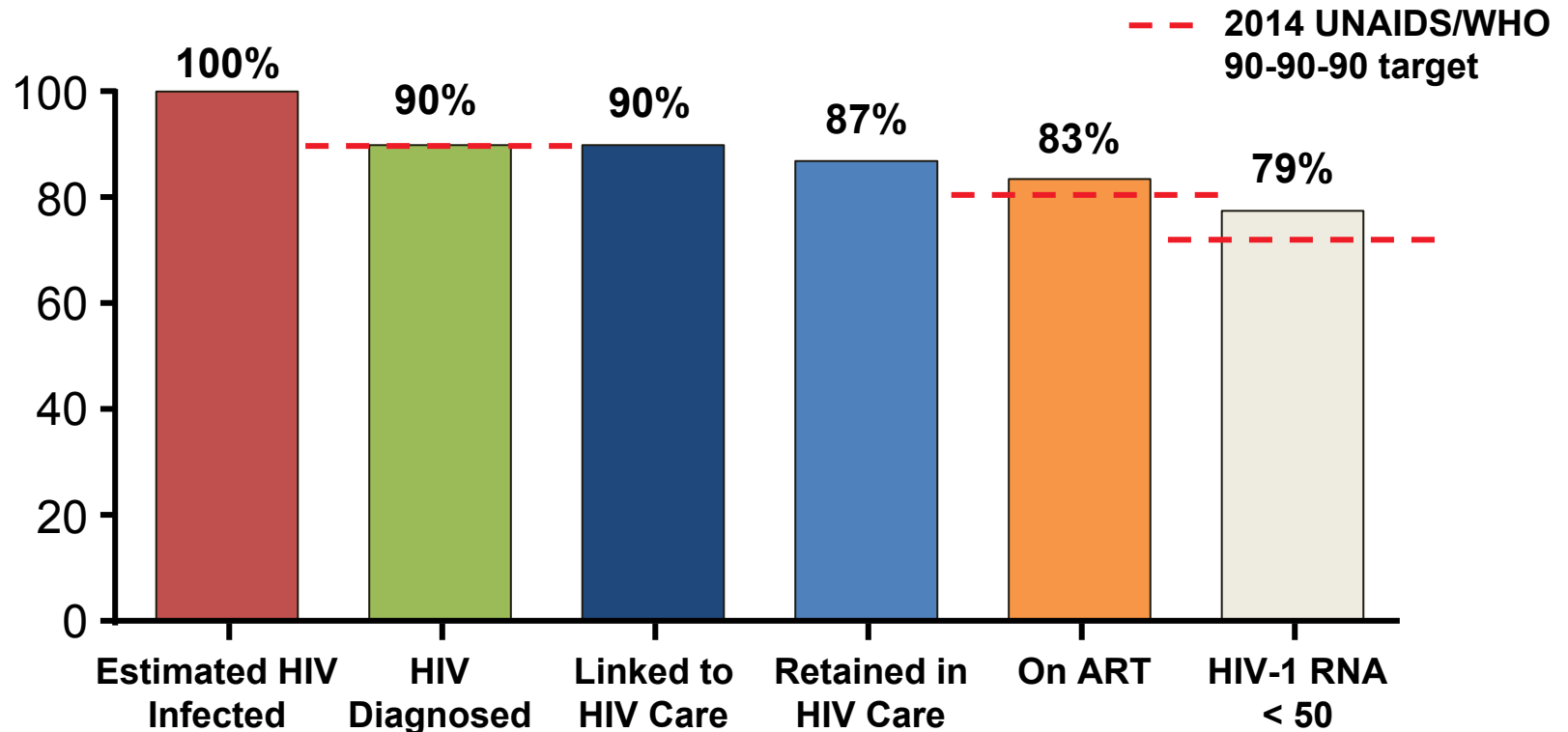
2. ECDC/WHO. HIV/AIDS surveillance in Europe 2014.

Cascade of HIV Care: Western Europe



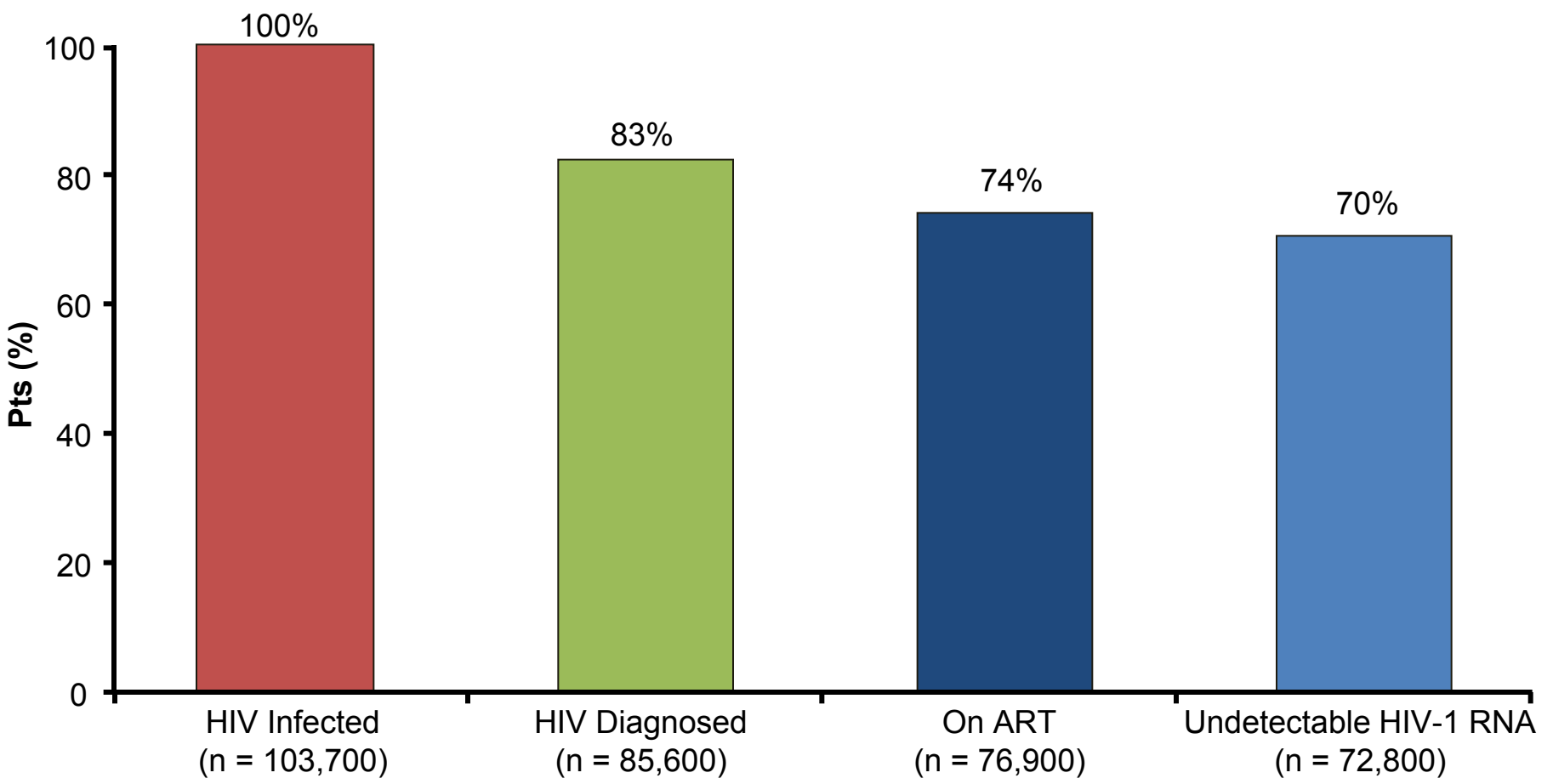
Cascade of HIV Care: Sweden

The Swedish HIV Continuum of Care, 2015



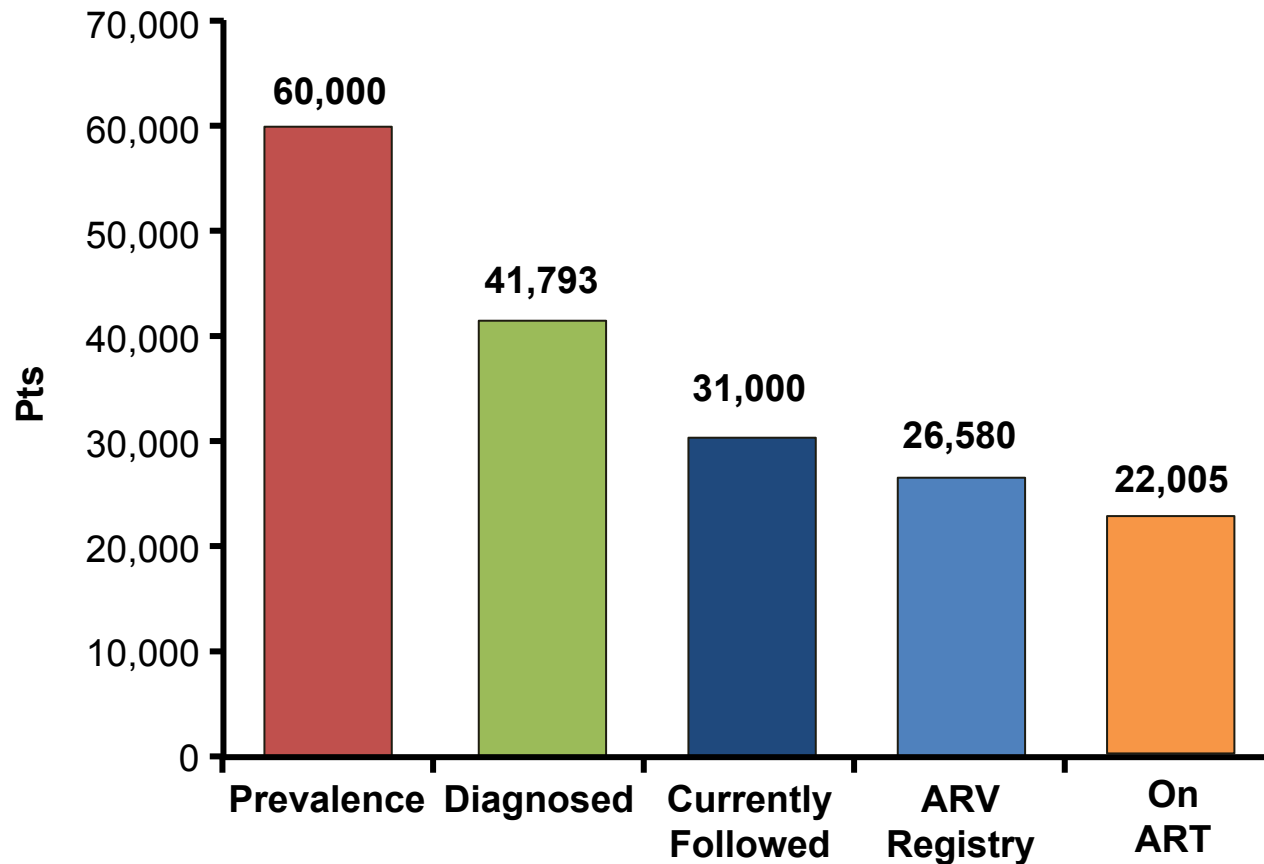
Cascade of HIV Care: United Kingdom

The UK HIV Treatment Cascade, All Ages, 2014



Portugal: Epidemiological Unmet Need

- Poor diagnosis, linkage to care, and retention



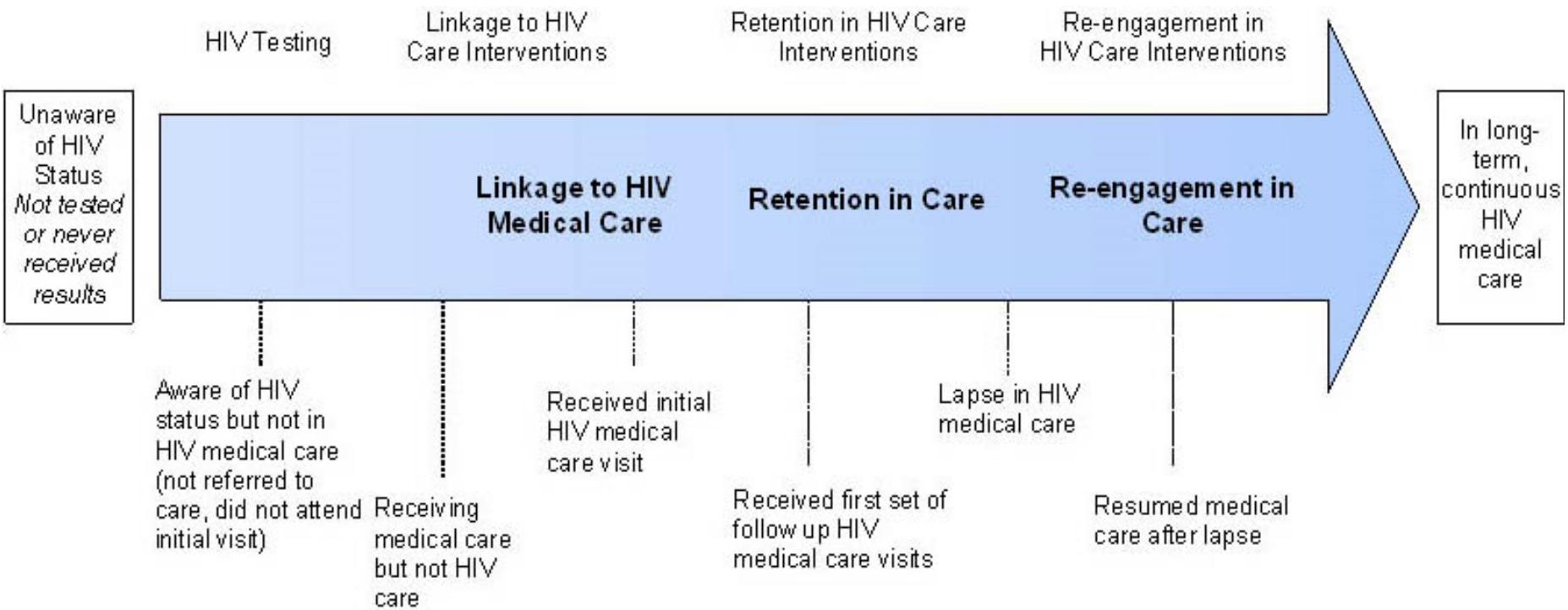
Implementing “Treat All”

“Treat All” means:

The HIV Care Continuum



“Treat All” means:



“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:

Tunncliff SA, Piercy H, Bowman CA, Hughes C, Goyder EC. The contribution of the HIV specialist nurse to HIV care: A scoping review. *Journal of Clinical Nursing* 2013;22(23-24):3349- 60.

Ding L, Landon BE, Wilson IB, Hirschhorn LR, Marsden PV, Cleary PD. The quality of care received by HIV patients without a primary provider. *AIDS Care* 2008;20(1):35-42.

“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:

- Tunncliffe SA, Piercy H, Bowman CA, Hughes C, Goyder EC. The contribution of the HIV specialist nurse to HIV care: A scoping review. *Journal of Clinical Nursing* 2013;22(23-24):3349- 60.
- Position statement: Advanced practice registered nurses full practice authority. *Journal of the Association of Nurses in AIDS Care* 2014;25(5):465-7.
- Ding L, Landon BE, Wilson IB, Hirschhorn LR, Marsden PV, Cleary PD. The quality of care received by HIV patients without a primary provider. *AIDS Care* 2008;20(1):35-42.
- World Health Organization. Task shifting: Rational redistribution of tasks among health workforce teams: Global recommendations and guidelines. Available at: <http://www.who.int/healthsystems/TTR-TaskShifting.pdf>. Geneva: World Health Organization; 2007.
- Callaghan M, Ford N, Schneider H. A systematic review of task- shifting for HIV treatment and care in Africa. *Human Resources for Health* 2010;8:8.
- Mdege ND, Chindove S, Ali S. The effectiveness and cost implications of task-shifting in the delivery of antiretroviral therapy to HIV-infected patients: A systematic review. *Health Policy and Planning* 2013;28(3):223-36.
- 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.

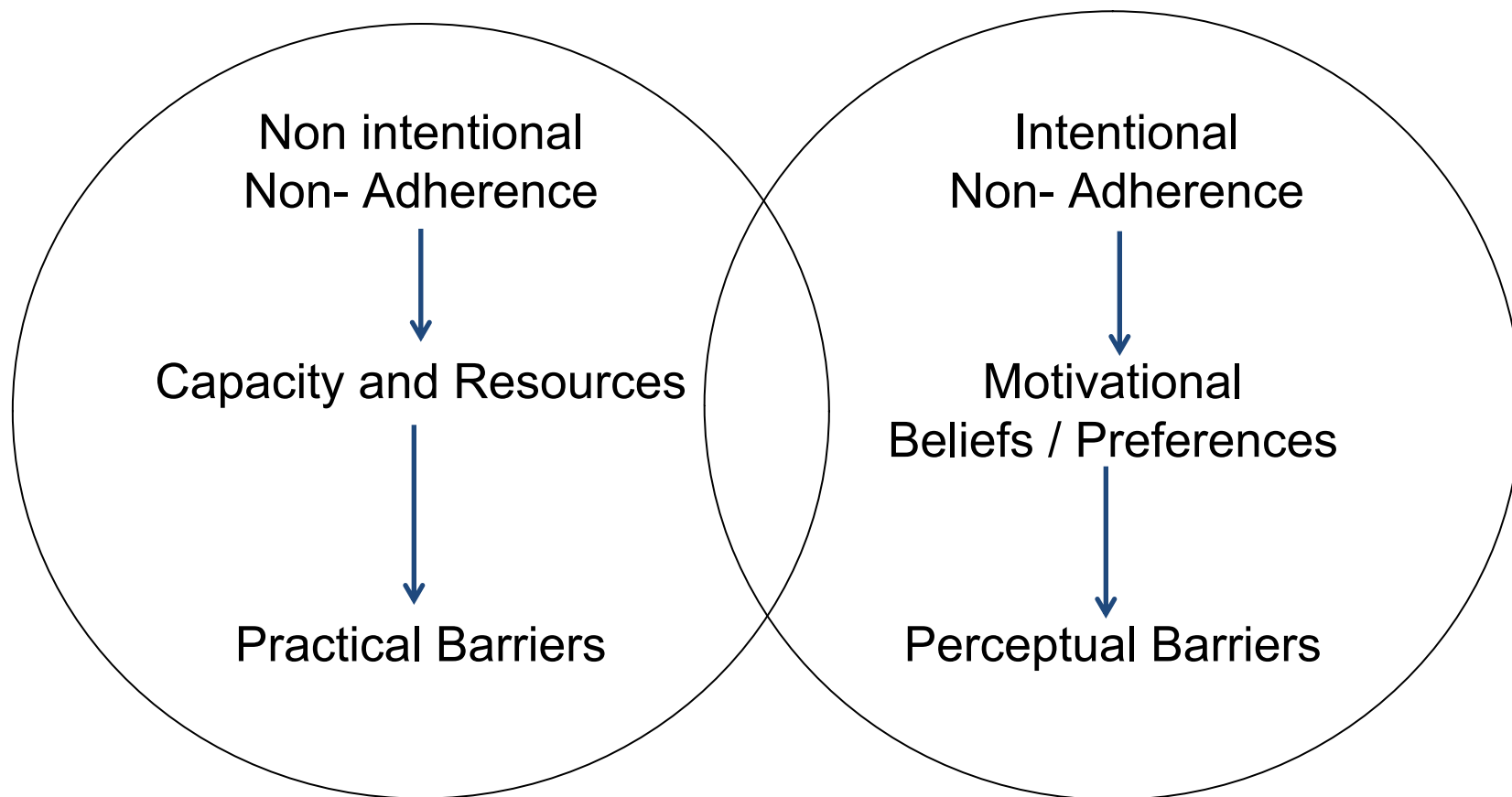
As people with HIV live longer, all providers – including nurse practitioners - will be caring for patients with comorbidities and more complex clinical issues.

References:

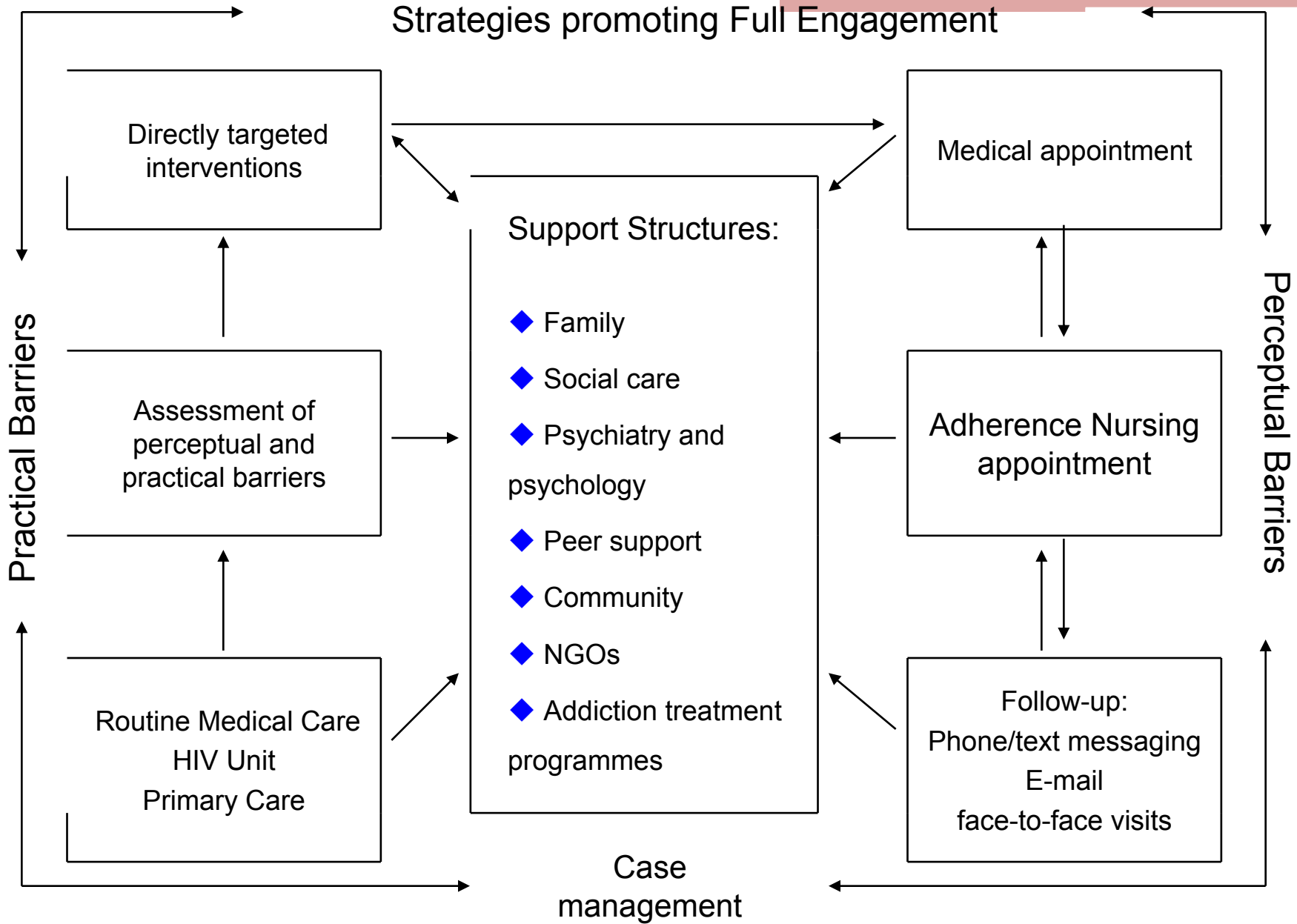
- Wilson IB, Landon BE, Hirschhorn LR, McInnes K, Ding L, Marsden PV, et al. Quality of HIV care provided by nurse practitioners, physician assistants, and physicians. *Annals of Internal Medicine* 2005;143(10):729-36.
- Jones-Parker H. Primary, secondary, and tertiary prevention of cardiovascular disease in patients with HIV disease: A guide for nurse practitioners. *Journal of the Association of Nurses in AIDS Care* 2012;23(2):124-33.

Task shifting because:

Adherence Models: Perceptions and Practice



Strategies promoting Full Engagement



PreP Guidelines:

3 CLINICAL GUIDELINES: ANTIRETROVIRAL DRUGS FOR HIV PREVENTION

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

NEW

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).

Source: Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

WHO, THE USE OF ANTIRETROVIRAL DRUGS FOR TREATING AND PREVENTING HIV INFECTION, RECOMMENDATIONS - 2016.

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.

PreP

by a Nurse perspective in a hospital setting:

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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