



# RAPPORTER SESSION

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ADMINISTRATION

News Release  
January 21, 2021

# **FDA Approves First Extended-Release, Injectable Drug Regimen for Adults Living with HIV**

- **Cabenuva (cabotegravir + rilpivirine) administered by injection once every 4 weeks**
- **8-week dosing under review**

# Long-Acting Injectable Nano-Suspensions

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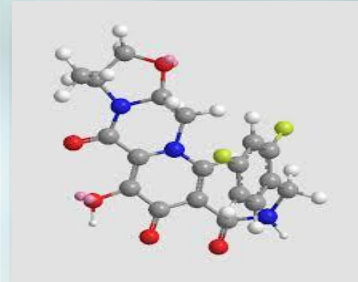


## TMC278LA (Rilpivirine; PATH)



- NNRTI (Rilpivirine)
- Oral formulation in Complera™
- Long acting: up to 3 months?
- Multiple trials:
  - Dose ranging PK; PK/PD
  - Phase-2: HPTN 076

## Cabotegravir (GSK '744; ViiV)



- Integrase inhibitor
- Similar to Dolutegravir
- Safe in humans with oral run-in
- Activity up to 3 months
- NHP model efficacy
- Phase 2: Éclair and HPTN 077



# Long-Acting Antiretrovirals and HIV Treatment Adherence: A Game Changer?

- Although LA-ARVs hold potential to be a game-changer for HIV treatment, additional data are needed to confirm their efficacy in HIV patients at risk of non-adherence.
- Subcutaneous implants, oral extended-release/long-acting formulations, and transcutaneous micro-array patches may permit home-based community administration or, potentially, self-administration of the drugs adding to simplification of implementation
- LA-ARVs must be urgently evaluated across age groups and during pregnancy and postpartum and then made available and accessible to all patients with HIV, including those in LMICs.



# *Tambua Mapema Plus* Trial

- To conduct a proof-of-concept study to determine outcomes of a **multi-component health facility-based intervention including**
- **HIV-1 RNA testing** to identify undiagnosed acute (RNA+, rapid test-) and prevalent (RNA+, rapid test+) HIV infection in adults aged 18-39 years seeking care for symptoms, compared to standard care
- Newly diagnosed patients linked to HIV care and **immediate treatment**
- **Partners notified and tested** with the same “enhanced” HIV testing intervention, with linkage to ART or PrEP as indicated



# ***Tambua Mapema Plus Eligibility***

- Aged 18-39
- HIV negative or unknown HIV status
- Scoring  $\geq 2$  on AHI risk score
  - 1 point each for:
    - ✓ age 18-29 years
    - ✓ reported fever
    - ✓ fatigue
    - ✓ body pains
    - ✓ diarrhea
    - ✓ sore throat
  - 3 points for:
    - ✓ genital ulcer disease



# Key Take-Home Messages

- The need for prevention-effective ART adherence starts at HIV acquisition
- Motivation to adhere to HIV treatment is increased during health-setting for symptoms and when viral load is high
- Missed opportunities for timely HIV diagnosis and linkage to ART are undermining progress towards the 95/95/95 goals
- Testing for AHI in healthcare settings is cost-effective and should be scaled up
- PrEP should be offered to patients testing negative in health facilities, and is most efficient when offered to those with HIV+ partners and those who report concurrent relationships



# The Impact of the COVID-19 lockdown on HIV care in 65 South African primary care clinics: an interrupted time series analysis

Jienchi Dorward, MBChB, Thokozani Khubone, BTech, Kelly Gate, FCFP, Hope Ngobese, BCurr, Yukteshwar Sookrajh, MBChB, Siyabonga Mkhize, HSIDCCert, Aslam Jeewa, BEng, Christian Bottomley, PhD, Lara Lewis, MSc, Kathy Baisley, MSc, Prof Christopher C Butler, FMedSci, Nomakhosi Gxagxisa, MD, Nigel Garrett, PhD

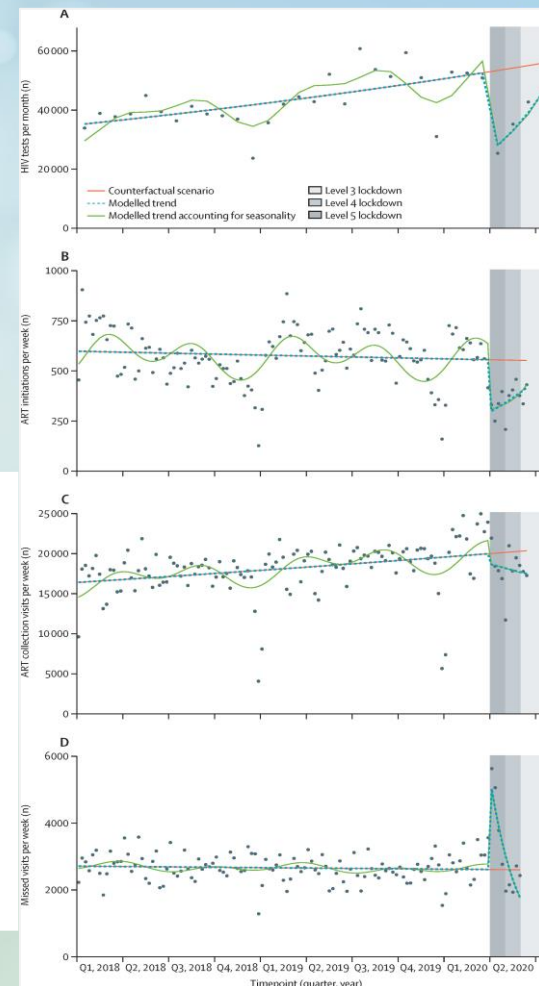
*The Lancet HIV*

Volume 8 Issue 3 Pages e158-e165 (March 2021)

DOI: 10.1016/S2352-3018(20)30359-3

**Findings** Between Jan 1, 2018, and July 31, 2020, we recorded 1 315 439 HIV tests. Between Jan 1, 2018, and June 15, 2020, we recorded 71142 ART initiations and 2 319 992 ART collection visits. We recorded a median of 41926 HIV tests per month before lockdown (January, 2018, to March, 2020; IQR 37 838–51 069) and a median of 38 911 HIV tests per month after lockdown (April, 2020, to July, 2020; IQR 32 699–42 756). In the Poisson regression model, taking into account long-term trends, lockdown was associated with an estimated 47·6% decrease in HIV testing in April, 2020 (incidence rate ratio [IRR] 0·524, 95% CI 0·446–0·615). ART initiations decreased from a median of 571 per week before lockdown (IQR 498–678), to 375 per week after lockdown (331–399), with an estimated 46·2% decrease in the Poisson regression model in the first week of lockdown (March 30, 2020, to April 5, 2020; IRR 0·538, 0·459–0·630). There was no marked change in the number of ART collection visits (median 18 519 visits per week before lockdown [IQR 17 074–19 922] vs 17 863 visits per week after lockdown [17 509–18 995]; estimated effect in the first week of lockdown IRR 0·932, 95% CI 0·794–1·093). As restrictions eased, HIV testing and ART initiations gradually improved towards pre-lockdown levels (slope change 1·183/month, 95% CI 1·113–1·256 for HIV testing; 1·156/month, 1·085–1·230 for ART initiations).

**Interpretation** ART provision was generally maintained during the 2020 COVID-19 lockdown, but HIV testing and ART initiations were heavily impacted. Strategies to increase testing and treatment initiation should be implemented.



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## Community-based differentiated service delivery models incorporating multi-month dispensing of antiretroviral treatment for newly stable people living with HIV receiving single annual clinical visits: a pooled analysis of two cluster-randomized trials in southern Africa

Geoffrey Fatti [✉](#), Nicoletta Ngorima-Mabhena, Appolinaire Tiam, Betty Bawuba Tukei, Tonderai Kasu, Trish Muzenda, Khotso Maile, Carl Lombard, Charles Chasela, Ashraf Grimwood

## IMPLEMENTATION SCIENCE

## Outcomes of Three- Versus Six-Monthly Dispensing of Antiretroviral Treatment (ART) for Stable HIV Patients in Community ART Refill Groups: A Cluster-Randomized Trial in Zimbabwe

Geoffrey Fatti, MBChB, MPH,<sup>1,2</sup> Nicoletta Ngorima-Mabhena, MBChB, MSc,<sup>3</sup>  
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## IMPLEMENTATION SCIENCE

## Twelve-Month Outcomes of Community-Based Differentiated Models of Multimonth Dispensing of ART Among Stable HIV-Infected Adults in Lesotho: A Cluster-Randomized Noninferiority Trial

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Research Article | [Open Access](#) | [CC](#) [i](#)

## Twenty-four-month outcomes from a cluster-randomized controlled trial of extending antiretroviral therapy refills in ART adherence clubs

Tali Cassidy [✉](#), Anna Grimsrud, Claire Keene, Keitumetse Lebelo, Helen Hayes, Catherine Orrell, Nompumelelo Zokufa, Tabitha Mutseyekwa, Jacqueline Voget, Rodd Gerstenhaber, Lynne Wilkinson

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University of Pittsburgh



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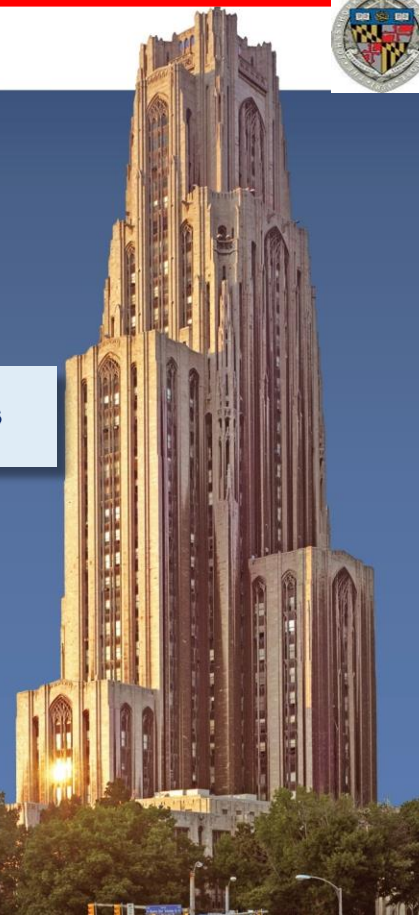
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Amy Knowlton  
Todd Brown

Slides: Susan Graham

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# 2022 IAPAC Award for Outstanding Contribution to HIV Adherence Award for a Senior Researcher

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**THANK YOU!!!**

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