976. A Descriptive Retrospective Data Analysis of Maternal Sociodemographic Factors and Access of Healthcare Resources within the African Cohort Study, an Integrated Multicountry Preventative Mother to Child Transmission Program

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AFRICOS Study Group

Session: P-46. HIV: Prevention

Background. Global reduction in new HIV infections is largely due to the expansion of prevention of mother-to-child transmission (PMTCT) programs. Identification of gaps in healthcare services is paramount in targeting interventions that identify high-risk populations and healthcare barriers that could lead to increased risk of mother to child transmission (MTCT) of HIV.

Methods. HIV infected women from 5 regions of Africa enrolled in the African Cohort Study (AFRICOS) were followed prospectively with assessments performed every 6 months. Sociodemographic factors, pregnancy outcomes, and access of PMTCT services were assessed. Pregnancies were followed prospectively from study enrollment. Statistical analysis compared the impact of sociodemographic factors on infant mortality and preterm delivery.

Results. The study reported 5591 pregnancies from January 2013 to June 2019 of which 5363 were retrospectively reported to study enrollment and 228 occurred after enrollment. Pregnancies followed prospectively had higher rates of linkage to PMTCT services prenatally (92.5% vs 6.8%, P< 0.001), intrapartum (64.5% vs 3.5%, P< 0.001), and post-partum (64.5% vs 2.9%, P< 0.001). This group had higher rates of delivery by a skilled birth attendant (93.4% vs 66.7%, P< 0.001) and antiretroviral therapy (ART) prescribed antepartum (96.1% vs 5.5%, P< 0.001) and postpartum (74.6% vs 3.6%, P< 0.001). Both groups had similar rates of prescriptions for intrapartum ART (98.7% vs 97.9%). The majority of women reported ART adherence (96.5%, P< 0.001) which was associated with a decrease in both preterm delivery and infant mortality (adjusted OR 0.24, 95% CI 0.15-0.39). A significant proportion of women followed prospectively reported their infants received ART with good adherence (51.8% vs 0.3% and 93.4% vs 6.3%, respectively P< 0.001).

Conclusion. Participation in AFRICOS increased linkage to PMTCT programs which resulted in increased likelihood of skilled delivery and appropriate ART use for women and their infants. It highlights that linkage to care continues to be a crucial factor in limiting MTCT of HIV especially in resource-limited settings. Limitations in this study exist due to the low number of prospectively followed pregnancies.

Disclosures. All Authors: No reported disclosures

977. Bacterial STI Diagnoses as Missed Opportunities for HIV Pre-Exposure Prophylaxis

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Session: P-46. HIV: Prevention

Background. New HIV diagnoses in the United States have remained stagnant while the incidence has increased among certain groups; additional efforts towards HIV prevention are needed. Most adults who could benefit from HIV Pre-Exposure Prophylaxis (PrEP) in the United States are not receiving it. Many of these individuals present for healthcare visits for bacterial sexually transmitted infection (STI), an indication for PrEP in both men who have sex with men (MSM) and heterosexual individuals; we sought to characterize these visits and identify missed opportunities for PrEP prescription to inform future PrEP expansion efforts.

Methods. A retrospective chart review was conducted for all healthcare encounters of adult patients newly diagnosed with a bacterial STI within the UC Davis Health electronic medical record between January 1, 2017 and December 31, 2017. A bacterial STI was defined as a positive test result for gonorrhea, chlamydia, or syphilis. Patients were excluded if they had HIV, were pregnant or a prisoner, or if they were a woman or heterosexual man with a positive test result for clamahydia (not an indication for PrEP per CDC guidelines). Patient demographic, clinical, and visit-specific data were recorded; characteristics were described using frequencies for categorical variables, and median and quartiles for quantitative variables.

Results. 205 encounters for bacterial STI were identified as potential opportunities for PrEP. The majority of PrEP candidates presented to the emergency department for their STI (44%), while 40% and 16% of encounters occurred in outpatient and inpatient settings, respectively. The majority of PrEP candidates were not offered PrEP within 6 months of their encounter for STI (86%). Of the 14% of PrEP candidates who were offered PrEP within 6 months of their STI diagnosis, the majority had presented to the outpatient setting for their STI (93%).

Conclusion. Visits to the emergency department for bacterial STI represent a disproportionate missed opportunity for PrEP discussion & prescription. Future PrEP expansion efforts should address emergency department visits as opportunities for linkage to PrEP and/or PrEP prescription.

Disclosures. All Authors: No reported disclosures

978. Barriers to Recruitment of Latino Men who Have Sex with Men and Transgender Women to Behavioral HIV Seroprevalence Studies

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Session: P-46. HIV: Prevention

Background. Chicagos HIV epidemic disproportionately affects people of color. Almost a quarter (23%) of these infections occur in Hispanics. It is important to understand sexual behaviors and HIV risk in Latino MSM and transgender women (TGW) to create targeted culturally sensitive harm reduction interventions. However, participation of minority MSM and TGW in survey-based studies is low. The main objective of the study was to understand the sexual health and of Latino MSM and TGW residing in Chicago, Illinois, United States. We herein report subject attitudes towards participating in the study and qualitative observations about perceived barriers to enrollment of this population.

Methods. This study was a cross sectional analysis of a behavioral/HIV seroprevalence survey administered during 2017-2020 to presumed HIV negative, Latino identifying, MSM and TGW individuals in Chicagos. The survey included questions on sexual risk, HIV knowledge and depression scores. We categorized recurrent themes of the most common reasons participants provided for declining to participate in the study. We generated descriptive statistics.

Results. A total of 48 community organizations assisted with recruitment. Of 492 participants screened, only 18 (12%) agreed to complete the survey. Among those who declined to complete the survey (n=131), the most common reasons given were: participants were uncomfortable taking a rapid oral HIV test; 3) Participant's lacked transportation; 4) 48% of participants declined to complete the survey, the most common reasons given were: participants were uncomfortable answering questions (n=59, 45.0%), participants did not feel comfortable taking a rapid oral HIV test, participants were uncomfortable; 5) Participants didn't have time to complete the survey or thought it was too long.

Conclusion. Despite extensive community networking, we found barriers to recruitment of high-risk Latino MSM and TGW into an HIV seroprevalence study. Further research is needed to better understand and address these barriers, and thus, increase representation of this key population in prevention studies.

Disclosures. All Authors: No reported disclosures

979. Disparities in PrEP uptake and adherence among cisgender women using a pharmacoeducologic measure

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Session: P-46. HIV: Prevention

Background. HIV pre-exposure prophylaxis (PrEP) is 99% effective at preventing new HIV infections if taken daily. To be successful, PrEP requires concurrent efforts to optimize uptake, persistence, and adherence.

In 2018, cisgender (cis) women accounted for 19% of new HIV infections in the US but comprised only 7% of all PrEP users. Studies show poor PrEP adherence amongst cis women, but there is a paucity of real-world clinical data describing PrEP adherence amongst cis women and gender minority people.

Methods. An adherence test that measures the concentration of tenofurin in urine samples using a liquid chromatography mass spectrometry (LC-MS/MS) was used to...
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>300,000 PEOPLE LIVING WITH HIV HAVE BEEN TREATED WITH DOVATO GLOBALLY10

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- No baseline resistance testing12

Patients from phase III RCTs
Patients from unique real-world cohorts

>100 >500 >900 >2,300 >4,100 >6,600 >14,000 >34,000 >40,000


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CONFIDENCE IN DOVATO ACROSS TREATMENT SETTINGS4-9

Treatment-naive resistance rates, with up to 3 years of evidence5-7

0 % (n=0/1,683)4-6

REAL WORLD EVIDENCE

0.1 % (n=1/531)4-6,7,8,9

RANDOMISED CONTROLLED TRIALS

Treatment-experienced resistance rates, with up to 5 years of evidence1-3

0.03 % (n=10/35,888)4-6

REAL WORLD EVIDENCE

0 % (n=0/615)4-6,8,9

RANDOMISED CONTROLLED TRIALS

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REFERENCES

2. Taramasso L et al. AIDS Patient Care STDs 2021; 35(9): 342-353.

FOOTNOTES

*Data extracted from a systematic literature review of DTG+3TC real-world evidence. Overlap between cohorts cannot be fully excluded.
**The reported rate reflects the sum-total of resistance cases calculated from GEMINI I and II (n=17,716, through 144 weeks), STAT (n=0/131, through 52 weeks), and D2ARLING (n=0/106, through 24 weeks).5-7
†GEMINI I and II are two identical 148-week, phase III, randomised, double-blind, multicentre, parallel-group, non-inferiority, controlled clinical trials testing the efficacy of DTG/3TC in treatment-naive patients. Participants with screening HIV-1 RNA ≤500,000 copies/mL were randomised 1:1 to once-daily DTG/3TC (n=716, pooled) or DTG + TDF/FTC (n=717, pooled). The primary endpoint of each GEMINI study was the proportion of participants with plasma HIV-1 RNA ≤50 copies/mL at Week 48 (ITT-E population, snapshot algorithm).11
‡STAT is a phase IIIb, open-label, 48-week, single-arm pilot study evaluating the feasibility, efficacy, and safety of DTG/3TC in 131 newly diagnosed HIV-1 infected adults as a first line regimen. The primary endpoint was the proportion of participants with plasma HIV-1 RNA <50 copies/mL at Week 48.†
§D2ARLING is a randomised, open-label, phase IV study designed to assess the efficacy and safety of DTG/3TC in treatment-naive people with HIV with no available baseline HIV-1 resistance testing. Participants were randomised in a 1:1 ratio to receive DOVATO (n=369) or continue with TAF-containing regimens (n=372) for up to 200 weeks. At Week 148, 298 of those on TAF-based regimens switched to DOVATO. The primary efficacy endpoint was the proportion of subjects with plasma HIV-1 RNA ≤50 copies/mL at Week 48.† Results at week 24 of the study.
|| The reported rate reflects the sum-total of resistance cases calculated from TANGO (n=369, through 196 weeks) and SALSA (n=0/246, through 48 weeks).‡
¶TANGO is a randomised, open-label, trial testing the efficacy of DOVATO in virologically suppressed patients. Participants were randomised in a 1:1 ratio to receive DOVATO (n=369) or continue with TAF-containing regimens (n=372) for up to 200 weeks. At Week 148, 298 of those on TAF-based regimens switched to DOVATO. The primary efficacy endpoint was the proportion of subjects with plasma HIV-1 RNA ≤50 copies/mL (virologic non-response) as per the FDA Snapshot category at Week 48 (adjusted for randomisation stratification factor).10,11
#SALSA is a phase III, randomised, open-label, non-inferiority clinical trial evaluating the efficacy and safety of switching to DTG/3TC compared with continuing current antiretroviral regimens in virologically suppressed adults with HIV. Eligible participants were randomised 1:1 to switch to once-daily DTG/3TC (n=246) or continue current antiretroviral regimens (n=247). The primary endpoint was the proportion of subjects with plasma HIV-1 RNA ≤50 copies/mL at Week 48 (ITT-E population, snapshot algorithm).11

ABBREVIATIONS

3TC, lamivudine; CD4, cluster of differentiation 4; DTG, dolutegravin; FDA, United States Food and Drug Administration; FTC, emtricitabine; HIV, human immunodeficiency virus; ITT-E, intention-to-treat exposed; NRTI, nucleoside/nucleotide reverse transcriptase inhibitor; RCT, randomised controlled trial; RNA, ribonucleic acid; TAF, tenofovir alafenamide fumarate; TDF, tenofovir disoproxil fumarate; XTC, emtricitabine.

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