Webinar

Surveillance of acquired HIV resistance to dolutegravir among people receiving dolutegravir-based antiretroviral therapy with unsuppressed viral load



Save the date

22 November 2022 13:00 - 14:30 CET

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Background

Antiretroviral therapy (ART) has been scaled up at an unprecedented rate: at the end of December 2021, 28.7 million people were receiving ART globally. Current <u>WHO HIV</u> <u>treatment guidelines</u> recommend dolutegravir (DTG)-based ART as the preferred first-line regimen for people living with HIV starting ART. DTG-based ART is also the recommended second-line regimen for people living with HIV receiving a non-nucleoside reverse transcriptase inhibitor (NNRTI)-based first-line regimen with unsuppressed viral load.



The number of countries adopting DTG as part of the preferred first-line ART has steadily increased. As of July 2022, 108 countries (88% of 123 reporting countries) had transitioned to DTG as part of the preferred first-line ART for adults and adolescents. Also, 60 countries (55% of 110 reporting countries) had adopted DTG-based ART as paart of the preferred first-line regimen for infants and children (see WHO HIV policy adoption and implementation status in countries, July 2022).

As DTG-based ART for the treatment of HIV expands globally, it is crucial to estimate the extent to which acquired DTG resistance emerges in populations receiving ART. While the emergence of DTG resistance was absent in ART-naive populations with virological failure in clinical trials, recent evidence suggests that DTG resistance can emerge in people taking DTG-containing regimens in medium- to long-term. In addition, <u>cabotegravir long-acting pre-exposure prophylaxis (CAB-LA PrEP)</u>, an analogue of DTG, is highly efficacious in preventing HIV infection. However, nearly 1 in 4 persons diagnosed with HIV after receiving CAB-LA PrEP may have cross-resistance to DTG before treatment initiation. Therefore, WHO <u>recommends that surveillance of HIV drug resistance</u> should accompany the scale-up of DTG-containing ART and CAB-LA PrEP in HIV programmes.

WHO has revised and published several methods for the surveillance of acquired HIV drug resistance. A sentinel method has been recently developed to estimate the prevalence of DTG resistance among people receiving DTG-containing ART who have confirmed unsuppressed viral load. This method leverages remnant specimens used for viral load testing, is less expensive than nationally-representative methods and generates well-timed results.

WHO's new sentinel method for the surveillance of acquired HIV resistance to DTG will be launched during a webinar organised as part of the World Antimicrobial Awareness Week 2022.

Agenda

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Time	Topic	Speaker
13:00-13:10	Opening remarks	Meg Doherty Director of WHO's Global HIV, Hepatitis and STI Programmes
13:10-13:20	Update on the transition to dolutegravir-based antiretroviral therapy	Marco Vitoria Dept. of Global HIV, Hepatitis and STI Programmes, WHO
13:20-13:30	HIV drug resistance to dolutegravir in low- and middle-income countries: a systematic review	Ava Avalos Advisor to Ministry of Health Botswana
13:30–13:40	Characterization of dolutegravir drug resistance in persons diagnosed with HIV after exposure to long- acting injectable cabotegravir for pre-exposure prophylaxis	Amrit Kaur Ahluwalia Tufts University School of Medicine
13:40-13:50	Predicted effects of introduction of long-acting injectable cabotegravir pre-exposure prophylaxis in sub-Saharan Africa: a modelling study	Andrew Phillips University College London
13:50-14:00	Sentinel surveys of acquired HIV resistance to dolutegravir in people receiving dolutegravir- containing antiretroviral therapy	Michael Jordan Consultant, WHO's Global HIV, Hepatitis and STI Programmes
14:00-14:10	The community's perspective on the acquired HIV resistance to dolutegravir	Jumoke S. Patrick Executive Director of the Jamaican Network of Seropositives
14:10-14:20	Comments and Q&A	Dan Kuritzkes , Co-Moderator Brigham and Women's Hospital, Boston, USA
14:20-14:30	Closing remarks	Beatriz Grinsztejn , Co-Moderator Fundação Oswaldo Cruz, Brazil