

Opportunities to Prevent Human Immunodeficiency Virus (HIV) Acquisition: Global Survey Results on Sexual Health Engagement in Newly Diagnosed People Living With HIV From the VOLITION Study

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Key Takeaways

- VOLITION was a phase 3b clinical trial in which newly-diagnosed people with HIV initiated dolutegravir/lamivudine, and were given a choice to switch to long-acting cabotegravir and rilpivirine immediately following virologic suppression**
- Though most participants from VOLITION had an HCP visit within the last 12 months, only about half had ever been offered an HIV test before diagnosis and very few were offered PrEP, suggesting a substantial unmet need in the healthcare setting**
- Increasing information on HIV testing and PrEP via sexual wellness assessments could help prevent HIV by empowering individuals to engage in their own healthcare**
- A status-neutral care approach supporting optimal health for people with and without HIV can be used to help close gaps in the HIV prevention and care continuum**

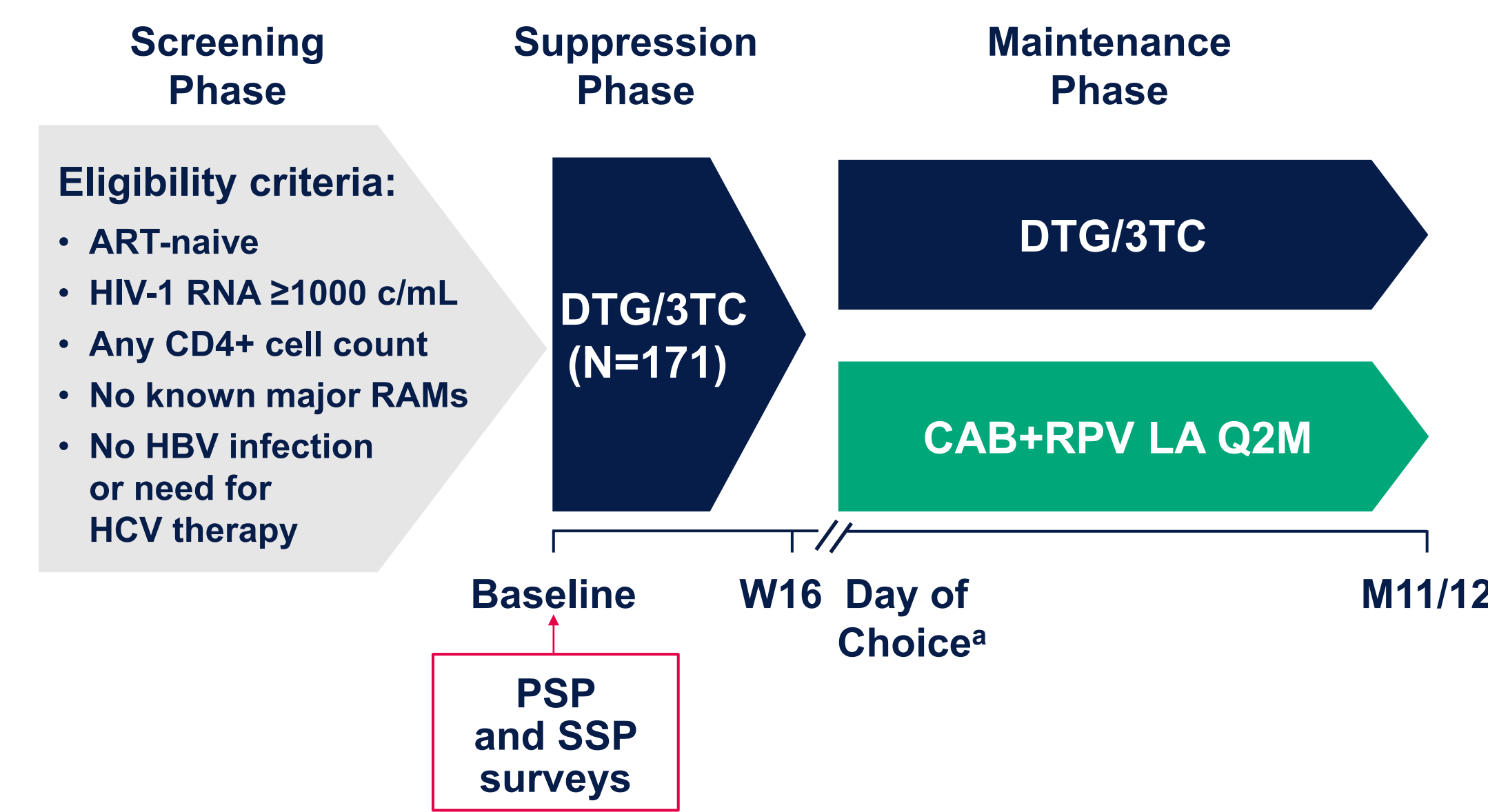
Purpose

- Human immunodeficiency virus (HIV) acquisition is preventable, yet 1.3 million individuals worldwide acquired the virus in 2024¹
- Several reliable strategies exist to prevent HIV transmission²; the World Health Organization endorses PrEP as an opportunity to provide comprehensive services, addressing sexual, reproductive, and other health needs³
- People who may benefit from pharmaceutical HIV prevention leave the PrEP care continuum for various reasons^{4,5}
 - From the perspective of individuals who may benefit from PrEP, barriers such as low awareness, stigma, and misconceptions about HIV risk can influence PrEP awareness, initiation, and management⁵
- Identified provider-level challenges include knowledge gaps, discomfort in discussing sexual health, and logistical constraints⁵
- Previous analyses from the VOLITION study showed 98% of participants achieved virologic suppression with dolutegravir/lamivudine within 16 weeks; at day of choice, 89% of those who were eligible chose to switch to long-acting cabotegravir and rilpivirine^{6,7}
- Here, we present baseline results from a global survey of people living with HIV and healthcare staff who participated in the VOLITION study and were asked about their pre-trial experiences with HIV prevention and sexual health engagement

Methods

- VOLITION (NCT05917509) was a phase 3b, multi-center, non-randomized, parallel-group, open-label study conducted across the United States, inclusive of Puerto Rico, Canada, France, Spain, Italy, Germany, Argentina, and Chile (Figure 1)
- Patient study participants (PSPs) were adults naive to antiretroviral therapy (ART) initiating treatment, and staff study participants (SSPs) were part of the VOLITION study
- PSPs and SSPs were surveyed at baseline to assess past experiences with clinical discussions around HIV prevention and sexual wellness

Figure 1. VOLITION Study Design



ART, antiretroviral therapy; CAB, cabotegravir; DTG, dolutegravir; HBV, hepatitis B virus; HCV, hepatitis C virus; LA, long-acting; M, month; PSP, patient study participant; Q2M, every 2 months; RAM, resistance-associated mutation; RPV, rilpivirine; SSP, staff study participant; 3TC, lamivudine; W, week. *Participants proceeded to Day of Choice at their next study visit after first plasma HIV-1 RNA <50 c/mL (Week 4 at earliest but no later than Week 16). Participants must be suppressed <50 c/mL to qualify for the option to switch to CAB+RPV LA.

Results

PSP Demographics

- VOLITION enrolled a diverse population of 171 PSPs with HIV naive to ART (Table 1)
 - 19% had Centers for Disease Control and Prevention stage 3 HIV, 9% had baseline plasma HIV-1 RNA ≥500,000 c/mL, and 16% had baseline CD4+ cell count <200 cells/mm³

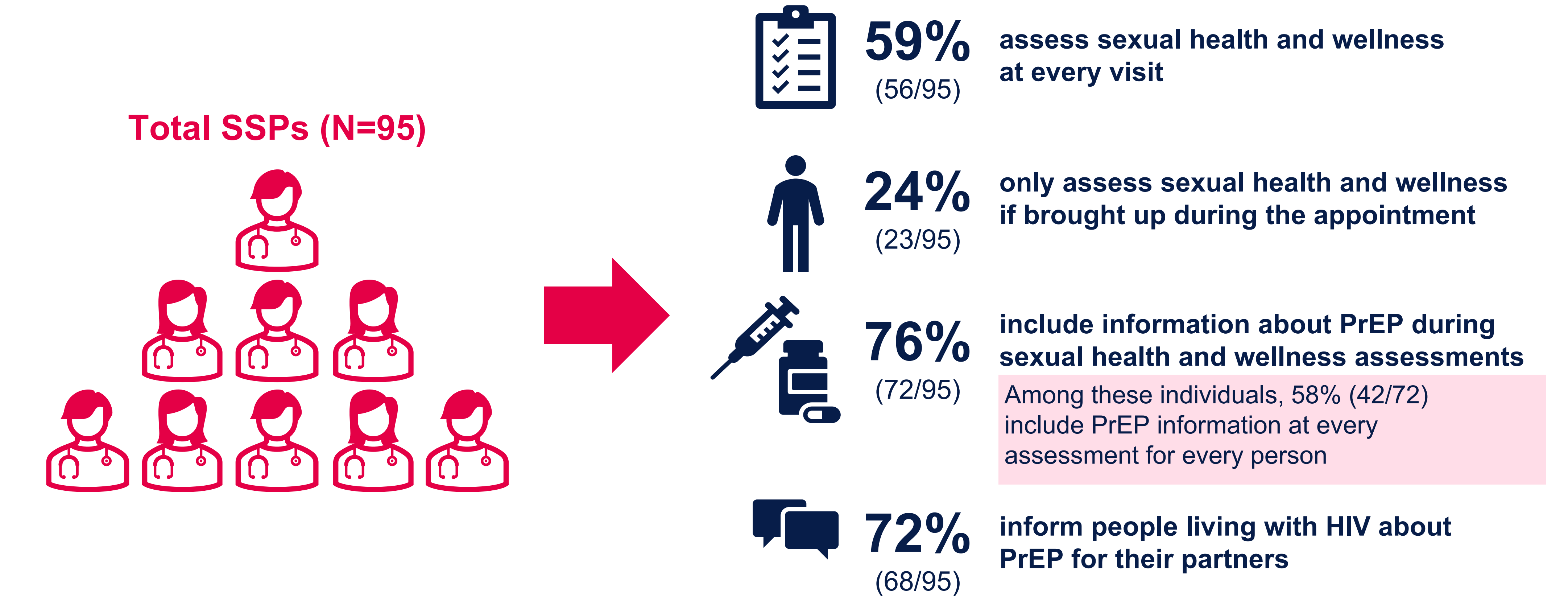
Table 1. Demographics

Parameter	PSPs (N=171)
Age, median (range), y	31 (18-70)
≥50 y, n (%)	18 (11)
Female (self-identified gender), n (%)	45 (26)
Race, n (%)	
Black or African American	51 (30)
White	106 (62)
Other races ^a	7 (4)
Not reported or unknown	7 (4)
Hispanic or Latin American ethnicity, n (%)	88 (51)
Region, n (%) ^b	
North America	78 (46)
Europe	47 (27)
South America	46 (27)

PSP, patient study participant. ^aIncluded Asian, n=4 and multiple races, n=3. ^bArgentina (n=28), Canada, (n=9), Chile (n=18), France (n=9), Germany (n=5), Italy (n=16), Spain (n=17), and United States (including Puerto Rico; n=69).

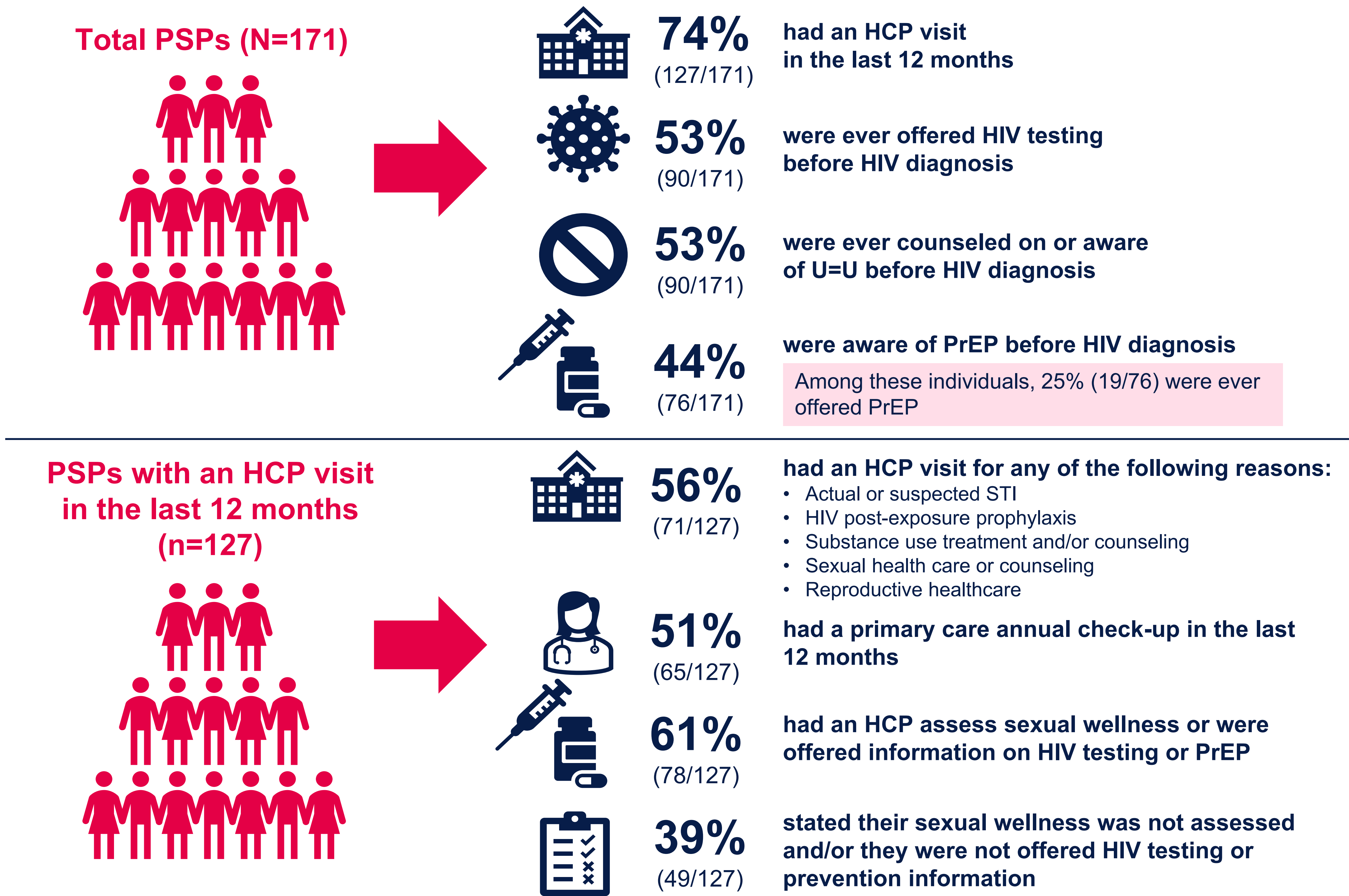
SSP Responses Show High Sexual Health Engagement, With Opportunities to Expand Sexual Health and PrEP Education Across Diverse Populations

- Of 95 SSPs, 67% (n=64) reported that they see people without HIV
- 56% (36/64) of these SSPs reported that they see people without HIV specifically for HIV or STI testing, viral hepatitis care, or general sexual health and wellness



PrEP, pre-exposure prophylaxis; PSP, patient study participant; SSP, staff study participant. SSPs were not necessarily involved in PSP care before HIV diagnosis.

Despite Frequent HCP Visits, PSPs Reported Significant Missed Opportunities for HIV Prevention and Sexual Wellness Engagement



HCP, healthcare provider; PrEP, pre-exposure prophylaxis; PSP, patient study participant; STI, sexually transmitted infection; U=U, undetectable = untransmittable.

Conclusions

- PSPs in VOLITION initiated dolutegravir/lamivudine and were given a choice to switch to long-acting cabotegravir plus rilpivirine immediately following virologic suppression
- Most PSPs in VOLITION had an HCP visit in the last 12 months, and over half of those visits were for reasons that may indicate a need for PrEP (eg, actual or suspected STI, HIV post-exposure prophylaxis); nevertheless, HIV PrEP awareness was low and PrEP offerings even lower
- These findings demonstrate that there were significant missed opportunities at various points of healthcare engagement to offer HIV prevention before acquisition occurs
- Increasing the frequency of sexual wellness assessments, including information on HIV testing and PrEP, and expanding the reach of this information could help prevent HIV by encouraging proactive engagement in sexual wellness
- Most SSPs reported caring for people without HIV in their practice
 - The majority engage in sexual health and wellness assessments
 - Some SSPs reported they only engage if brought up by patients, which results in possible missed opportunities for HIV prevention engagement as individuals who need PrEP may not feel comfortable talking about it
- A status-neutral care approach to HIV-related service delivery, which supports optimal health for people with and without HIV, can be used to help close gaps in the HIV prevention and care continuum⁴

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