

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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Background

The HIV epidemic continues to affect millions of people around the world, and more than 1 million people are newly diagnosed with HIV every year. Even though treatment and prevention options have greatly improved, many people are still not aware of the measures that can protect them from HIV. Conversations about HIV prevention may not happen often enough between healthcare providers and patients. This can mean that important information about prevention options—such as using condoms, taking pre-exposure prophylaxis (PrEP), or ensuring regular testing—isn't always shared or discussed in detail.

What treatment was studied here?

The VOLITION study tested the use of a single-tablet oral regimen of dolutegravir and lamivudine (DTG/3TC) for people with HIV who had not taken antiretroviral treatment before. After initial treatment with DTG/3TC, participants were given the choice to switch to a long-acting regimen of cabotegravir and rilpivirine (CAB+RPV LA), administered every 2 months.

What was the purpose of this study?

The main purpose of the VOLITION study was to better understand the safety and efficacy of starting DTG/3TC as an initial regimen, followed by optional switch to CAB+RPV LA. In addition, the study aimed to understand the experiences of people with HIV newly entering HIV care. At the beginning of the study, participants were asked questions about sexual health and their experience with HIV prevention before their diagnosis, through written surveys. Healthcare staff at the study sites were also asked survey questions about how, and how often, they discuss sexual health and HIV prevention with their patients.

Who took part in the study and how was the treatment studied?

The study included 171 people with HIV who hadn't started antiretroviral therapy yet. Ages ranged from 18 to 70, with an average age of 31. The group was diverse: 26% self-identified as women, 30% were Black or African American, and 51% were Hispanic or Latin American. The study took place in the United States inclusive of Puerto Rico, Canada, France, Spain, Italy, Germany, Argentina, and Chile.

What are the research findings?

The study found that while most participants had a recent healthcare visit in the past year (74%), only half (53%) were offered HIV testing before being diagnosed. Only some participants knew about PrEP (44%). Of those aware, only a few (25%) had ever been offered PrEP. Only half (53%) of participants were aware of U=U (Undetectable = Untransmittable, which means that the virus cannot be passed on by a person with HIV who is taking effective treatment). A little more than half of healthcare staff (59%) said they discuss sexual health with their patients at every visit.

What does this mean for people with HIV?

These gaps can be reduced by making sexual health discussions a routine part of healthcare for all patients, not just those seen as having a higher chance of acquiring HIV. Healthcare providers can include simple questions about sexual health during regular check-ups. By proactively discussing HIV prevention options—such as PrEP, condom use, and regular HIV testing—providers can ensure that more people are aware of how to protect themselves. It is also important to share information about U=U. When these conversations happen more often and reach a broader range of patients, it helps empower people to make informed choices, protect themselves and others, and can contribute to reducing HIV in their communities.

Conclusions

There was low awareness of HIV prevention among participants who were just starting treatment. Healthcare providers often miss chances to talk to patients about their sexual health and how to prevent HIV during routine health check-ups.

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