

WHAT IS NEW IN CLINICAL GUIDELINES: HIV and STIs

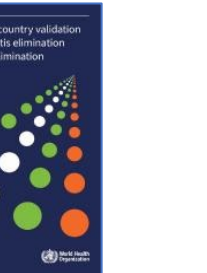
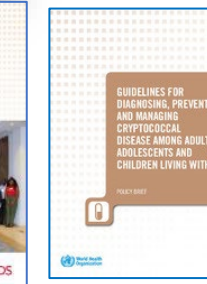
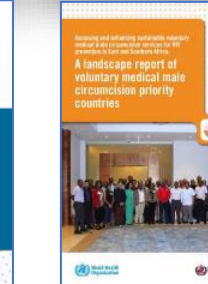
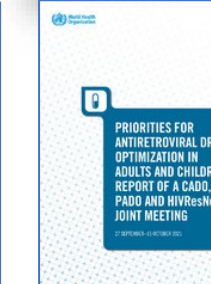
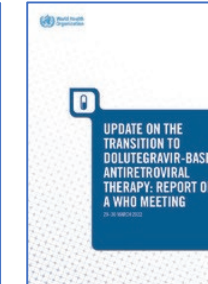
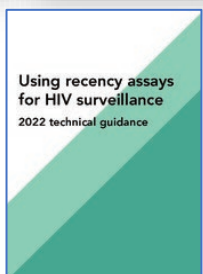
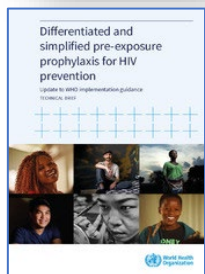
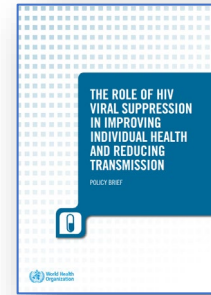
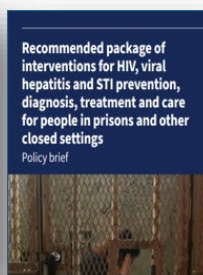
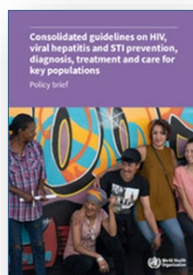
Marco Vitoria

WHO Global HIV, Hepatitis and Sexually Transmitted Infections Programmes

30 November 2023



HIV, Hepatitis and STI Key Technical Products in 2022-2023



WHO new recommendation: Long-acting injectable cabotegravir (CAB-LA) for HIV PreP

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches (*conditional recommendation; moderate certainty of evidence*).

- Intramuscular injection every 8 weeks
- Phase III trials showed high efficacy
- Regulatory approval in 13 countries*
- Voluntary license agreement with Medicine Patent Pool for generic manufacturing
- Eligible for Global Fund procurement

Outstanding critical issues

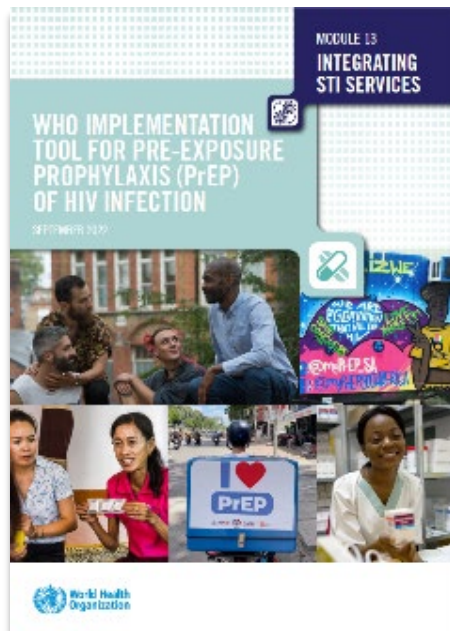
- Drug resistance
- Safety during pregnancy and breastfeeding
- HIV testing
- Limited representation of some key populations

<https://www.who.int/publications/i/item/9789240054097>

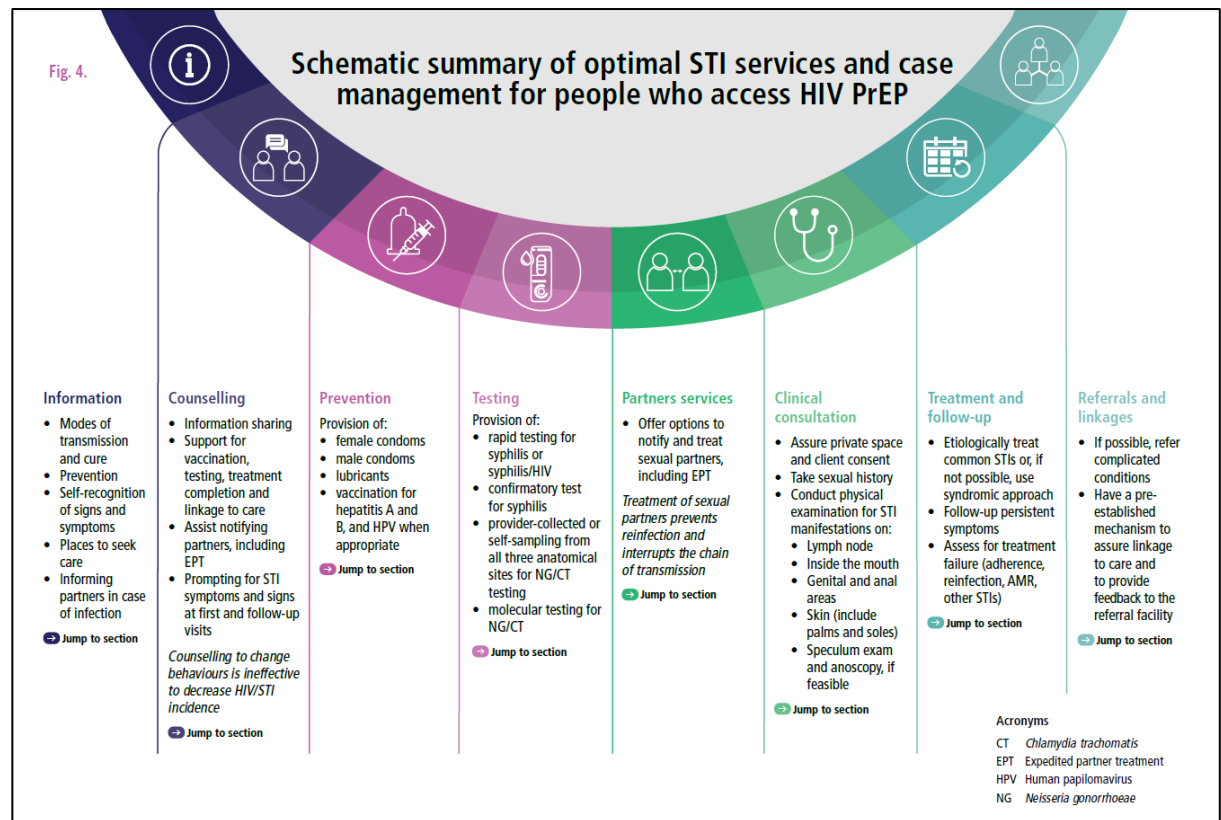
Update of HIV PEP guidelines in Q1 2024



Integration of STI and PrEP services: an opportunity



Implementation tool for pre-exposure prophylaxis of HIV infection - Integrating STI services



<https://www.who.int/publications/i/item/9789240057425>

WHO recommends the use of a single high dose liposomal amphotericin as part of an induction regimen



Amphotericin B deoxycholate: 14 days														
Pre-emptive hydration and electrolyte supplementation (adults and adolescents)														
1 litre of normal saline solution with 20 mEq KCl over two hours before each controlled infusion	X	X	X	X	X	X	X	X	X	X	X	X	X	X
2 times 8-mEq KCl tablet (twice daily)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1 times 8-mEq KCl tablet (twice daily)								X	X	X	X	X	X	X
Magnesium supplementation if available ^a	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Single high-dose liposomal amphotericin B														
Pre-emptive hydration and electrolyte supplementation (adults and adolescents)														
1 litre of normal saline solution with 20 mEq KCl over two hours before infusion	X													
8-mEq KCl tablets orally (twice daily)	X	X	X											
Magnesium supplementation if available ^a	X	X	X											
Monitoring (adults, adolescents and children)														
Serum potassium	X		X											
Serum creatinine	X		X											
Haemoglobin	X							X ^b						

^a 250-mg tablets of magnesium trisilicate or glycerophosphate twice daily or magnesium chloride 4 mEq twice daily.
^b If still in hospital.

Induction therapy (2022 recommendations)

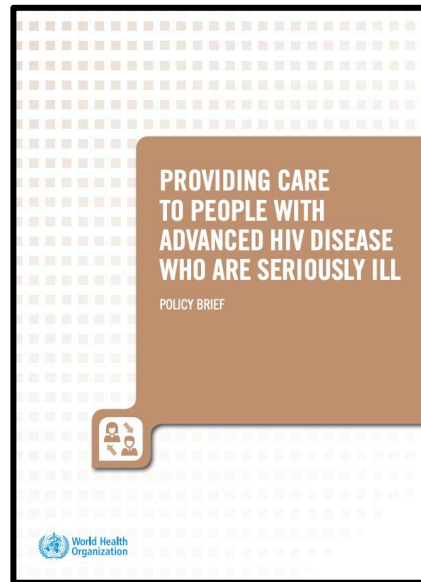
A single high dose (10 mg/kg) of liposomal amphotericin B with 14 days of flucytosine (100 mg/kg per day divided into four doses per day) and fluconazole (1200 mg/daily for adults; 12 mg/kg per day for children and adolescents up to a maximum of 800 mg daily) should be used as the preferred induction regimen for treating people with cryptococcal meningitis.

Strong recommendation; moderate-certainty evidence for adults and low-certainty evidence for children

<https://www.who.int/publications/i/item/9789240052178>



Hospital care for people with AHD who are seriously ill



The policy brief summarizes evidence and guidelines for opportunistic infections.

- Some conditions have WHO guidelines
- National / regional society guidelines have treatment recommends for most important conditions.

Seriously ill people are likely to need high levels nursing care and supportive care / pain relief.

Review progress regularly

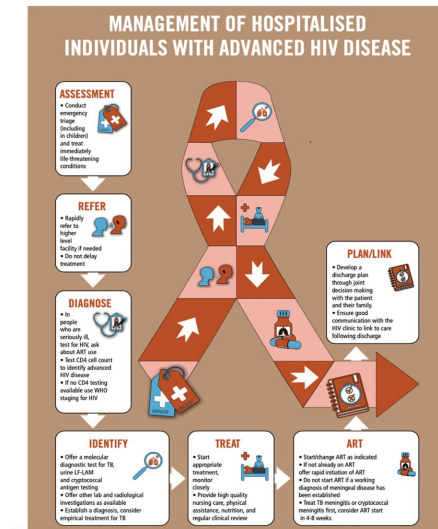


Table 1. Summary of recommended disease-specific tests for screening and diagnosis of opportunistic infections in advanced HIV disease

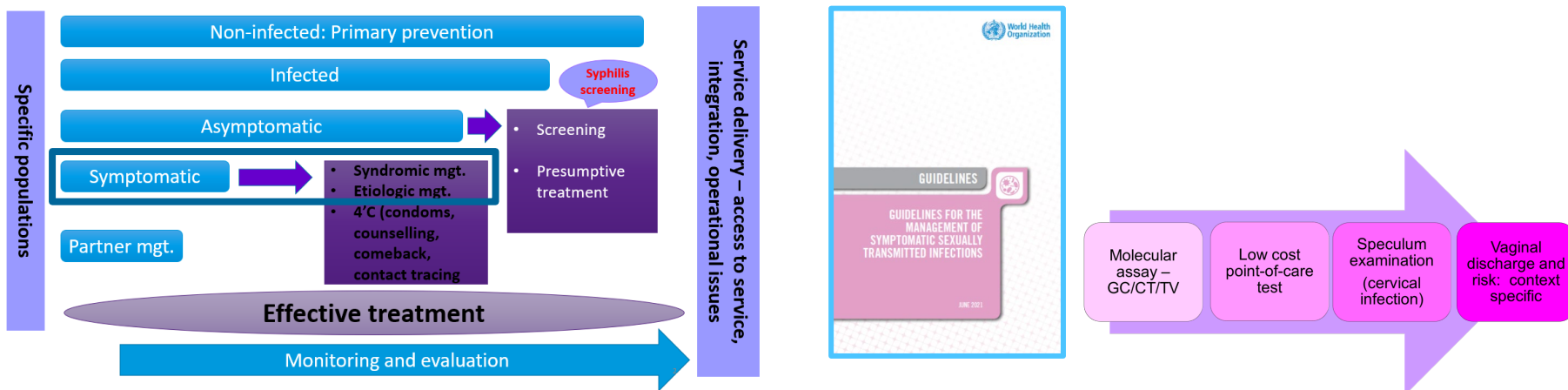
Offer as screening tests		
Test	Use	Clinical considerations
Serum cryptococcal antigen test	Adults and adolescents with CD4 count <100 cells/mm ³ and considered for those with CD4 count <200 cells/mm ³ . Adults, adolescents and children with signs and symptoms of cryptococcal meningitis	If serum cryptococcal antigen is positive, proceed to lumbar puncture and CSF cryptococcal antigen testing where available
TB screening procedures or tests	Adults, adolescents and children living with HIV should be screened for TB at every health-care visit. Screening can be performed using any of the following individually or in combination: <ul style="list-style-type: none"> Tuberculin skin test Chest X-ray with or without computer-aided detection C-reactive protein recommended sputum TB molecular tests * 	All screened positive individuals should have a diagnostic test (see below). If an individual is screened positive with a TB molecular test, see the TB screening guidelines for further guidance (27).

Offer as diagnostic tests to people with signs and symptoms or following a positive screening test or prespecified subpopulations		
Test	Use	Clinical considerations
Urine LF-LAM test for TB	Adults, adolescents and children with signs and symptoms of TB (pulmonary and/or extrapulmonary) Adults, adolescents and children who are seriously ill or who have clinical stage 3 or 4 disease Asymptomatic adults, adolescents and children in inpatient settings with CD4 <200 cells/mm ³ and in outpatient settings of CD4 <100 cells/mm ³	A negative urine LAM test does not rule out TB. If LAM is positive, TB treatment should be started. Further sputum or extrapulmonary TB tests should be requested in addition, since urine LAM cannot detect drug resistance
TB molecular test	Screen-positive individuals: presumptive pulmonary TB Adults and adolescents: sputum or other respiratory samples Children: sputum, nasopharyngeal aspirate, gastric aspirate or stool Presumptive extrapulmonary TB: All individuals: blood, urine, CSF, lymph node aspirates, lymph node biopsy, pleural, peritoneal, pericardial, synovial fluids as indicated by symptoms and likely site of TB.	Non-sputum and child samples vary in mycobacterial load and may be negative in some people who truly have TB
CSF cryptococcal antigen test	Adults, adolescents and children with signs and symptoms of cryptococcal meningitis Adults and adolescents and children who have a positive serum cryptococcal antigen	If lumbar puncture is available and no contraindication to lumbar puncture For alternative diagnostic and treatment algorithms where lumbar puncture is not available, see the cryptococcal disease guidelines (76)
Histoplasma antigen test	Adults, adolescents and children with suspected histoplasmosis	Histoplasmosis is highly endemic in certain regions; see WHO guidelines (75)
Malaria rapid diagnostic test	All adults, adolescents and children with suspected malaria, including all people in malaria endemic areas with fever (32)	For children younger than five years, practical algorithms from Integrated Management of Childhood Illness should be used (31)
COVID-19 testing	Adults, adolescents and children for whom COVID-19 is clinically suspected	This is a rapidly changing area. See the WHO HIV and COVID webpage for up-to-date information (32) information about the clinical features of people with HIV and COVID-19 from 2021 is available (33)

*WHO does not recommend systematic serum cryptococcal antigen screening for children due to low prevalence of cryptococcal disease. Serum cryptococcal antigen should be used only if cryptococcal disease is clinically suspected.
*Sputum TB molecular tests should be used for all people living with HIV admitted to hospital where TB prevalence >10% (27).

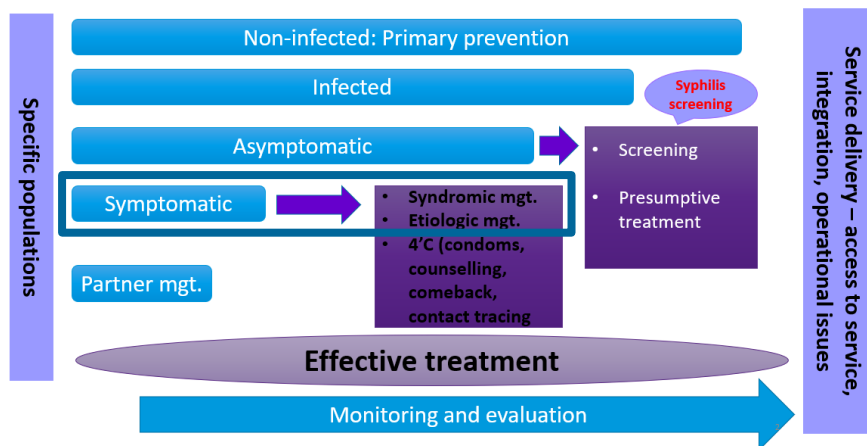
<https://www.who.int/publications/i/item/9789240068650>

Comprehensive STI case management guidelines



- Syndromic approach relies on systemic reviews and presents flowchart for use in clinics
- As an example, for people with symptom of vaginal discharge, WHO recommends treatment for *N. gonorrhoeae* and/or *C. trachomatis* and/or *T. vaginalis* in the **same visit**.
- WHO suggests treatment based on the results of **quality-assured molecular assays** for *N. gonorrhoeae* and/or *C. trachomatis* and/or *T. vaginalis*.
- Different scenarios are given. In settings in which treatment based on the results of molecular assay in the same visit is **not feasible** or that have limited or no molecular testing, WHO suggests treatment based on **testing with quality-assured rapid point-of-care tests or on syndromic treatment**.

Comprehensive STI case management guidelines



- Etiologic management of STIs (treatment of specific STIs) has been updated and is in the pipeline for production.
- Based on systematic reviews, AMR data, Guidelines development group input, and WHO guidelines development procedures.

Will include **Treatment of specific STIs:**

- Chlamydia: doxycycline 100 mg orally twice a day, 7 days **[updated]**
- Gonorrhoea: ceftriaxone 1 g intramuscular (IM) as a single dose **[updated]**
- Trichomoniasis & bacterial vaginosis: metronidazole, 400 mg or 500 mg orally, twice daily, 7 days **[updated]**
- Candidiasis **[revised]**, genital warts/condyloma, *Mycoplasma genitalium* **[new]**
- Genital herpes and syphilis **[revised]**

Other newly approved guidelines

Partner services

STI partner services should be offered to people with STIs as a range of options **based on their needs and preferences and within a voluntary comprehensive package of STI testing, care and prevention** (*strong recommendation, low certainty evidence*)

Syphilis self testing

Syphilis self-testing (SST) may be offered as an additional syphilis testing approach (*conditional recommendation, low certainty evidence*)

Dual treponemal / non-treponemal rapid diagnostic tests

Dual treponemal/non-treponemal rapid diagnostic tests should be offered as an **additional approach within syphilis testing strategies** (*strong recommendation, low certainty evidence*)

WHO guidance on integrating the prevention and control of NCDs in HIV/AIDS, TB, and sexual and reproductive health programmes, 2023 (Global NCD programme, WHO HQ)

implementation guidance

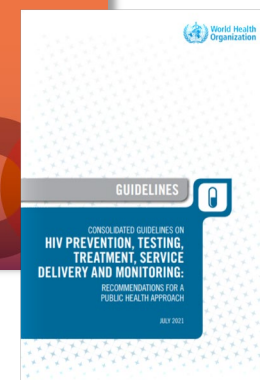
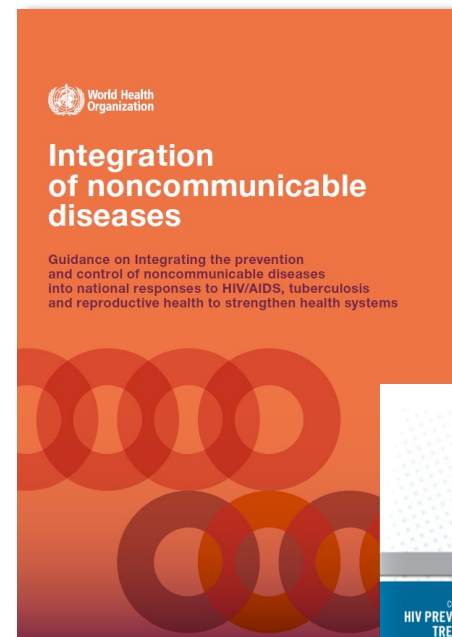
assists policy-makers, programme managers and health providers to extend access to NCD care and scale up.

guides a paradigm shift in health systems in order to maximize the impact of health services and extend access to NCD care

=> change from addressing NCDs & other diseases vertically to addressing them in an integrated manner, from a clinical to a clinical and public health approach, guided by the principles of universal access and social justice.

highlights 18 recommended strategic actions, in 5 domains:

- people and community,
- policy and leadership,
- financing,
- capacity and infrastructure,
- model of care for NCDs.



<https://www.who.int/news/item/05-04-2023-world-health-organization-guidance-on-integrating-the-prevention-and-control-of-noncommunicable-diseases-in-hiv-aids-tuberculosis-and-sexual-and-reproductive-health-programmes>

[and services delivery](#) (2021)

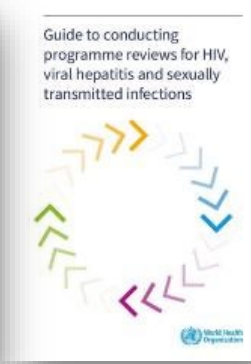
Aligned with the [WHO Consolidated guidelines on HIV prevention, testing, treatment](#)



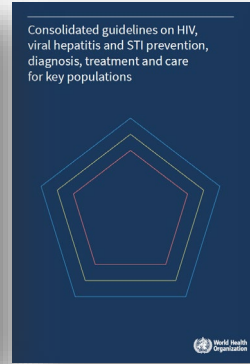
Increasingly integrated WHO technical products



<https://iris.who.int/bitstream/handle/10665/373523/9789240076389-eng.pdf?sequence=1>



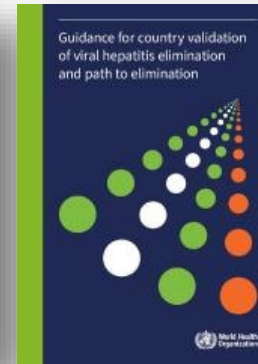
<https://iris.who.int/bitstream/handle/10665/373333/9789240079472-eng.pdf?sequence=1>



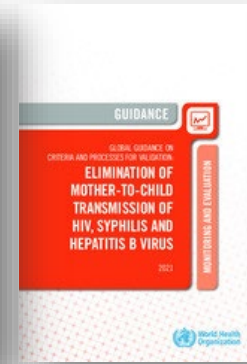
<https://www.who.int/publications/i/item/9789240052390>



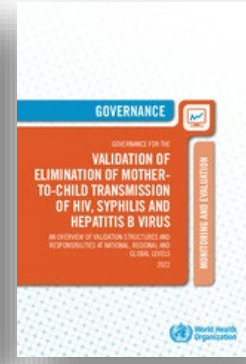
<https://www.who.int/publications/i/item/9789240077065>



<https://www.who.int/publications/i/item/9789240078635>



<https://www.who.int/publications/i/item/9789240039360>



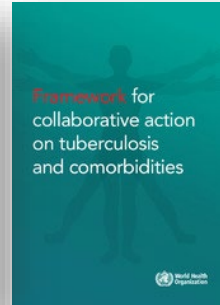
<https://www.who.int/publications/i/item/9789240065093>



<https://www.who.int/publications/i/item/9789240057425>



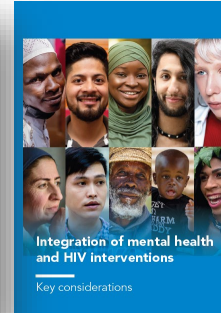
<https://www.who.int/publications/i/item/9789240056961>



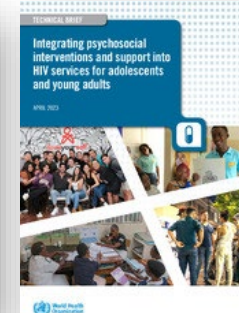
<https://www.who.int/publications/i/item/9789240055056>



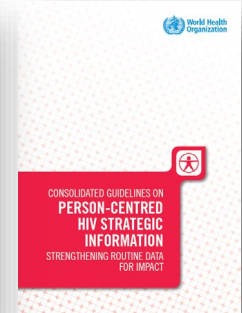
<https://www.who.int/publications/i/item/9789240061682>



<https://www.who.int/publications/i/item/9789240043176>



<https://www.who.int/publications/i/item/9789240071476>



<https://www.who.int/publications/i/item/9789240055315>