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 WHO HIV treatment guidelines 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 part 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, cabotegravir long-acting pre-exposure prophylaxis (CAB-LA PrEP), 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 recommends that surveillance of HIV drug resistance 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.
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| 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 |
              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 |