Singapore HIV Congress 2021

Session 2 – 4 December 2021

Presentation topic:	HIV Testing Recommendations
Speaker:	Dr Choy Chiaw Yee

Summary: The new set of HIV Testing recommendations introduces the following:

1) Population to screen

Initial Screening	Repeat Screening (at least annually or 3-6 monthly based on individual risk factors)
• All persons above the age of 21 years old should be offered HIV screening at least once in their lifetimes > Except for females above the age of 65 years old*	• PrEP users
• Medical indications: All persons diagnosed with TB, STD, AIDS-defining illness or symptoms suggestive of HIV infection, including acute HIV infection	• Medical indications: Symptoms suggestive of HIV infection including acute HIV infection, STD
• All pregnant women should also be offered HIV screening at each first antenatal visit.	• History of IVDU, engage in sexual activities under the influence of alcohol or other drugs (including partners of such persons)
• All persons with high-risk behaviours for HIV transmission	• Sexual partners of HIV-infected persons whose viral load is above the limit of detection, especially if RNA>200 copies/ml • Persons who exchange sex for money, and the partners of such persons, persons with multiple sexual partners

**In accordance with CDC guidelines where health-care providers should initiate screening unless prevalence of undiagnosed HIV infection in their patients has been documented to be <0.1%.*

- Unless required by prevailing legislation (i.e Immigration Act), employment-related screening for occupations that do not involve exposure prone procedures **does not** require routine HIV screening

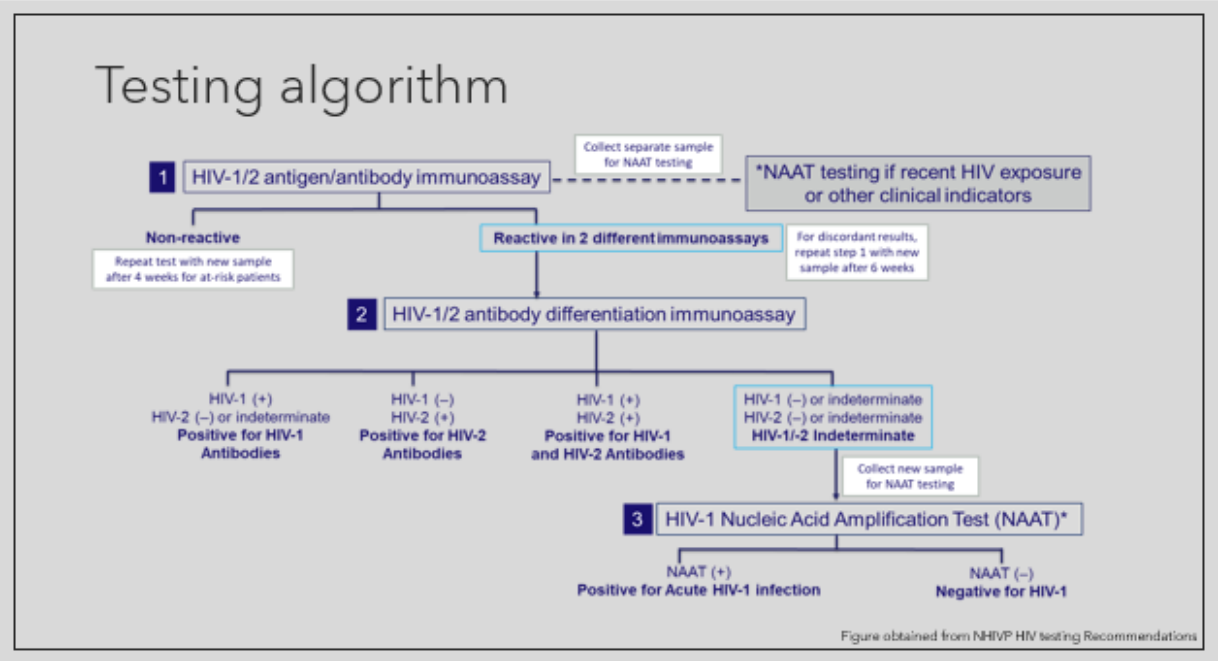
2) Consent and Pre-test Counselling

- Physical consent form is **NOT** necessary
- If an individual **declines** a HIV test, this decision should be documented in the clinical records as well

Pre- Testing counselling necessary	Pre-test counselling not necessary
• First time testers • Not sufficiently educated on implications of HIV testing	• Regular testers • Low-risk individuals during the course of clinical care

- Information on HIV infection and implications of a **positive** and **negative** test results should be provided
- Non-Singaporeans should be made aware of the **restrictions** on long term passes, residency and other immigration matters in the setting of a positive results
- Individuals should be allowed given the opportunity to **ask questions**, **decline testing** or **opt for anonymous testing**
- If **a rapid HIV test** is being done for an individual, a **second confirmatory HIV test** before the diagnosis can be confirmed in the event of a positive test.
- If the lack of decision making capacity is **permanent**, decision to screen for HIV infection should be made by the **primary physician** in the **patient's best interest**
- If it is temporary, consider **delaying screening** for HIV infection until individual has decision making capacity

3) Testing Algorithm



- Diagnosis of HIV infection in **newborns and infants up to 2 years old** should be made by **virologic detection of HIV-1 proviral DNA and RNA.**
- All laboratory staff are required to inform the ministry of a confirmed case **within 72 hours of diagnosis except for anonymous testing clinics**
- Confirmation of positive results should occur within **5 days,** but ideally within 24-48 hours if possible

4) Post Test Care

- Communication of results:
  - **HIV-negative results** can be done without direct personal contact between physician/providers and individuals

- **HIV-positive results** should be conveyed confidentially and in person by physicians or skilled staff

- Linkage to care:
  - individuals with HIV-positive results are linked to clinical care, counselling, support and prevention services no more than 2 weeks after diagnosis
  - Counselled on importance of **early ARV** and **treatment as prevention (TasP)**
  - Assess risk of **suicide and self-harm** after disclosure of results

- Partner counselling and referral:
  - Encourage to disclose status to **spouse**, **current sex partners** and **previous sex partners**
  - They will be **contacted by a public health officer** for an index interview to discuss notification of their partners and collection of epidemiological information
  - Under the ID Act, they are required to **inform sexual partners** on **the risk of contracting HIV** and partners must **accept the risk voluntarily** prior to engaging in any sexual activity.

Presentation topic:	Impact of COVID-19 on HIV Testing in Singapore
Speaker:	A/Prof Matthias Paul Toh

Summary:

- The number of newly diagnosed HIV cases has decreased since 2009, and more marked after 2017
- The decrease is contributed by both HSM and MSM subgroups:
  - Since 2009, HSM cases has declined over time which continued into 2019
    → Overall, a 55% reduction since 2009
  - Decrease in MSM cases largely occurred between 2017 and 2018, which continued into 2019
    → Overall, a 40% reduction since 2018 and continued into 2019
  - The marked drop in HIV cases in 2020
- Impact of COVID-19 pandemic on HIV testing service particularly during Circuit Breaker period (Apr to Jun 2020) and Heightened Alert Phases 2 & 3 (2021)
  - Inpatient and Laboratory HIV Testing: Impact has been reversed after Circuit breaker
  - Antenatal HIV Testing: minimal impact
  - Anonymous HIV Testing (ATS): not completely reversed and continues to be monitored
- COVID-19 Impact on HIV notification
  - No.of HIV notifications in 2020 has seen a 19% decrease from 2019 and continued to see a decrease for 2021 projection
  - Possible factors for decreasing trend:
    → decreased testing
    → decreased high risk sexual behaviour (partly due to restrictions in international travel)
    → a combination of these factors

Presentation topic:	HIV care and treatment services in the time of COVID-19
Speaker:	A/Prof Sophia Archuleta

Summary:

1) Challenges and adaptations

- **Clinical management of PLHIV during COVID-19**
  - Defer appointments where possible (differentiated/careful patient selection)
  - No deferring of referrals of newly diagnosed PLHIV
  - PLHIV to be seen in HIV clinic ≤7 days
  - Keep rapid initiation ≤14 days (priority group)
  - Delink medical visit from lab / pharmacy / vaccination visit
  - Teleconsultation and the use of tele-health platforms as the default

- **Maintaining medication (ART) supply and access**
  - Clinical programs dispensing medications in smaller increments (3–4 months) in case of supply chain impact
  - Medications delivered free of charge to the homes of patients

2) Re-imagining services

- ✓ More flexible and adaptive
- ✓ Innovative
- ✓ Equitable and inclusive
- ✓ Tailoring of services for the most vulnerable
- ✓ Capacity to synergize biomedical and non-health interventions
- ✓ Data-driven approach to recognize and respond to challenges as they emerge

Presentation topic:	Presentation of Viral Suppression Data
Speaker:	Dr Teh Yii Ean

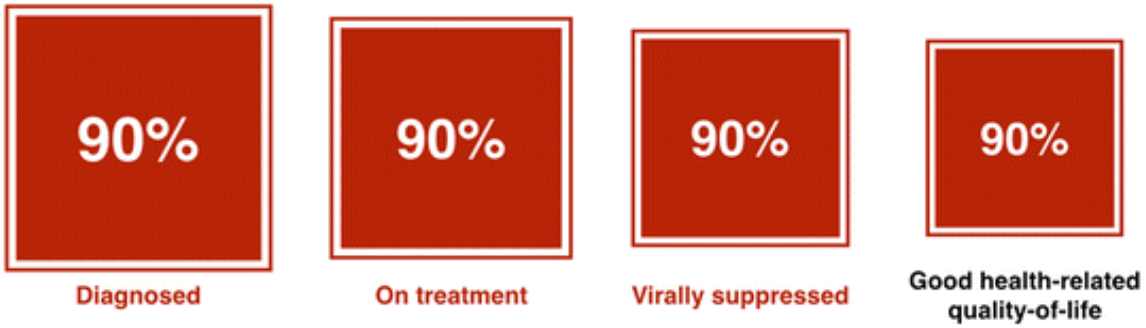
Summary:

- **88.3%** of patients in 2019 (pre-Covicd-19 period) and **90.4%** of patients in 2020 (COVID-19 period) were virologically supressed.
  - NCID - 89.0% of patients in 2019 and 91.0% of patients in 2020 were virologically suppressed, p-value 0.001
  - SGH - 85.0% of patients in 2019 and 87.6% of patients in 2020 were virologically suppressed, p-value 0.428
- Among patients who were virologically suppressed in 2019, 95.2% of patients in NCID and 93.1% of patients in SGH remained virologically suppressed with no blips
- In patients whose latest viral load was <50 copies/ml in 2019, 6.0% of patients in NCID and 7.5% of patients in SGH had at least one viral load >50 copies/ml. This includes patients who had a viral blip
  - When cut off extended to 200 copies/ml, 4.3% of patients in NCID and 2.9% of patients in SGH had at least one viral load >200 copies/ml

- Despite concerns that COVID-19 might worsen outcomes, no significant difference in the overall viral suppression rates was observed in 2020 compared to 2019
- The steady viral suppression, despite the extended duration between viral load tests and a decrease in number of tests performed in patients, suggests that strategies employed by our centres, including telemedicine and medication delivery, were successful
- Beyond the pandemic, these services can be an alternative for stable HIV patients as a supplement to in-person consults

Presentation topic:	4th 90 – Living well with HIV and COVID-19
Speaker:	Dr Dariusz Piotr Olszyna

Summary:



*Adapted from: UNAIDS. 90-90-90: an ambitious treatment target to help end the AIDS epidemic. 2014. Available at http://unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf. Accessed on 25 April 2016

- 4th 90: 90% of those virally suppressed should have good health – related quality of life
- Proposed domains of the health-related quality of life: comorbidities and self-perceived quality of life
- 4th 90 in Singapore:
  - Excellent access to antiretroviral agents with high levels of virologic suppression and long life expectancy
  - High prevalence of chronic conditions among general population, particularly diabetes
  - subspecialized healthcare system which does not encourage HIV doctors to function as general internists
  - prevalent stigma of HIV among HCWs and beyond
- Although ART has led to virtually normal lifespan, HIV continues to affect morbidity.
- Intuitively, HIV care needs to extend beyond viral suppression to improve health, and not just length of life, but it remains to be determined how we define the 4th 90 target and how we reorganize our health systems to reach it.
- The persisting effect of HIV on health-related quality of life despite virologic suppression could be avoided by preventing HIV infection in the first place.
- The true effect of COVID-19 pandemic on local HIV/sexual health services is yet to be determined.

Presentation topic:	Keynote Lecture 3: Preparing for an Ageing HIV population
Speaker:	A/Prof Reena Rajasuriar

Summary:

- Number of older PLHIV are increasing and this is also contributed by new HIV diagnosis in older individuals who experience poorer HIV outcomes.
  - More in depth studies are needed from the region to better understand this issue.
- PLHIV continue to experience poor health outcomes despite taking ART and being engaged in HIV care.
  - Urgent need to redefine successful HIV care – functional capacity and QoL
- Health systems need to be more compassionate and holistic in addressing the needs of PLHIV
  - reduce HIV-related discrimination in health-care settings
  - identify new indicators for HIV care, meaningful engagement with civil society

Presentation topic:	Keynote Lecture 4: HIV Stigma in Asia – What needs to be done
Speaker:	Prof Adeeba Kamarulzaman

Summary:

- Data on discriminatory attitudes towards PLHIV were shared
  - Prevalence of social judgement and stigma were higher in rural areas compared to urban areas
- Three fundamental effects of stigma: keep people down, keep people away and keep people in
- Stigma is also a major barrier to HIV services, resulting in health inequities and increase risk of substance use, leading to poorer health outcomes
- Three key principles for reducing HIV stigma
  - Address immediately actionable drivers – raising awareness, discuss and challenge shame and blame, address fears and misconceptions about contracting HIV
  - Centre affected groups at the core of the response – develop and strengthen networks, empower and strengthen capacity, address internalised stigma
  - Engage opinion leaders and create partnerships with affected groups
- Stigma intervention needs to be multi-pronged, multi-layered and longitudinal
- Stigma reduction in six key settings: Community, workplace, education, healthcare, justice, emergency