HIVPA Bulletin | Summer 2025

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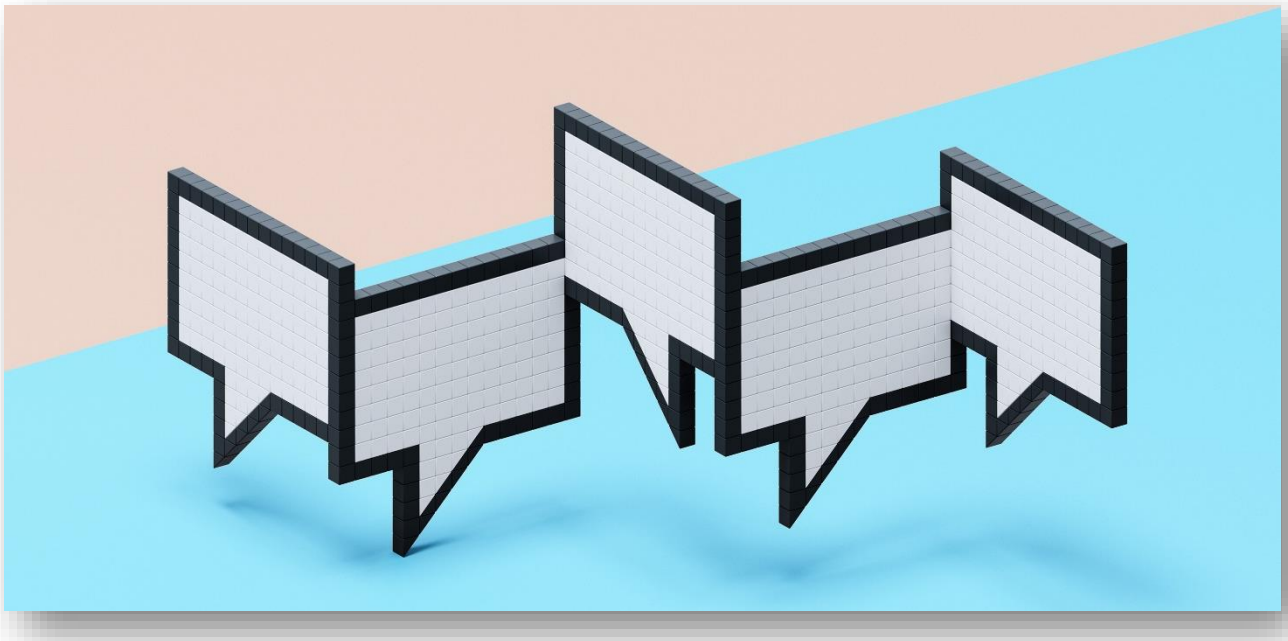
HIV Pharmacy Association

Welcome to the summer bulletin!

Hello and a very warm welcome to our summer bulletin! We're excited to bring you a fresh edition packed with updates, insights, and standout moments from the recent BHIVA and CROI conferences. There was so much incredible content to choose from, it wasn't easy narrowing down the highlights, but we've pulled together some key takeaways we think you'll enjoy.

This bulletin is also your space. If you or your team have been working on something inspiring, innovative, or worth celebrating, we'd love to hear from you!

A big thank you to everyone who contributed to this issue—we hope you enjoy reading it as much as we enjoyed putting it together. And as always, your thoughts and feedback are welcome. Happy reading and enjoy the sunshine!



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News and events

HIVPA is becoming a specialist interest group within BHIVA.

We have been affiliated organisation since 1999 and this is a positive step that will bring us closer to colleagues across the wider HIV community. The move will help strengthen our voice, create new opportunities for collaboration and development, and ensure pharmacy continues to play a key role in HIV care. We'll be sharing more details soon, but for now, we wanted to keep you informed as we take this next step together.

BHIVA Strategy 2025-2030

outlining a bold vision to achieve equitable, high-quality HIV care across the UK. Central to the strategy is BHIVA's commitment to eliminating HIV-related stigma, championing best clinical practice, and advancing health equity through inclusive, collaborative action.

Key priorities include driving clinical excellence through rigorous guideline implementation and audits, expanding access to education and training for healthcare professionals, and embedding Equity, Equality, Diversity, and Inclusion (EEDI) principles throughout HIV care. BHIVA also aims to strengthen its role in shaping public health policy—particularly in areas such as prevention, early diagnosis, and equitable access to PrEP and treatment.

The strategy calls for coordinated action across NHS services, research institutions, advocacy organisations, and public health bodies. It sets out a framework for measurable progress toward reducing health disparities, improving care standards, and supporting research and innovation. Read more here.

Dates for your diary

IAS 2025 conference – 14th to 17th July 2025 Kigali, Rwanda and virtual – IAS conference on HIV science

EACS Conference – 15th to 17th October 2025 Paris, France – EACS 20th European conference

HIV Glasgow – 8th to11th November 2025 Glasgow, Scotland – HIV drug therapy Glasgow

CHIVA Standards of Care

CHIVA has released its 2025 Standards of Care, providing updated guidance for the holistic support of children, adolescents, and young adults living with HIV. The standards outline best practice across clinical management. There is a strong emphasis is placed on psychosocial and mental health support, with recommendations for regular emotional well-being assessments and age-appropriate interventions. The standards are youth-informed, shaped by input from CHIVA's Youth Committee to ensure services reflect the lived experiences of young people.

They also highlight the importance of integrated, multi-agency working across health, education, and social care, and provide a framework for professional development, audit, and service improvement. Read more here.

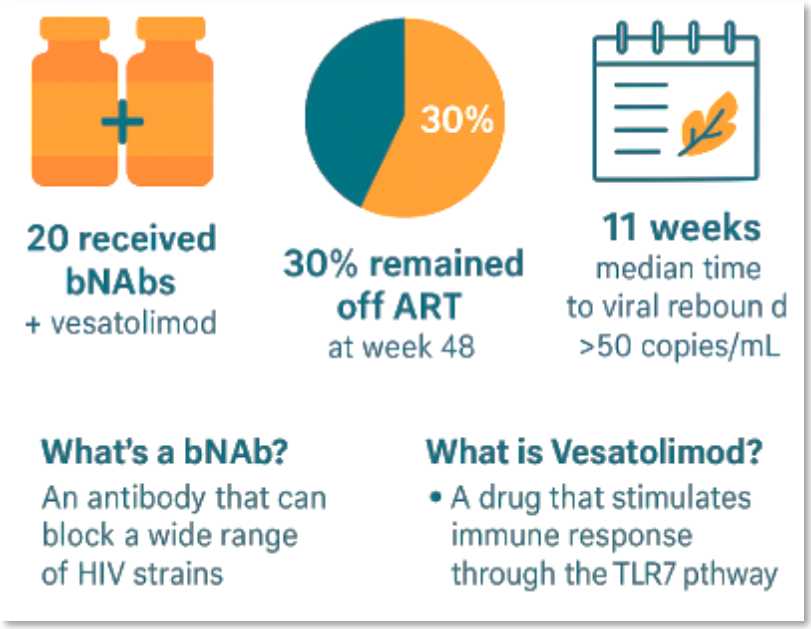
CROI: Promising HIV remission strategy in South African Women

A groundbreaking study presented at CROI 2025 explores a novel approach to achieving HIV remission without continuous antiretroviral therapy (ART). Conducted by Thumbi Ndung'u and colleagues at the Africa Health Research Institute, the phase 2a trial involved 20 South African women from the FRESH cohort, all of whom initiated ART during acute HIV infection[1].

[1] *Ndung'u T et al for the FRESH study. Evaluation of 2 bNAbs Plus Vesatolimod in Early-Treated South African Women With HIV-1 During ATI. CROI 2025. Oral abstract 105.*

Study Design and Intervention

Participants, having maintained viral suppression on ART for at least 12 months, received a combination therapy comprising two broadly neutralizing antibodies (bNAbs)—VRC07-523LS and CAP256V2LS—and the TLR7 agonist vesatolimod. Vesatolimod was administered orally every two weeks up to week 18, while a single intravenous infusion of both bNAbs was given at week 1. ART was interrupted at week 7, with participants monitored off-therapy for 48 weeks unless specific criteria necessitated resumption.



Key Findings

- At week 20, plasma levels of both bNAbs remained above therapeutic thresholds but declined below these concentrations by weeks 24 and 32, respectively.
- The median time to viral rebound (>50 copies/mL) was 11 weeks.
- 30% of participants (6 out of 20) remained off ART at week 48, with 4 individuals maintaining viral suppression without therapy for a median of 1.5 years (range: 1.2 to 2.4 years).
- The treatment regimen was generally well-tolerated, with most adverse events being mild infusion-related reactions.
- One participant withdrew early due to a mild cytokine reaction to vesatolimod.

BHIVA conference highlights

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Dr Orla McQuillan
Consultant in
Genitourinary Medicine
Manchester Foundation

Mandatory HIV Stigma Training for the NHS – carrot vs stick

- **Objectives:** increase knowledge of HIV and get people asking questions to reduce healthcare related stigma to people living with HIV (PLWH) within all Manchester Foundation Trust (MFT) settings
- Real stories and experiences to build impact – both positive and negative experiences Live on e-learning platform since 2022 – only 250 completions
- **Aug 2024: 23,700 completions in the first 8 months after it was made mandatory**
- Improvement: understand the ways in which PLWH experience stigma (+25%), confident in providing care for PLWH (+34%) and confident about language they use when talking to PLWH (+36%)

What's New in HIV?

- **LA cabotegravir + rilpivirine (CAB+RPV)**
  - CARES: switch to LA CAB+RPV is non-inferior to continued oral ART at Week 96
  - Multiple studies presented at CROI with starting LA CAB+RPV in people with viraemia
- **New Orals**
  - Doravirine/islatravir (DOR/ISL) at 100/0.25mg dose non-inferior to BIC/FTC/TAF at Week 48
    - Two participants had HIV-1 RNA ≥200 copies/mL
    - No treatment-emergent resistance to DOR or ISL
  - Weekly islatravir + lenacapavir (ISL+LEN)
    - 1:1 randomisation to BFTAF OD or ISL+LEN weekly
    - At W48, ISL+LEN oral maintained high rates of viral suppression 94.2% vs BFTAF 92.3%
- **Pipeline drugs** – 3rd generation INSTI, capsid inhibitor, weekly oral INSTI, long-acting PI-based nanoparticle

Dr Tristan Barber
Consultant in HIV Medicine
Royal Free Hospital

Ref: BHIVA Spring Conference Day 2 Oral Abstract 16; Day 3 'What's new in HIV?'
BHIVA Spring Conference 2025 – BHIVA

BHIVA pregnancy guidelines 2025: new sections

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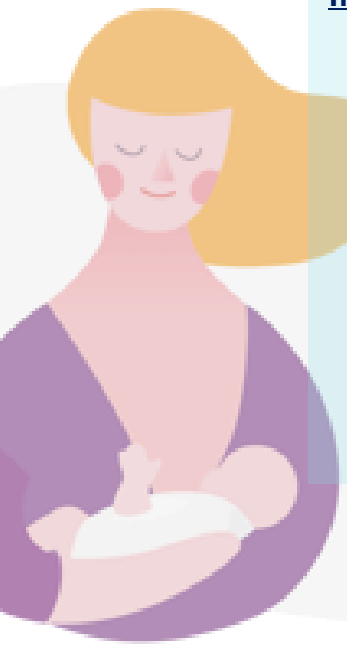
Preconception

- Preconception counselling
  - Folic acid supplementation, optimising health before conception using pregnancy planning tool
- Acknowledging that discussions about ART safety and need to start before conception (section 8.1)
  - Recommendation to prescribe regimen for which safety data and reassuring pharmacokinetic data are available

HIV screening in pregnant women/people

Infectious disease pregnancy screening (IDPS) programme

- HIV screening is offered and recommended to every pregnant woman/person to facilitate early detection and treatment of HIV and reduce risk of vertical transmission
- Women/people who screen HIV negative should be given the message that they are 'negative now' and repeat testing should be offered if they
  - change their sexual partner
  - have a partner who is sexually active with other people
  - have a partner diagnosed with a sexually transmitted infection
  - inject recreational drugs
  - undertake sex work



Infant feeding (Section 12)

- We recommend a model of shared decision-making, facilitating open and supportive discussions about infant feeding, and tailoring advice to women/feeding parents (and their families where appropriate and with their consent)
- Where possible, we recommend that **infant feeding should be discussed proactively by the HIV MDT by the end of the second trimester** at the latest, and revisited in the third trimester, with the decision documented in the antenatal notes and birth plan
- We recommend that the HIV MDT shares HIV-specific sources of information and support, including peer support, with individuals making infant feeding decisions
- HIV MDT should discuss with all pregnant women/people the evidence that **U=U does not apply to breast/chestfeeding**, and that the risk of transmission is greatly reduced by ART but is not zero

Ref: BHIVA guidelines on the management of HIV in pregnancy and postpartum period 2025
BHIVA guidelines on the management of HIV in pregnancy and the postpartum period 2025 – BHIVA