

Hospital in the Home Delivery of Long-acting Antiretroviral Therapy

Dr Connie Lam
Infectious Diseases Registrar, Austin Health



Acknowledgement of Country

We acknowledge the Kaurna people as the Traditional Owners of the Adelaide Plains and pay respects to the people, the cultures, and Elders past and present.

We acknowledge their continuing connection to land, waters and community.



Acknowledgements

I'd like to acknowledge people living with HIV around the world, whose willingness to participate in research has made advances like this possible. Their tireless advocacy and commitment to improving the lives of others continues to inspire and guide the work we do today.



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Disclosure of interest

Nothing to disclose



Background

Oral ART effective for most, but daily adherence can be difficult

Barriers: stigma, pill fatigue, mental health, unstable housing, competing demands

Interruptions --> viral rebound, progression, transmission

Long-acting injectable ART = alternative





Tied to clinic attendance
Only one clinic a week
Same time every week
Inflexible



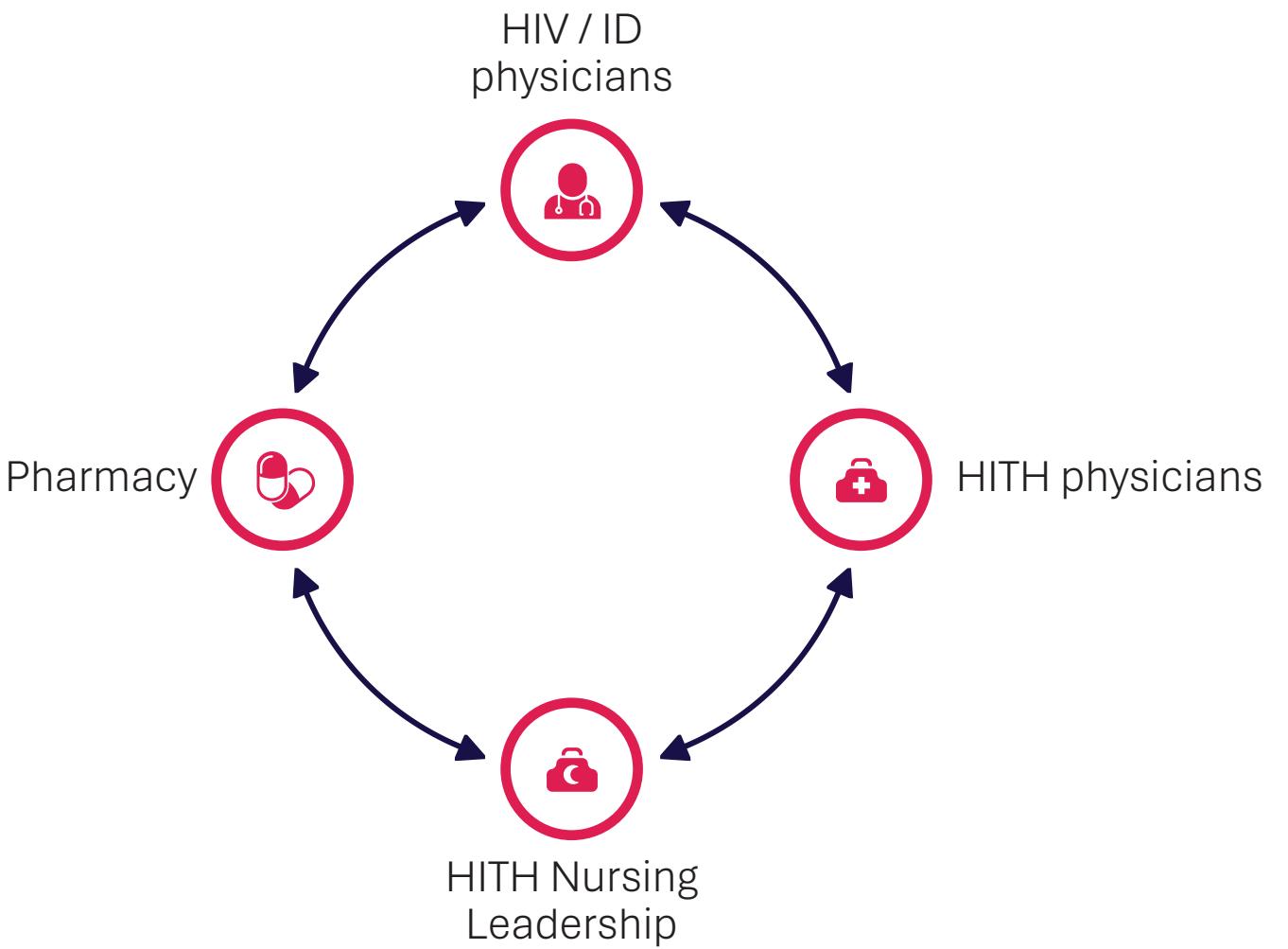
Well-established HITH program
Delivers IV antibiotics, chemotherapy, other complex therapies
Safe, flexible and community-based
Could it be adapted for HIV care?



Program Development



Collaboration



Training

HITH nurses already skilled in IV therapies

Limited HIV experience → bespoke training package

Covered:

- Injection technique & cold chain handling
- Confidentiality & stigma awareness
- Patient-centered communication

HIV treatment prevents transmission of HIV to others



ashm
Australasian Society for HIV, Viral Hepatitis
and Sexual Health Medicine

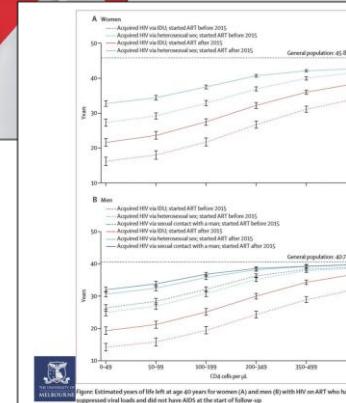
A guide for clinicians to discuss

U=U

UNDETECTABLE = UNTRANSMITTABLE

Summary

Store CABENUVA
at 2-8°C



People living with HIV have a near normal life expectancy if they have access to HIV treatment

A PWHIV, age 20 who starts ART today has 56.6 years of life left (if female) or 54.5 years (if male).

Eligibility Criteria

- ✓ HITH admission criteria: clinically stable, appropriate residence, ambulant / self-caring or has assistance available, telephone access, video Telehealth device
- ✓ Able to give informed consent
- ✓ Referred from HIV clinic or ID inpatient
- ✓ Virologically suppressed on ART
- ✓ Living within 30 minutes of the hospital
- ✓ Who would benefit the most?



Induction Process

- First injection always in clinic under observation
- Baseline labs: HIV VL, CD4, FBE, U&E, LFTs
- Safety monitoring before HITH enrolment
- Document escalation plan



Injection Cycle

8-weekly dosing schedule (± 1 week flexibility)

Pre-visit phone call - confirm time, location, wellbeing

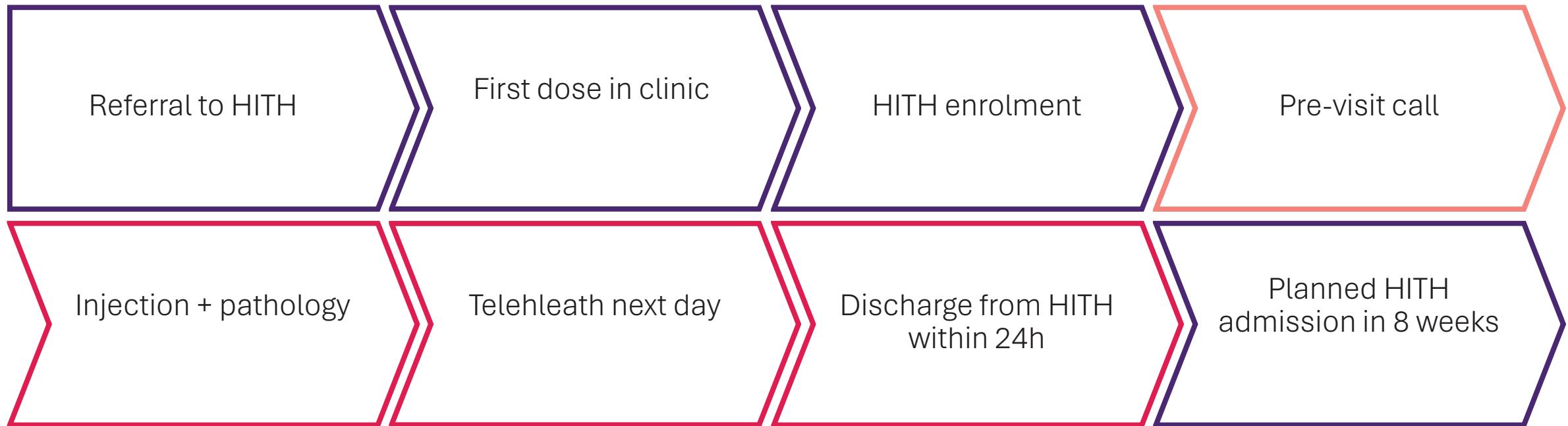
Location: patient choice — home, work, or ambulatory care centre

Pathology at 1, 3 and 6 months and ongoing

Escalation plan



Workflow



Early experience



Program launched in April
2025



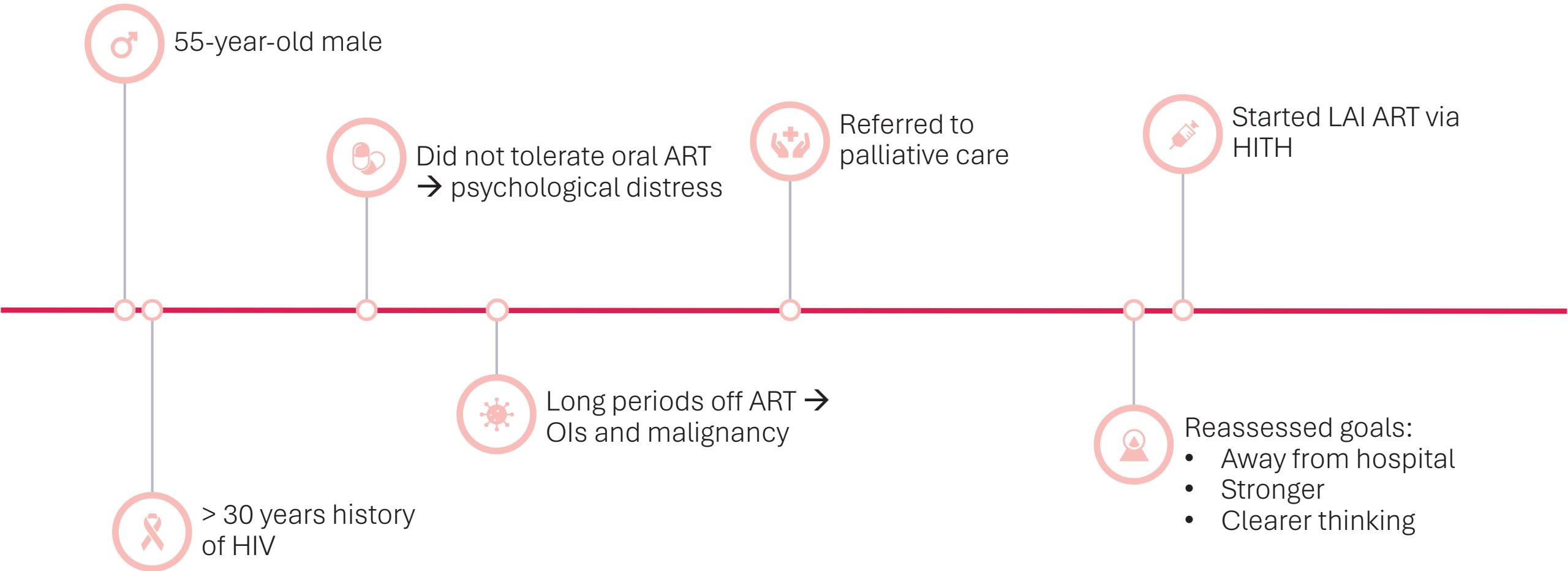
All injections delivered
successfully



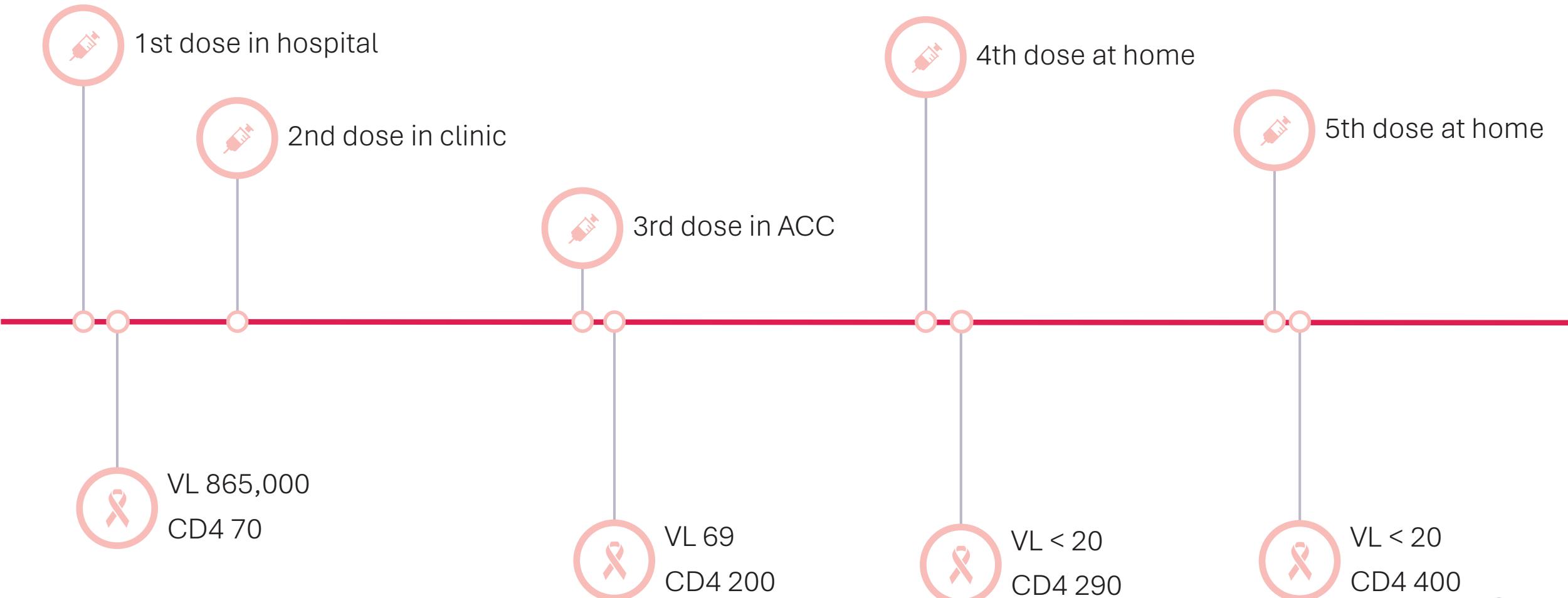
Valuable proof of
concept



Case: Tom's story



Case: Tom's experience



Tom's perspective

Injections reduced stress of treatment

Flexibility and privacy with injections at home

Improved outlook and sense of control

“ It's one less thing I have to worry about. ”



HITH perspective

“ The program feels very patient-centered. It's a privilege to be a part of. ”

HITH nurse

“ Administering it at home enhances patient privacy and mitigates stigma. ”

HITH pharmacist

“ I can see it making a real difference in their lives. ”

HITH nurse



Challenges

Workflow design to meet PBS funding requirements

Nursing confidence

Communication gaps

Use of language and related stigma

Cold chain medication logistics

Adaptations

Structured processes and clear guidelines

HIV-specific training and mentoring

Real-time escalation pathways

Ongoing education, support and self-reflection

Structured processes and organisation



Significance and Scalability

- Reduces barriers for vulnerable patients
- Supports differentiated service delivery
- Builds on existing HITH infrastructure
- Potential for regional & remote expansion
- Aligns with UNAIDS 95-95-95 goals



Conclusions

HITH LAI ART delivery is safe, feasible, acceptable

Case shows suppression, immune recovery, improved wellbeing

Positive experience for patient and staff

Proof of concept for wider use



Acknowledgements

Our patient for his trust and courage

Ray Dowling - Virtual Care Lead at Austin Health

Angela Sullivan - NUM HITH Austin Health

Hospital in the Home nursing staff

Pharmacy colleagues

Dr Madeleine Bangham – ID Advanced Trainee at Austin Health

Dr Morgan Rose and Dr Shanti Narayanasamy - ID & HITH physicians

A/Prof Janine Trevillyan - Head of Clinical Virology & HIV services at Austin Health

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