

# 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

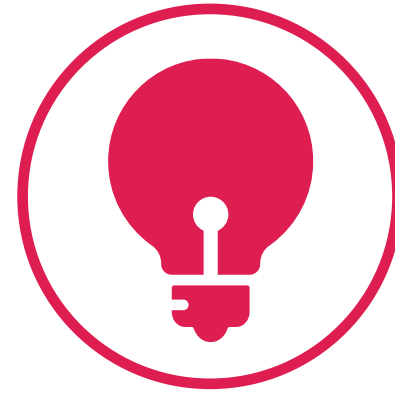
Long-acting injectable ART = alternative







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?**

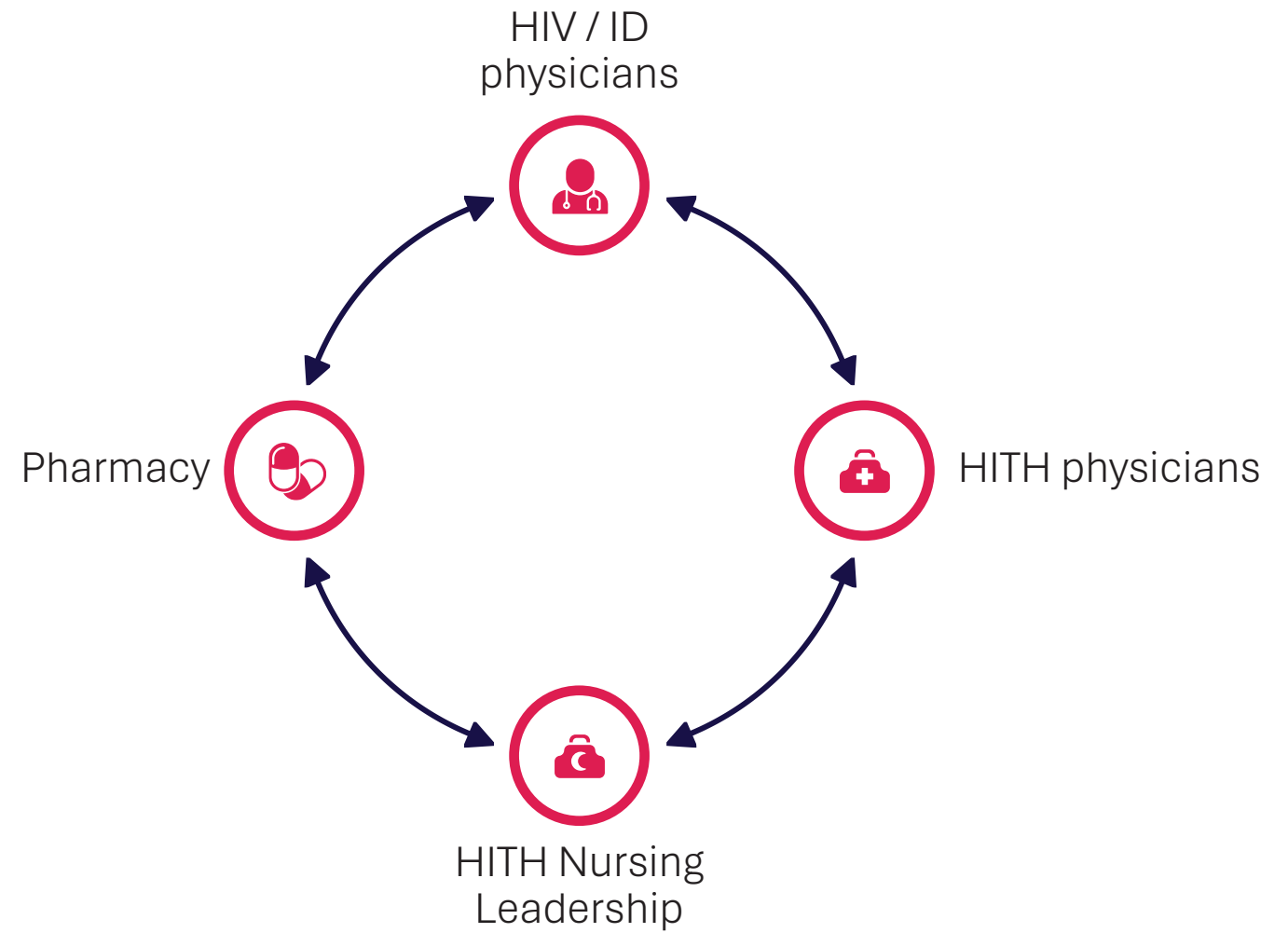


# Program Development





# 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 of giving Cabenuva

Store CABENUVA at 2-8°C	Shake well <sup>1</sup>	Draw into syringe <sup>1</sup>	Consider the patient's build <sup>1</sup>	Administer injections <sup>1</sup>
				
Ensure vials are at room temperature before use <sup>1</sup>	Suspensions should look uniform prior to use (small air bubbles are acceptable)	Administer ASAP Discard if >2 hours at room temperature once drawn into the syringe	Ensure needle length is sufficient to reach the gluteus muscle If BMI >30 kg/m <sup>2</sup> , a longer needle may be required <sup>1</sup>	HCP to administer CAB and RPV at separate gluteal injection sites during the same visit

Long-acting cabotegravir and rilpivirine dosed every 2 months in adults with HIV-1 infection (ATLAS-2M), 48-week results: a randomised, multicentre, open-label, phase 3b, non-inferiority study

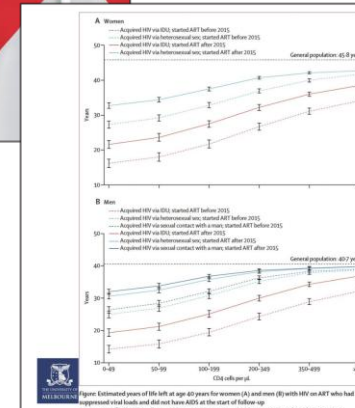
Edgar T Overton, Gary Richmond, Guillermo Rizzardini, Anne-Joergel Catherine Drent, Fiksen Nguyen, Fritz Brack, Miguel Garcia Delgado, Susan Swindell, Jaime Federico Andrade-Villanueva, Alexander Wang, Maria-Alexandra Khoury Jones, Rodolfo Salazar-Rios, Yoon-woon Egen, Herta Coudack, Susan Ford, Christine Salazar, Paul Bains, Yanyan Wang, Richard Hudson, Yashika Chavira, Amy Corbett, Paul Patel, Mark Sharpe, David A. Bangs, Kimberly T. Smith, Simon Harris, William S. G. Wilson, et al.

Lancet Dec 2020; 396:1994-2005



8 weekly IM injection x2

**PBS listed: April 1, 2022**



**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 ( $\pm 1$  week flexibility)

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

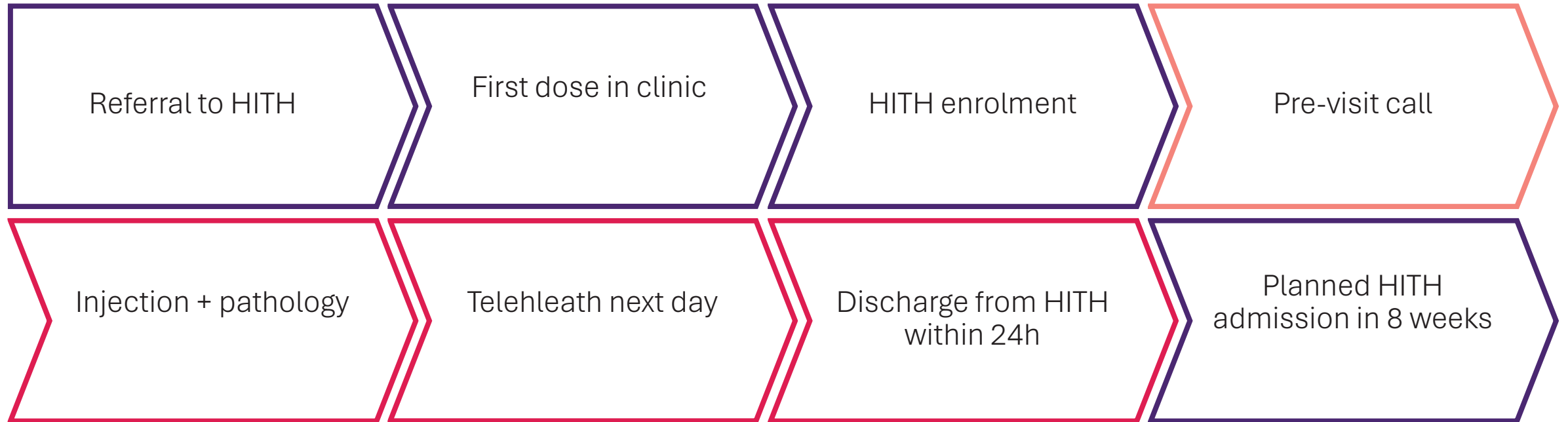
Location: patient choice — home, work, or ambulatory care centre

Pathology at 1, 3 and 6 months and ongoing

Escalation plan



# Workflow



# Early experience



Program launched in April  
2025



All injections delivered  
successfully

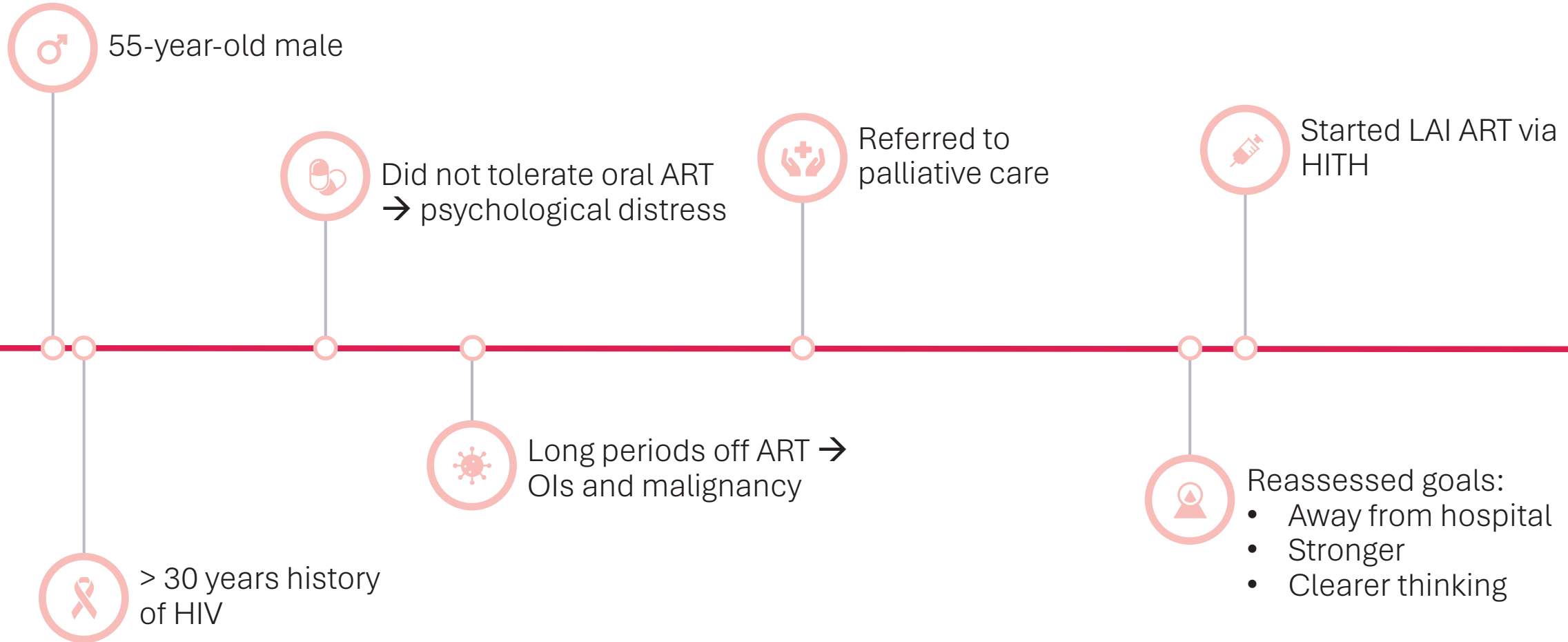


Valuable proof of  
concept

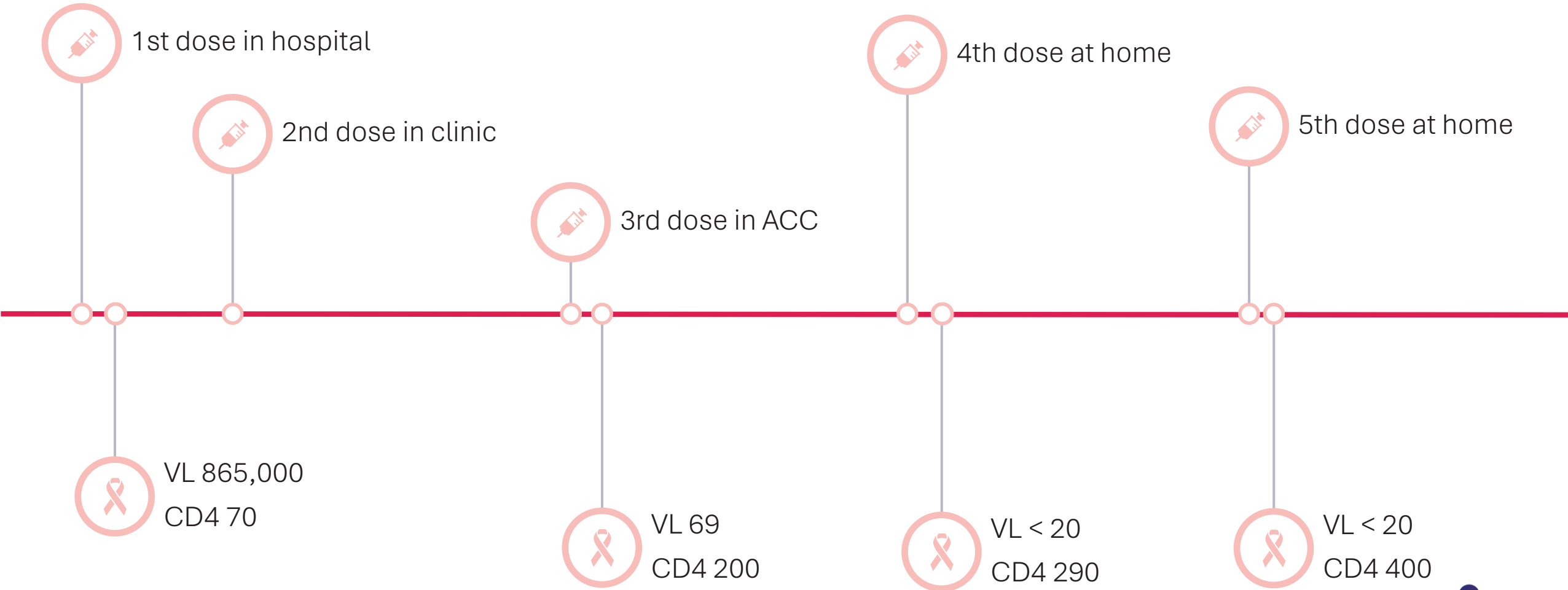




# Case: Tom's story



# Case: Tom's experience



# Tom's perspective

Injectons 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

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Pharmacy colleagues

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

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