

REVOJUTION

AVANCES Y DESAFÍOS EN EL TRATAMIENTO DEL VIH

Retos en la prevención del VIH y otras ETS

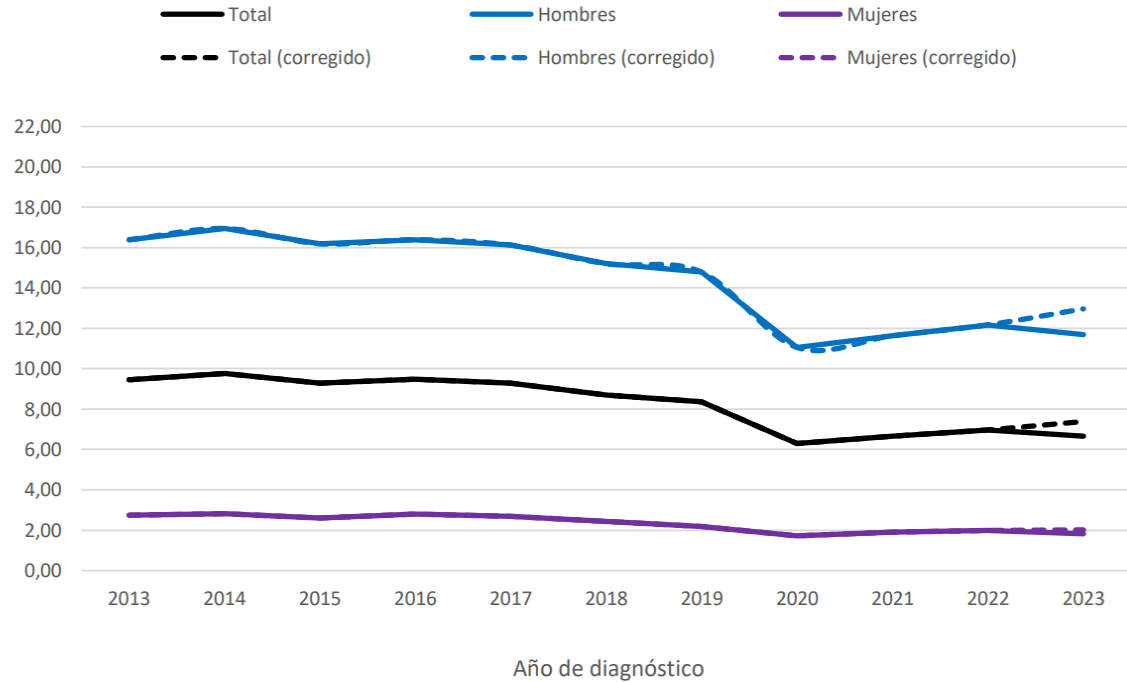
Arnau Monforte Pallarès

Hospital Universitari Vall d'Hebron - Drassanes
Unitat de VIH i Malalties de Transmissió Sexual
07 febrero 2025

1.3 MILLION



people were newly infected with HIV in
2023



Study

Antiretroviral treatment for prevention
(HPTN 052 - Africa, Asia, Americas⁵)

PrEP for discordant couples
(PartnersPrEP - Uganda, Kenya¹)

PrEP for heterosexuals
(TDF2 - Botswana²)

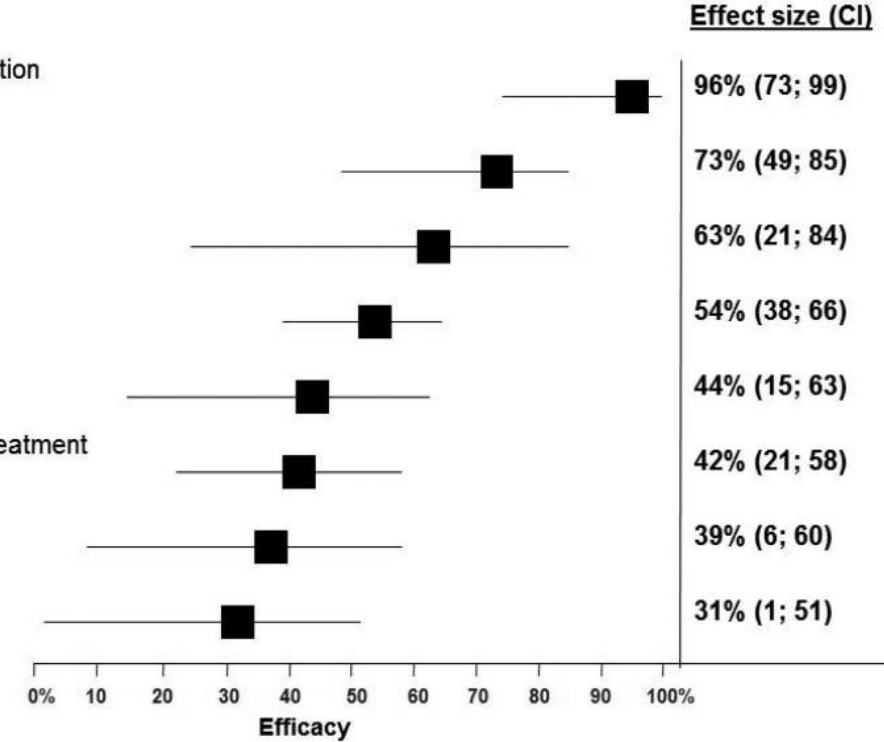
Medical male circumcision
(Orange Farm⁶, Rakai⁷, Kisumu⁸)⁹

PrEP for MSMs
(iPrEX - Americas, Thailand, South Africa⁴)

Sexually Transmitted Diseases treatment
(Mwanza - Tanzania¹⁰)

Microbicide
(CAPRISA 004 - South Africa³)

HIV Vaccine
(RV144 - Thailand¹¹)



Karim SS, Karim QA. Antiretroviral prophylaxis: a defining moment in HIV control. Lancet. 2011 Dec 17;378(9809):e23-5

A20 L
RARE CANCER SEEN IN 41 HOMOSEXUALS
 Outbreak Occurs Among Men in New York and California — 8 Died Inside 2 Years
 By LAWRENCE K. ALTMAN
 Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made. The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the diagnoses, mostly in New York City and the San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment.



IPrEx 
 Partners PrEP 
 TDF2 study 
 IPERGAY 
 PROUD 

1981 1987 1996 2008 2010 2012 2016 2019

FDA EMA
 AEMPS





1- Salud sexual



2- Chemsex



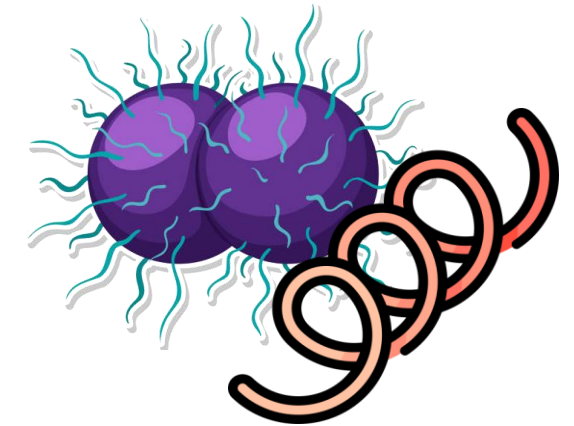
3- Vacunación



4- Pauta de PrEP



5- Adherencia y tolerabilidad



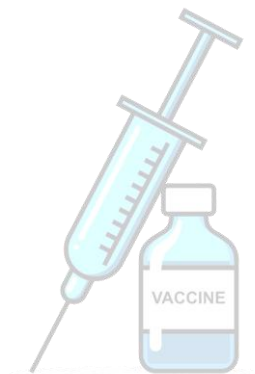
6- Prevención de ITS



1- Salud sexual



2- Chemsex



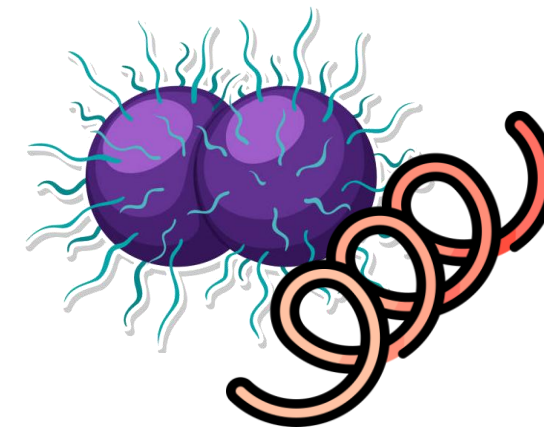
3- Vacunación



4- Pauta de PrEP



5- Adherencia y tolerabilidad



6- Prevención de ITS



4- Pauta de PrEP

INDICACIÓN

Cualquier persona vulnerable a adquirir el VIH mayor de 16 años.

Ministerio de sanidad, actualización del 1/12/2021.

INICIO

Serología de 4a gen **si >10 días** desde la última RSsp

CV y esperar resultado **si <10 días** de RSsp o sospecha inf. aguda

PEP to PrEP **si <72h** de la última RSsp

REPETIR
EN 1 MES

3-6
MESES

SUSPENSIÓN

Al menos 48h tras la última RSsp en **H y Mt**

Al menos 7 días tras la última RSsp en **M y trans* con SV**

Ambrosioni J, Levi L, Alagaratnam J et al. Major revision version 12.0 of the European AIDS Clinical Society guidelines 2023. HIV Med. 2023 Nov;24(11):1126-1136.

Ayerdi O, Coll P, et al. Recomendaciones sobre la profilaxis pre-exposición para la prevención de la infección por VIH en España (GESIDA) 2023.

4- Pauta de PrEP

Pauta diaria
(protección a los 7 días)



A demanda, "on-demand dosing o event related"
(protección a las 2h)

2:1:1 (H, Mt)

2:7 (SVr)

BEFORE SEX

AFTER SEX

BEFORE SEX

AFTER SEX

2 PrEP pills 2 to 24 hours before sex.

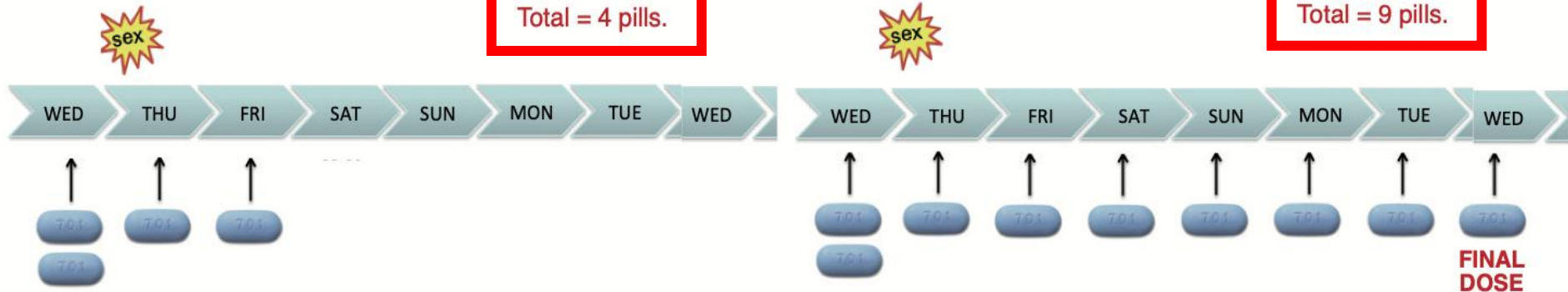
1 PrEP pill every day for two days.

2 PrEP pills 2 to 24 hours before sex.

1 PrEP pill every day for seven days.

Total = 4 pills.

Total = 9 pills.



Ambrosioni J, Levi L, Alagaratnam J et al. Major revision version 12.0 of the European AIDS Clinical Society guidelines 2023. HIV Med. 2023 Nov;24(11):1126-1136.

Ayerdi O, Coll P, et al. Recomendaciones sobre la profilaxis pre-exposición para la prevención de la infección por VIH en España (GESIDA) 2023.

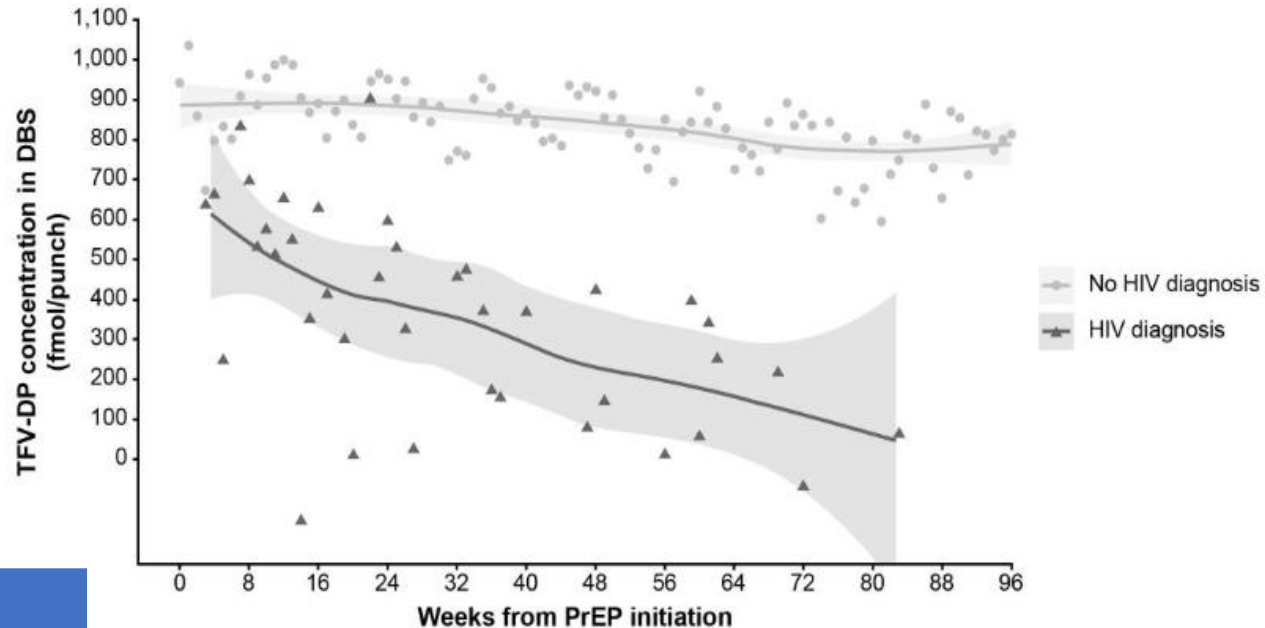
UK guide to PrEP. Examples of event-based 2:1:1 and 2:7 dosing. Last updated: 1 February 2024.



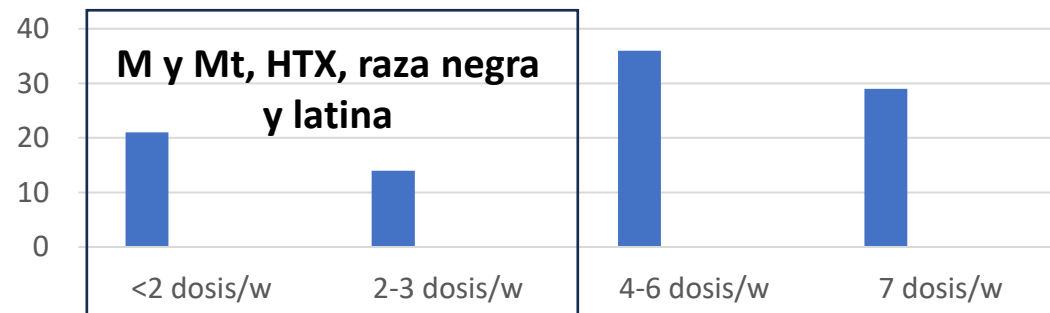
5- Adherencia y tolerabilidad

HSH, MtSH			MSH		
Estudio	Intervención	Eficacia en H/Mt	Estudio	Intervención	Eficacia en M
IPrEx 2010	TDF vs. placebo	0.53 (0.36-0.78)	Partners PrEP 2012 (M 37%)	TDF vs. placebo TDF/FTC vs. placebo	0.29 (0.13-0.63) 0.34 (0.16-0.72)
ANRS IPERGAY 2015	TDF/FTC vs. placebo	0.14 (0.02-0.6)	TDF2 2012 (M 45%)	TDF/FTC vs. placebo	PP 0.25 (0.06-0.77) mITT 0.51 (0.2-1.21)
PROUD 2016	TDF/FTC inmediato vs. tardío	0.14 (0.04-0.36)	FEM-Prep 2012 (M 100%)	TDF/FTC vs. placebo	0.94 (0.59-1.52)
			Voice Study 2015 (M 100%)	TDF vs. placebo TDF/FTC vs. placebo TFV vaginal vs. placebo	1.49 (0.97-2.29) 1.04 (0.73-1.49) 0.85 (0.61-1.21)

Type 1 Human Immunodeficiency Virus (HIV-1) Incidence, Adherence, and Drug Resistance in Individuals Taking Daily Emtricitabine/Tenofovir Disoproxil Fumarate for HIV-1 Pre-exposure Prophylaxis: Pooled Analysis From 72 Global Studies



	VIH -		VIH +		Ratio incidencia
	N	Media p-y	N (%)	Media p-y	
Todos (n = 17274)	17173	0.76	101 (0.58%)	0.59	0.77 (0.63-0.94)
H (n = 10946)	10881	0.82	65 (0.6%)	0.66	0.73 (0.57-0.93)
M (n = 5502)	5469	0.63	33 (0.6%)	0.41	0.96 (0.68-1.4)
Mt (n = 405)	403	0.75	2 (0.5%)	1.03	0.66 (0.16-2.6)
Trans* (n = 337)	336	1.03	1 (0.3%)	1.3	0.29 (0.41-2)



- 0.6% fracturas no traumáticas
- 510 (9%) alteración renal (2.5% G3), 17% relacionadas
- **28% K65R y/o M184IV, 22% otras R**

Landovitz RJ, Tao L, Yang J et al. Type 1 Human Immunodeficiency Virus (HIV-1) Incidence, Adherence, and Drug Resistance in Individuals Taking Daily Emtricitabine/Tenofovir Disoproxil Fumarate for HIV-1 Pre-exposure Prophylaxis: Pooled Analysis From 72 Global Studies. Clin Infect Dis. 2024 Nov 22;79(5):1197-1207.

HSH, MtSH

MSH

Estudio	Intervención	Eficacia en H/Mt	Estudio	Intervención	Eficacia en M
IPrEx 2010	TDF vs. placebo	0.53 (0.36-0.78)	Partners PrEP 2012 (M 37%)	TDF vs. placebo TDF/FTC vs. placebo	0.29 (0.13-0.63) 0.34 (0.16-0.72)
ANRS IPERGAY 2015	TDF/FTC vs. placebo	0.14 (0.02-0.6)	TDF2 2012 (M 45%)	TDF/FTC vs. placebo	PP 0.25 (0.06-0.77) mITT 0.51 (0.2-1.21)
PROUD 2016	TDF/FTC inmediato vs. tardío	0.14 (0.04-0.36)	FEM-Prep 2012 (M 100%)	TDF/FTC vs. placebo	0.94 (0.59-1.52)
HPTN 069 2017 (fase II)	MVC vs. MVC+FTC vs. MVC+TDF vs. TDF+FTC	p = 0.32	Voice Study 2015 (M 100%)	TDF vs. placebo TDF/FTC vs. placebo TFV vaginal vs. placebo	1.49 (0.97-2.29) 1.04 (0.73-1.49) 0.85 (0.61-1.21)
DISCOVER 2020	TAF/FTC vs. TDF/FTC	0.47 (0.19-1.15)	CAPRISA 004 2011	TFV vaginal vs. placebo	0.61 (0.40-0.94)
			FACTS-001 2018	TFV vaginal vs. placebo	0.98 (0.7-1.4)
			ASPIRE 2016	Dapivirina v vs. placebo	0.73 (0.54-0.99)

HSH, MtSH

MSH

Estudio	Intervención	Eficacia en H/Mt	Estudio	Intervención	Eficacia en M
IPrEx 2010	TDF vs. placebo	0.53 (0.36-0.78)	Partners PrEP 2012 (M 37%)	TDF vs. placebo TDF/FTC vs. placebo	0.29 (0.13-0.63) 0.34 (0.16-0.72)
ANRS IPERGAY 2015	TDF/FTC vs. placebo	0.14 (0.02-0.6)	TDF2 2012 (M 45%)	TDF/FTC vs. placebo	PP 0.25 (0.06-0.77) mITT 0.51 (0.2-1.21)
PROUD 2016	TDF/FTC inmediato vs. tardío	0.14 (0.04-0.36)	FEM-Prep 2012 (M 100%)	TDF/FTC vs. placebo	0.94 (0.59-1.52)
HPTN 069 2017 (fase II)	MVC vs. MVC+FTC vs. MVC+TDF vs. TDF+FTC	p = 0.32	Voice Study 2015 (M 100%)	TDF vs. placebo TDF/FTC vs. placebo TFV vaginal vs. placebo	1.49 (0.97-2.29) 1.04 (0.73-1.49) 0.85 (0.61-1.21)
DISCOVER 2020	TAF/FTC vs. TDF/FTC	0.47 (0.19-1.15)	CAPRISA 004 2011	TFV vaginal vs. placebo	0.61 (0.40-0.94)
			FACTS-001 2018	TFV vaginal vs. placebo	0.98 (0.7-1.4)
			ASPIRE 2016	Dapivirina v vs. placebo	0.73 (0.54-0.99)
HPTN083 2021	CAB vs. TDF/FTC	0.34 (0.18-0.62)	HPTN084 2022	CAB vs. TDF/FTC	0.09 (0.04-0.27)
PURPOSE-2 2024	LEN vs. Incid. Basal LEN vs. TDF/FTC	0.04 (0.01-0.18) 0.11 (0.02-0.51)	PURPOSE-1 2024	LEN vs. Indic. Basal	0 (0-0.04)
				TAF/FTC vs. Indic. Basal TAF/FTC vs. TDF/FTC	0.84 (0.55-1.28) 1.2 (0.67-2.14)

A20 L
RARE CANCER SEEN IN 41 HOMOSEXUALS
 Outbreak Occurs Among Men in New York and California — 8 Died Inside 2 Years
 By LAWRENCE K. ALTMAN
 Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made. The cause of the outbreak is unknown, and there is as yet no evidence of contagion. But the doctors who have made the diagnoses, mostly in New York City and the San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment.



IPrEx 
 Partners PrEP 
 TDF2 study 
 IPERGAY 
 PROUD 

PURPOSE-2 
 PURPOSE-1 

HPTN083 
 HPTN084 

DISCOVER 

1981 1987 1996 2008 2010 2012 2016 2019 2020 2022 2024 2025



FDA EMA AEMPS FDA FDA EMA FDA pendiente

ORAL DIARIO



INYECTABLE



Cabotegravir ULA (+ recombinant human hyaluronidase), elsulfavirine, atazanavir, ritonavir, raltegravir, albuvirtide, bnAbs, combinectin...



LONG- ACTING

IMPLANTE SUBDÉRMICO

Islatravir (stopped), TAF, DTG, GS-9131...



systemic
injectables



subdermal
implants



TÓPICO VAGINAL

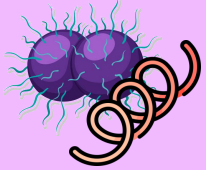


vaginal
rings



Flexner C. The future of long-acting agents for preexposure prophylaxis. *Curr Opin HIV AIDS*. 2022 Jul 1;17(4):192-198.

Krovi SA, Johnson LM, Luecke E et al. Advances in long-acting injectables, implants, and vaginal rings for contraception and HIV prevention. *Adv Drug Deliv Rev*. 2021 Sep;176:113849.



6- Prevención de ITS

Infecciones de transmisión sexual

Clamidia (serotipos D-K)

Gonorrea

Sífilis

Mycoplasma genitalium

Linfogranuloma venéreo

VIH

Virus herpes simple

Condilomas (VPH)

Hepatitis B

Trichomoniasis

Haemophilus ducreyi

Enfermedades transmisibles por el sexo

Hepatitis A y hepatitis C

Zika virus

Neisseria meningitidis

Mpox

Shigellosis

Giardiasis

Escabiosis

Pthirus pubis

Impétigo contagioso (*S. aureus*, *S. pyogenes*...)

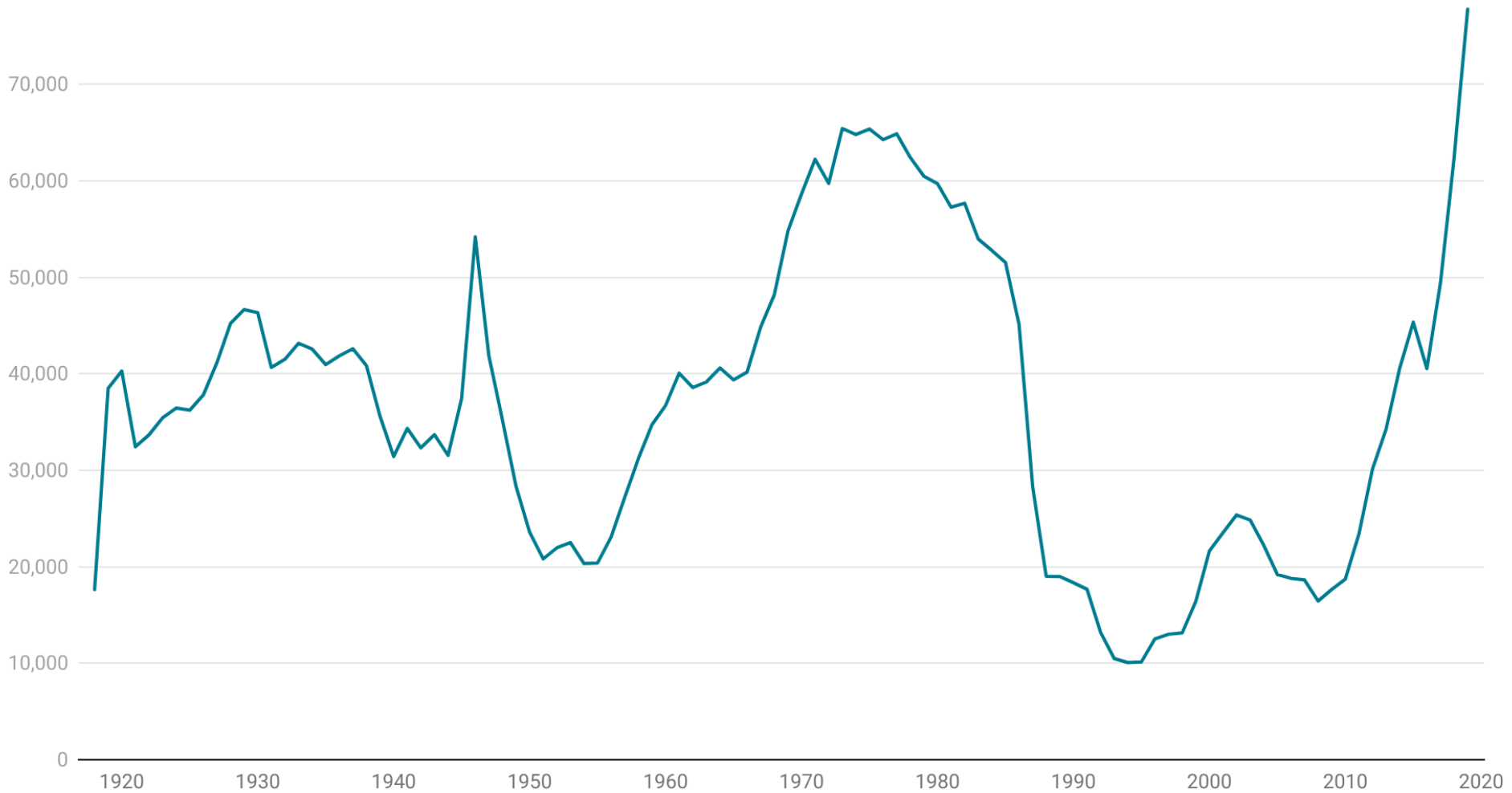
Dermatofitosis

Candidiasis (balanopostitis, vulvovaginitis)

Molluscum contagiosum

Gonorrhoea is at record levels

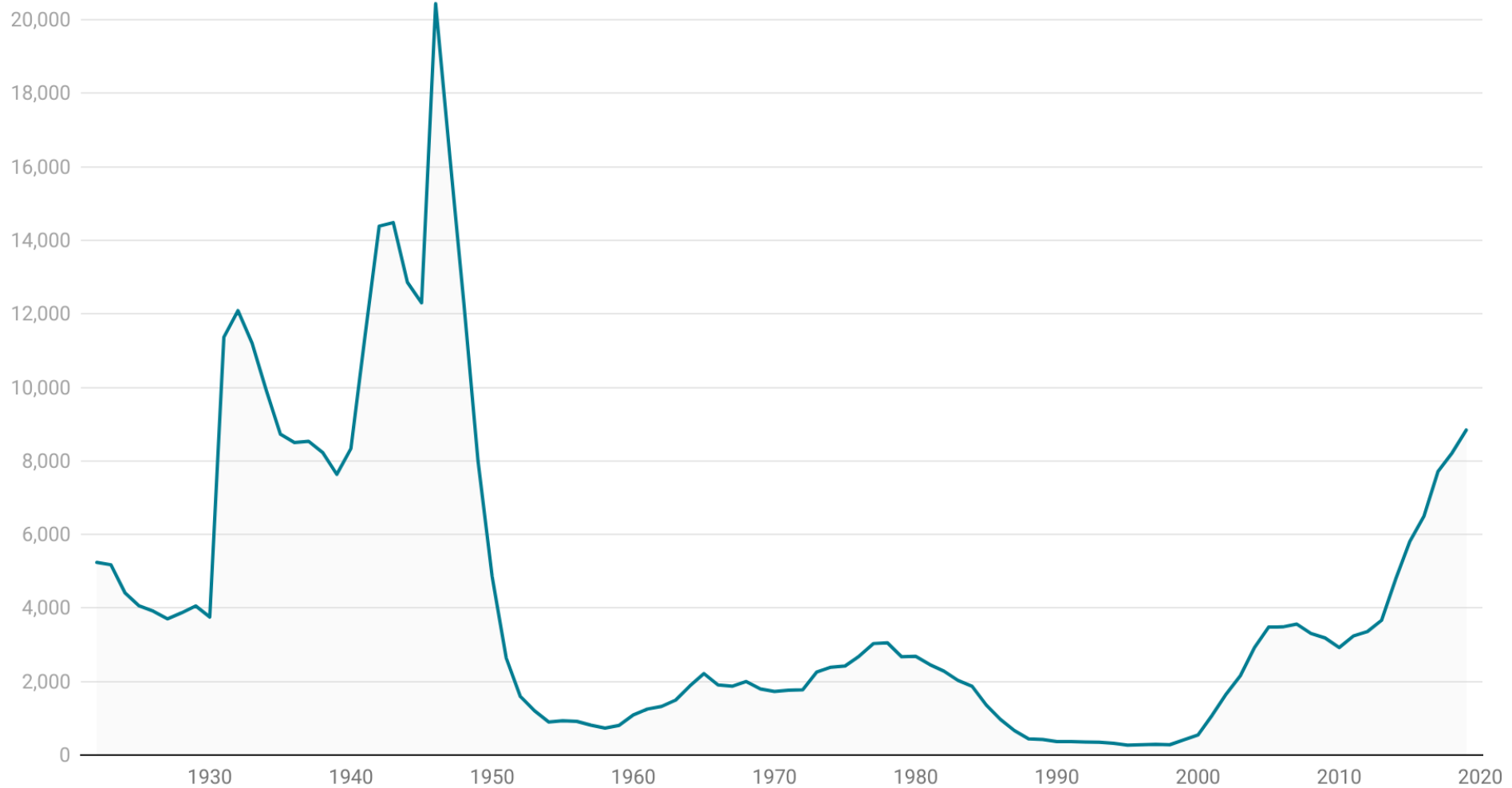
Annual number of gonorrhoea diagnoses in the UK*, 1918-2019



STIs through the centuries – UK Health Security Agency. 2024-03-13. <https://ukhsa.blog.gov.uk/2024/03/13/stis-through-the-centuries/>. Last accessed 2025-01-27.

Syphilis cases are at their highest level since 1948

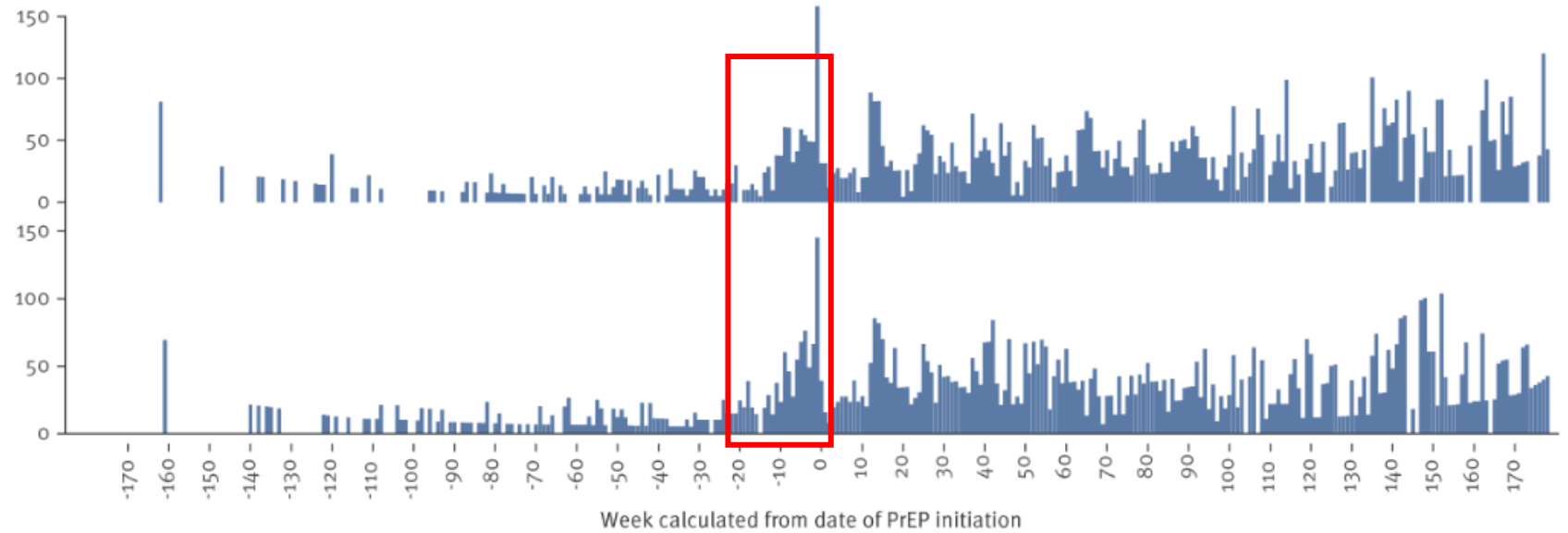
Annual number of syphilis diagnoses in the UK*, 1922-2019



STIs through the centuries – UK Health Security Agency. 2024-03-13. <https://ukhsa.blog.gov.uk/2024/03/13/stis-through-the-centuries/>. Last accessed 2025-01-27.

1. Aumento de **detección de ITS** (cribado)
2. Aumento de **prácticas** de riesgo
3. Aumento de ITS por **otras causas**

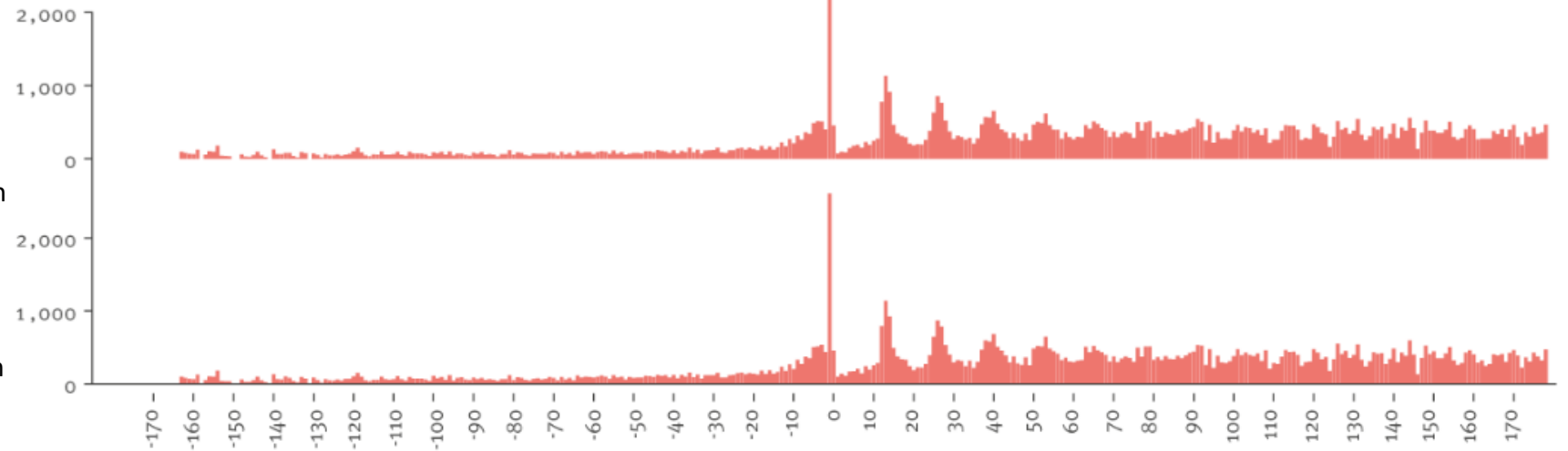
A. Incidence rate for chlamydia and gonorrhoea before and after PrEP initiation



Chlamydia

Gonorrhoea

B. Test rate for chlamydia and gonorrhoea before and after PrEP initiation

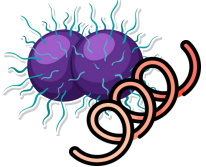


Chlamydia

Gonorrhoea

Ayerdi Aguirrebengoa O et al. Low use of condom and high STI incidence among men who have sex with men in PrEP programs. PLoS One. 2021 Feb 4;16(2):e0245925.

von Schreeb S et al. Questioning risk compensation: pre-exposure prophylaxis (PrEP) and sexually transmitted infections among men who have sex with men, capital region of Denmark, 2019 to 2022. Euro Surveill. 2024 Mar;29(13):2300451.



6- Prevención de ITS



DoxyPEP

n = 226, 2017



Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial

*Jean-Michel Molina, Isabelle Charreau, Christian Chidiac, Gilles Pialoux, Eric Cua, Constance Delaugerre, Catherine Capitant, Daniela Rojas-Castro, Julien Fonsart, Béatrice Bercot, Cécile Bébéar, Laurent Cotte, Olivier Robineau, François Raffi, Pierre Charbonneau, Alexandre Aslan, Julie Chas, Laurence Niedbalski, Bruno Spire, Luis Sagaon-Teyssier, Diane Carette, Soizic Le Mestre, Veronique Doré, Laurence Meyer, for the ANRS IPERGAY Study Group**

n = 501, 2023



Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections

*Anne F. Luetkemeyer, M.D., Deborah Donnell, Ph.D., Julia C. Dombrowski, M.D., M.P.H., Stephanie Cohen, M.D., M.P.H., Cole Grabow, M.P.H., Clare E. Brown, Ph.D., Cheryl Malinski, B.S., Rodney Perkins, R.N., M.P.H., Melody Nasser, B.A., Carolina Lopez, B.A., Eric Vittinghoff, Ph.D., Susan P. Buchbinder, M.D., Hyman Scott, M.D., M.P.H., Edwin D. Charlebois, Ph.D., M.P.H., Diane V. Havlir, M.D., Olusegun O. Soge, Ph.D., and Connie Celum, M.D., M.P.H., for the DoxyPEP Study Team**

n = 449, 2023



Doxycycline Prophylaxis to Prevent Sexually Transmitted Infections in Women

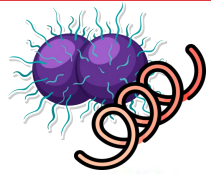
*Jenell Stewart, D.O., M.P.H., Kevin Oware, M.A., Deborah Donnell, Ph.D., Lauren R. Violette, M.P.H., Josephine Odoyo, R.N., M.P.H., Olusegun O. Soge, Ph.D., Caitlin W. Scoville, M.P.H., Victor Omollo, M.B., Ch.B., M.P.H., Felix O. Mogaka, M.B., Ch.B., Fredericka A. Sesay, M.B., Ch.B., M.P.H., R. Scott McClelland, M.D., M.P.H., Matthew Spinelli, M.D., M.P.H., Monica Gandhi, M.D., M.P.H., Elizabeth A. Bukusi, M.B., Ch.B., M.Med., M.P.H., Ph.D., and Jared M. Baeten, M.D., Ph.D., for the dPEP Kenya Study Team**

n = 545, 2024



Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 x 2 factorial design

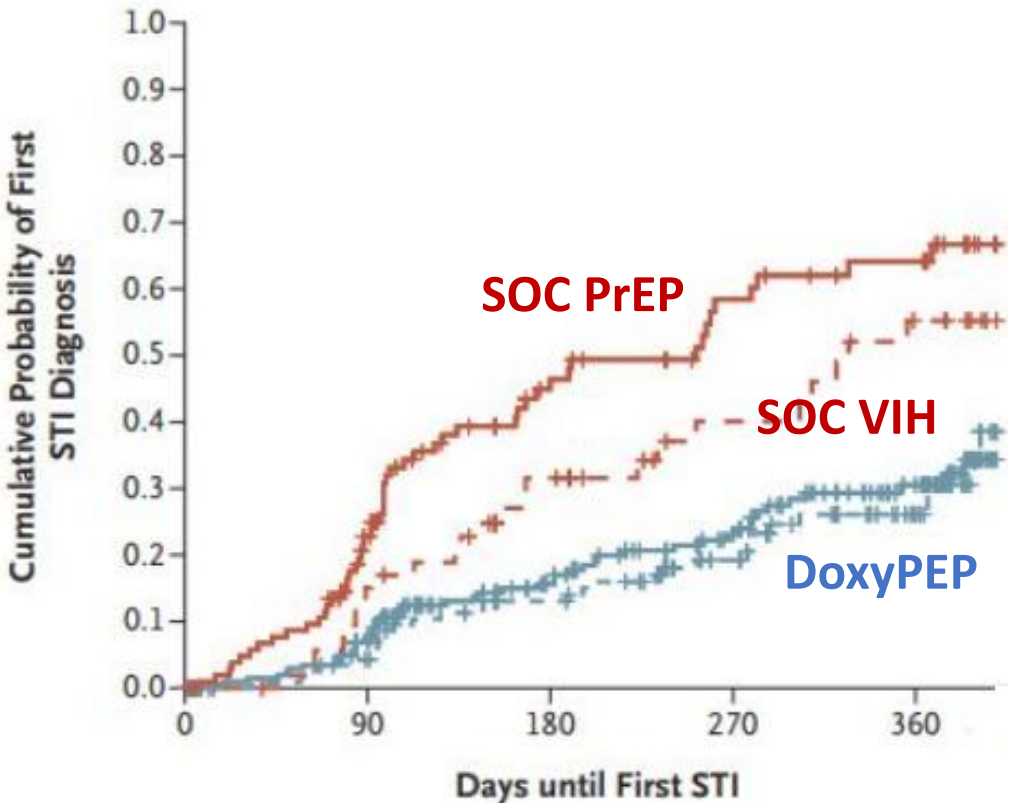
*Jean-Michel Molina, Beatrice Bercot, Lambert Assoumou, Emma Rubenstein, Michele Algarte-Genin, Gilles Pialoux, Christine Katlama, Laure Surgers, Cécile Bébéar, Nicolas Dupin, Moussa Ouattara, Laurence Slama, Juliette Pavie, Claudine Duvivier, Benedicte Loze, Lauriane Goldwirt, Severine Gibowski, Manon Ollivier, Jade Ghosn, Dominique Costagliola, for the ANRS 174 DOXYVAC Study Group**



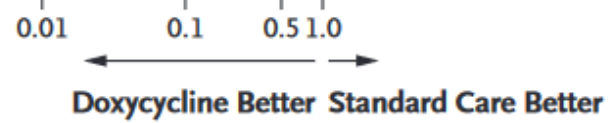
6- Prevención de ITS



DoxyPEP: eficacia

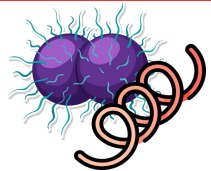


Analyses	Doxycycline <i>no. of quarterly visits with event /total no. of visits (%)</i>	Standard Care	Relative Risk (95% CI)
Any gonorrhoea	52/570 (9.1)	52/257 (20.2)	0.45 (0.32–0.65)
Urethral	5/570 (0.9)	12/257 (4.7)	0.19 (0.06–0.55)
Pharyngeal	38/570 (6.7)	34/257 (13.2)	0.50 (0.32–0.78)
Rectal	25/570 (4.4)	29/257 (11.3)	0.40 (0.23–0.69)
Any chlamydia	8/570 (1.4)	31/257 (12.1)	0.12 (0.05–0.25)
Urethral	1/570 (0.2)	6/257 (2.3)	0.07 (0.01–0.59)
Pharyngeal	2/570 (0.4)	4/257 (1.6)	0.22 (0.04–1.14)
Rectal	7/570 (1.2)	23/257 (8.9)	0.14 (0.06–0.32)
Any early syphilis	2/570 (0.4)	7/257 (2.7)	0.13 (0.03–0.59)
Subgroup analysis: any STI			
Age			
≤30 yr	15/165 (9.1)	31/91 (34.1)	0.27 (0.15–0.47)
>30 yr	46/405 (11.4)	51/166 (30.7)	0.37 (0.25–0.55)
No. of STIs in previous 12 mo			
1	21/227 (9.3)	34/129 (26.4)	0.35 (0.20–0.60)
>1	40/343 (11.7)	48/128 (37.5)	0.31 (0.21–0.46)



	DoxyPEP	SOC	RR
PrEP	10.7%	31.9%	0.34 (0.24-0.46)
PWH	11.8%	30.5%	0.38 (0.24-0.60)

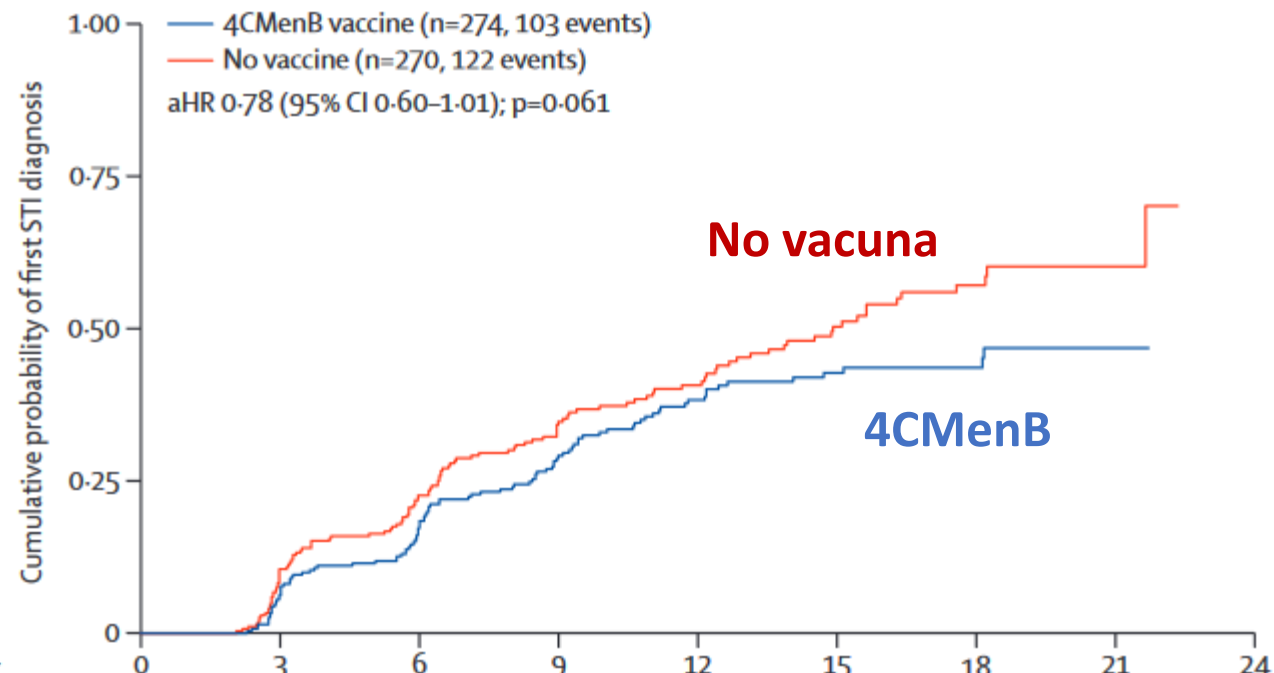
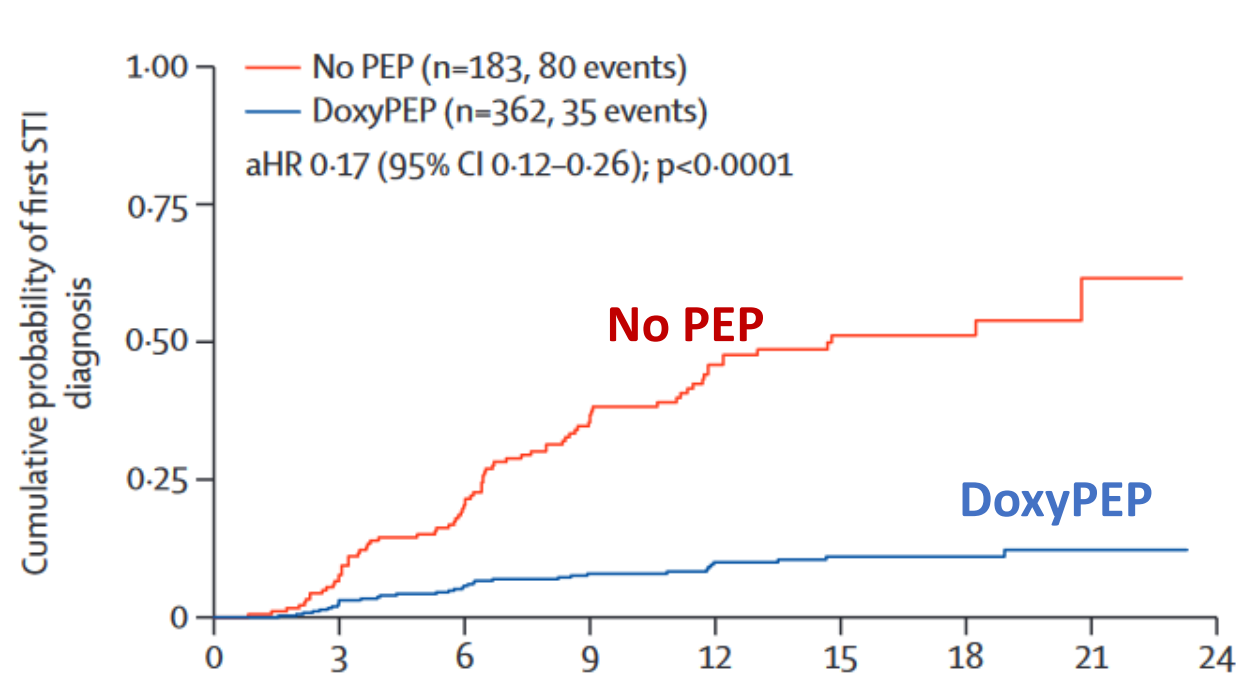
Luetkemeyer AF et al. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. N Engl J Med. 2023 Apr 6;388(14):1296-1306.



6- Prevención de ITS

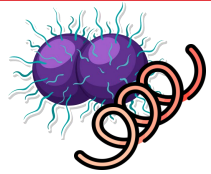


DoxyPEP: eficacia



	DoxyPEP	SOC	aHR	4CMenB	No vac	
CT o Sífilis	8.8/100 p-y	53.2/100 p-y	0.17 (0.12-0.26)	-	-	-
NG	45.5/100 p-y	68.4/100 p-y	0.67 (0.52-0.87)	58.3/100 p-y	77.1/100 p-y	0.78 (0.6-1.01)

Molina JM et al. Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 × 2 factorial design. Lancet Infect Dis. 2024 Oct;24(10):1093-1104.



6- Prevención de ITS



DoxyPEP: resistencias

Neisseria gonorrhoeae

- 27% doxi-R basal
- **36-38% doxi-R** en DoxyPEP
- **12-13% doxi-R** en no DoxyPEP

Staphylococcus aureus

- 45% colonización (12% doxi-R)
- **28%** en DoxyPEP (5% doxi-R)
- **47%** en no DoxyPEP (4% doxi-R)

Chlamydia trachomatis

- No se detectaron CT doxi-R por NGS

BLEE

- No diferencias

Sífilis?

Luetkemeyer AF et al. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. N Engl J Med. 2023 Apr 6;388(14):1296-1306.

Molina JM et al. Doxycycline prophylaxis and meningococcal group B vaccine to prevent bacterial sexually transmitted infections in France (ANRS 174 DOXYVAC): a multicentre, open-label, randomised trial with a 2 x 2 factorial design. Lancet Infect Dis. 2024 Oct;24(10):1093-1104.

Conclusiones

Visita basal PrEP

qHSH/M (el, ella, elle) de 25 años que solicita PrEP.
Natural de Colombia, en España desde 2021.
Nivel de estudios y situación laboral:
No AMC, no AP de interés. No medicación habitual.
No supls gym/herboristería.
Uso de sustancias recreativas: G, M, C, tina. No slamming.
Situación serológica heps y vacunas (11/2024): inmune VHA,
VHB (vacunado). VHC neg. VPH y Mpox pendiente.
ITS previas: NG 2024, LGV 2023.
Fecha última serología VIH negativa: 09/2024.
Fecha URSAsp:
Porcentaje uso del preservativo: <10%.
Núm parejas sexuales u12m: 10 SAv.
No PPE previa.
No síntomas, no clínica de primoinfección.
PLAN: analítica basal y cribado ITS. Control 2-3 semanas para
PR VIH e inicio.

Conclusiones

Visita basal PrEP

qHSH/M (el, ella, elle) de 25 años que solicita PrEP.
Natural de Colombia, en España desde 2021.
Nivel de estudios y situación laboral:
No AMC, no AP de interés. No medicación habitual.

No supls gym/herboristería.

Uso de sustancias recreativas: G, M, C, tina. No slamming.

Situación serológica heps y vacunas (11/2024): inmune VHA,
VHB (vacunado). VHC neg. VPH y Mpox pendiente.

ITS previas: NG 2024, LGV 2023.

Fecha última serología VIH negativa: 09/2024.
Fecha URSAsp:
Porcentaje uso del preservativo: <10%.

Núm parejas sexuales u12m: 10 SAv.
No PPE previa.

No síntomas, no clínica de primoinfección.

PLAN: analítica basal y cribado ITS. Control 2-3 semanas para
PR VIH e inicio.

1. Presentación e identidad de género

2. Suplementos e interacciones

3. Sustancias, control de daños

4. Vacunación VHB, VHA, VPH, Mpox

5. ITS previas y valorar métodos de
prevención

6. Inicio y pauta de PrEP, adherencia y
tolerabilidad



**I WANT TO
LIVE BY CHOICE
NOT BY CHANCE**
LEAGO, 20



SWALLOW THIS

¡GRACIAS!



WE STAY SURE
DAILY PrEP + CONDOMS



I DO IT WITH MY MOUTH

Choosing daily PrEP keeps me
HIV negative. How do you do it?

REVOJUTION

AVANCES Y DESAFÍOS EN EL TRATAMIENTO DEL VIH

Diapos reserva

THE JOURNAL OF INFECTIOUS DISEASES • VOL. 158, NO. 2 • AUGUST 1988

SPECIAL NOTICE

Prophylactically Administered Retrovir® in Health Care Workers Potentially Exposed to the Human Immunodeficiency Virus

STEPHEN W. LAFON, SANDRA NUSINOFF LEHRMAN,
DAVID W. BARRY

Henderson DK, Gerberding JL. Prophylactic zidovudine after occupational exposure to the human immunodeficiency virus: an interim analysis. J Infect Dis. 1989 Aug;160(2):321-7.

Prevention of SIV Infection in Macaques by (R)-9-(2-Phosphonylmethoxypropyl)adenine

Che-Chung Tsai,* Kathryn E. Follis, Alexander Sabo, Thomas W. Beck, Richard F. Grant, Norbert Bischofberger, Raoul E. Benveniste, Roberta Black

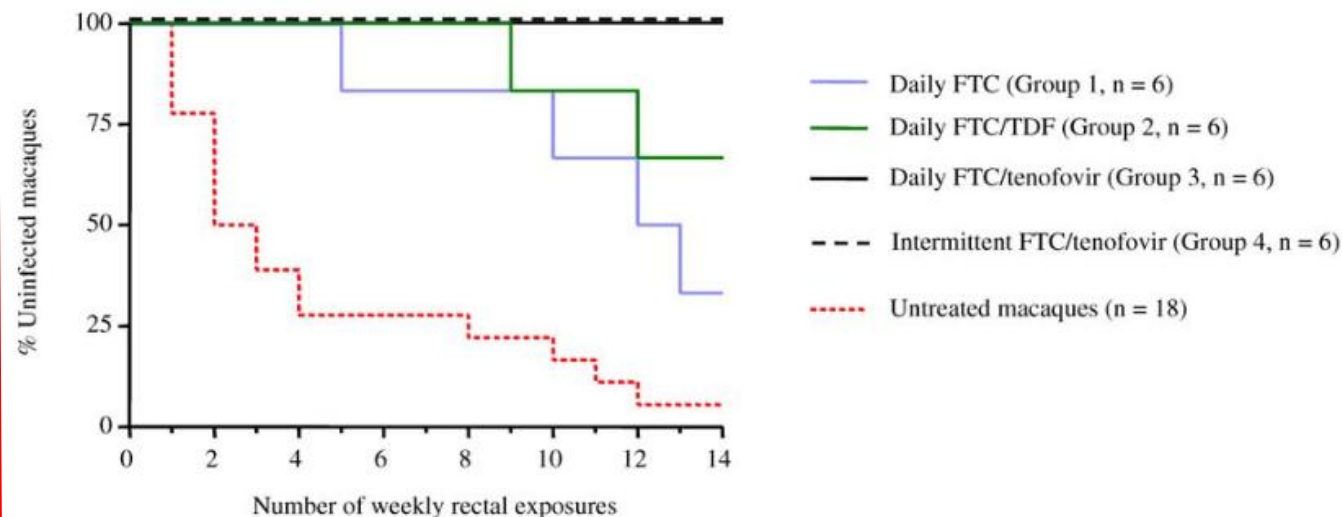
Group	PMPA treatment*		Virus load	
	Time started	Dose (mg/kg)	Plasma†	PBMCs‡
1 (n = 5)	48 hours preinoculation	20	–	–
2 (n = 10)	48 hours preinoculation	30	–	–
3 (n = 5)	4 hours postinoculation	30	–	–
4 (n = 5)	24 hours postinoculation	30	–	–
5 (n = 10)	Control, mock-treated	None	+	+

Tsai CC, Follis KE, Sabo A et al. Prevention of SIV infection in macaques by (R)-9-(2-phosphonylmethoxypropyl)adenine. Science. 1995 Nov 17;270(5239):1197-9

Received: June 6, 2007
 Accepted: December 18, 2007
 Published: February 5, 2008

Prevention of Rectal SHIV Transmission in Macaques by Daily or Intermittent Prophylaxis with Emtricitabine and Tenofovir

J. Gerardo García-Lerma^{1*}, Ron A. Otten¹, Shoukat H. Qari¹, Eddie Jackson², Mian-er Cong¹, Silvina Masciotra¹, Wei Luo¹, Caryn Kim¹, Debra R. Adams¹, Michael Monsour¹, Jonathan Lipscomb¹, Jeffrey A. Johnson¹, David Delinsky³, Raymond F. Schinazi³, Robert Janssen¹, Thomas M. Folks¹, Walid Heneine^{1*}



García-Lerma JG, Otten RA, Qari SH et al. Prevention of rectal SHIV transmission in macaques by daily or intermittent prophylaxis with emtricitabine and tenofovir. PLoS Med. 2008 Feb;5(2):e28.

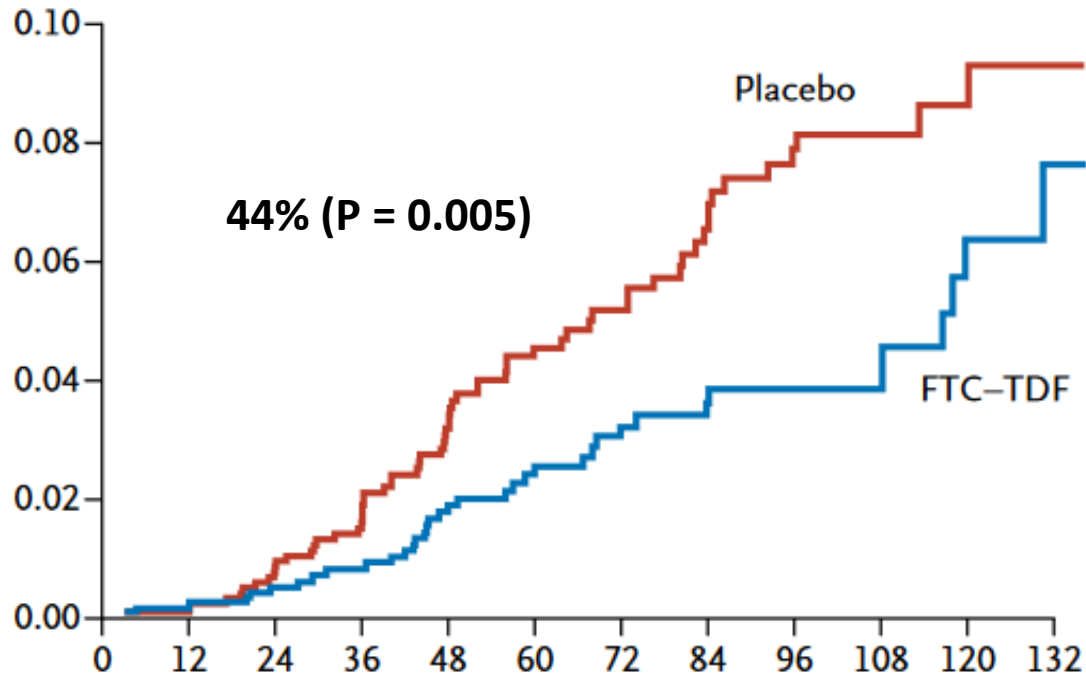
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

DECEMBER 30, 2010

VOL. 363 NO. 27

Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men



Grant RM, Lama JR, Anderson PL et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med. 2010 Dec 30;363(27):2587-99.

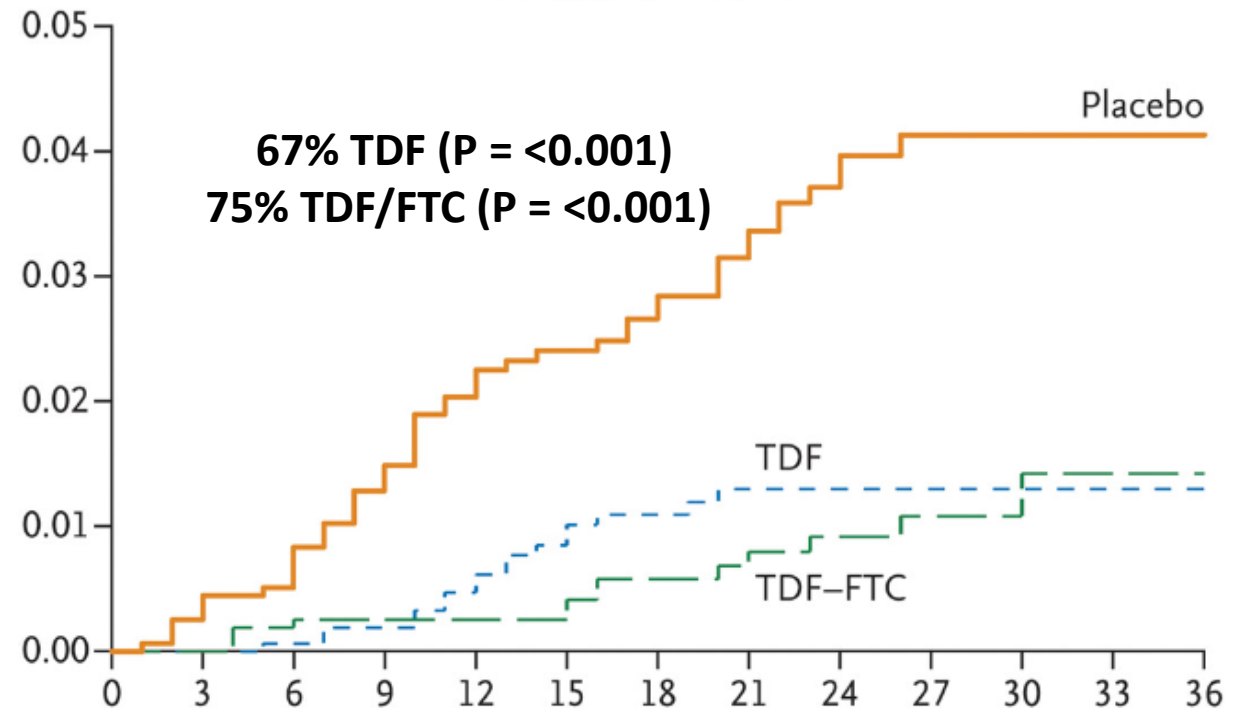
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

AUGUST 2, 2012

VOL. 367 NO. 5

Antiretroviral Prophylaxis for HIV Prevention in Heterosexual Men and Women

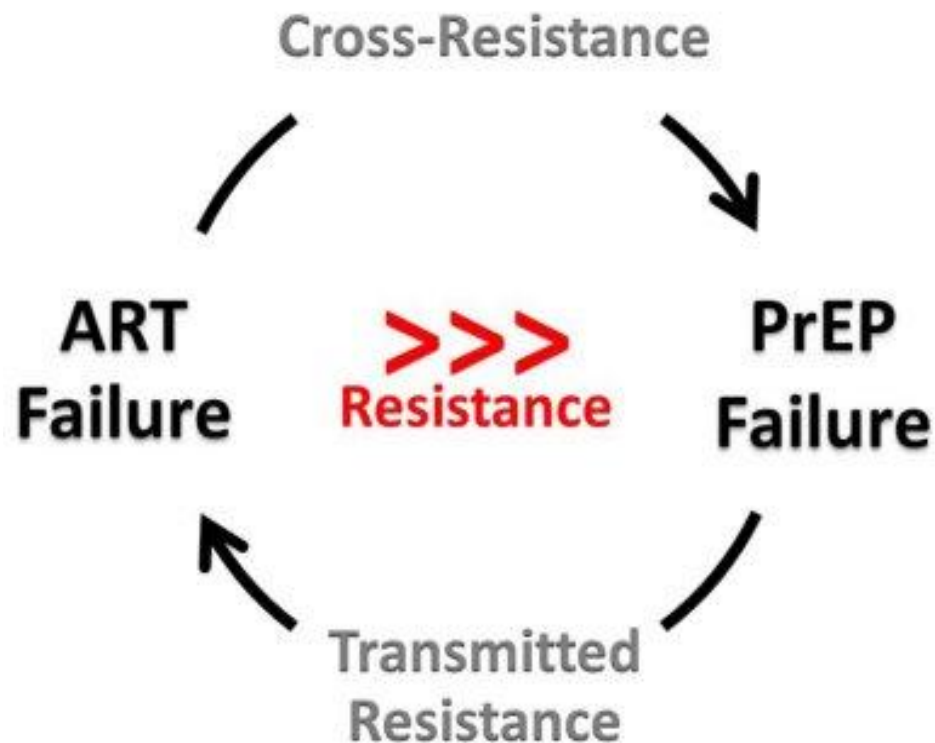


Baeten JM, Donnell D, Ndase P et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. N Engl J Med. 2012 Aug 2;367(5):399-410.

Should We Fear Resistance from Tenofovir/Emtricitabine PrEP?

Urvi M. Parikh and John W. Mellors

Department of Medicine, Division of Infectious Diseases, University of Pittsburgh, Pittsburgh, Pennsylvania, USA



Preexposure Prophylaxis Use History in People With Antiretroviral Resistance at Human Immunodeficiency Virus (HIV) Diagnosis: Findings From New York City HIV Surveillance and Partner Services, 2015–2022

	PrEP reciente (<90d)	PrEP pasada (>90d)	Uso PrEP desconocido	Total VIH	P value
Inf. aguda	41 (30%)	24 (19%)	495 (12%)	560/4246 (13%)	<0.001
M184I/V*	19 (14%)	10 (8%)	69 (2%)	98/4246 (2%)	<0.001
aRR	5.86 (2.49-13.77)	4.46 (0.66-11.64)	1 (ref)	*K65R 5 (0.1%)	

Parikh UM, Mellors JW. Should we fear resistance from tenofovir/emtricitabine preexposure prophylaxis? *Curr Opin HIV AIDS*. 2016 Jan;11(1):49-55.

Misra K, Huang JS, Udeagu CN et al. Pre-exposure Prophylaxis Use History in People With Antiretroviral Resistance at HIV Diagnosis. *Clin Infect Dis*. 2024 May 15;78(5):1240-1245.

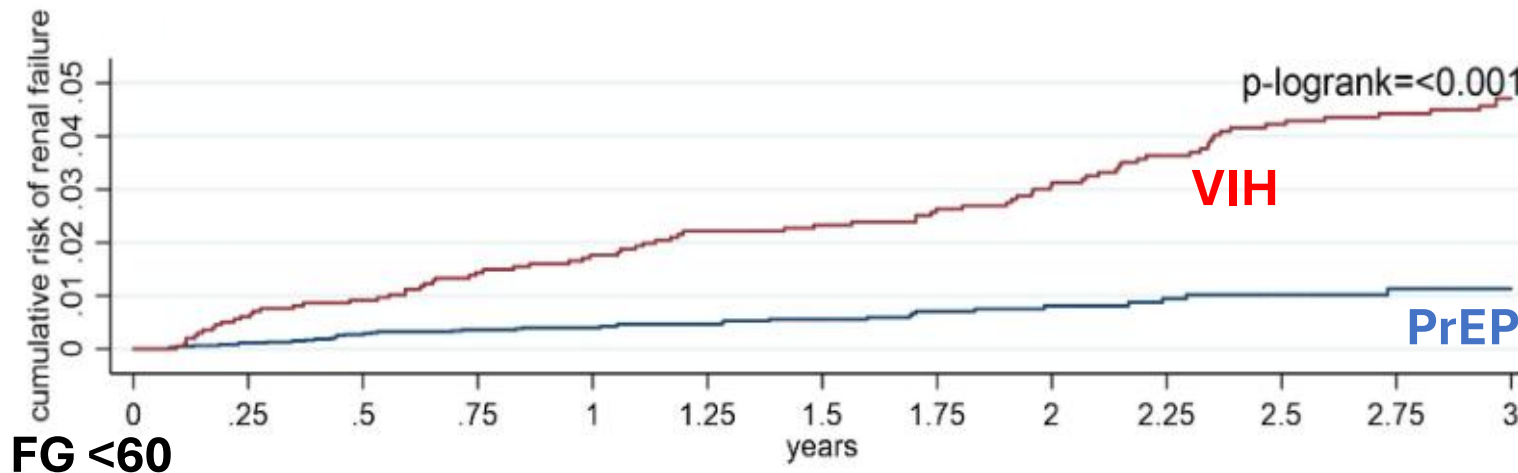
Renal impairment associated with tenofovir disoproxil fumarate for antiretroviral therapy and HIV pre-exposure prophylaxis: An observational cohort study

N = 5973 (PrEP)
1973 (VIH)

No hay gran impacto, algo más en personas más mayores y ERC previa.

	HR (95% CI)
Edad 40-49a vs. 30-39a	5.09 (2.12–12.17)
Edad 50-82a vs. 30-39a	13.69 (5.92–31.67)
FG basal <90	61.19 (19.27–194.30)
PrEP vs. VIH tras ajustar por edad y FG	0.62 (0.40–0.94)

Filtrado glomerular (ml/min/1.73m ²)	Control
>90 y <40 años	Anual
60-90, >40 años o factor de riesgo	6 meses
<60	Individualizar
<50	No recomendado



Suplementos

Vigilar **cálculo de FG** en Mt
Determinación **proteinuria en orina 24h**



Pauta a demanda?

(-1.09 vs. +0.18 mL/min/1.73 m²)

Heron JE et al. Renal impairment associated with tenofovir disoproxil fumarate for antiretroviral therapy and HIV pre-exposure prophylaxis: An observational cohort study. PLoS One. 2023 Feb 24;18(2):e0280339.
Liegeon G et al. Impact on renal function of daily and on-demand HIV pre-exposure prophylaxis in the ANRS-PREVENIR study. J Antimicrob Chemother. 2022 Nov 28;77(12):3427-3435.



1- Salud sexual

ORIENTACIÓN SEXUAL

Se refiere a la atracción física y emocional hacia personas del mismo género, del género opuesto, de ambos géneros o la falta de atracción sexual (asexualidad).

GÉNERO

Conjunto de características sociales y culturales, históricamente construidas, que se asignan a las personas en función de su sexo. Incluye las conductas y expectativas sociales basadas en el sexo asignado al nacer (pene o vagina) y es resultado de la socialización.

EXPRESIÓN DE GÉNERO

Es la manera en que una persona manifiesta y comunica su identidad de género al exterior, a través de comportamientos, apariencia y otras características.

PERSONA NO BINARIA (NB)

Persona cuya identidad de género no se ajusta exclusivamente a las categorías tradicionales de hombre o mujer. Puede experimentar su género como una mezcla de ambos, algo completamente diferente o algo que no puede definirse dentro del sistema binario de género.

TRANS

Persona cuya identidad y/o expresión de género es diferente a la asignada al nacer. Este término es un paraguas que incluye a personas transexuales, transgénero, trans no binarias y género fluido.

CIS

Se refiere a personas cuya identidad de género coincide con el sexo asignado al nacer, es decir, hombre cis o mujer cis.





1- Salud sexual

IDENTIDAD	SEXO	PAREJAS SEXUALES	EJEMPLOS
H(t)	S	H	HSH, MtSH, MSH
M(t)		M	HSM, HtSM, MSM
		H/M	HSH/M, MSH/M

SEXO ASIGNADO AL NACER	SEXO	PAREJAS SEXUALES	EJEMPLOS
qH	S	H	qHSH, qMSH, qHSH/M
qM		M	
		H/M	

Valoración del deseo gestacional para ayudar a decidir estrategia anticonceptiva.



TDF/FTC no contraindicado en el embarazo
TAF/FTC o CAB no aprobados.

Cortesía Dr. Jorge García

 2- Chemsex

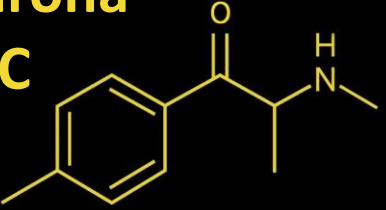
Cannabis

Cocaina

MDMA

SPEED

Mefedrona
4-MMC



GHB

Ketamine

Om
LSD

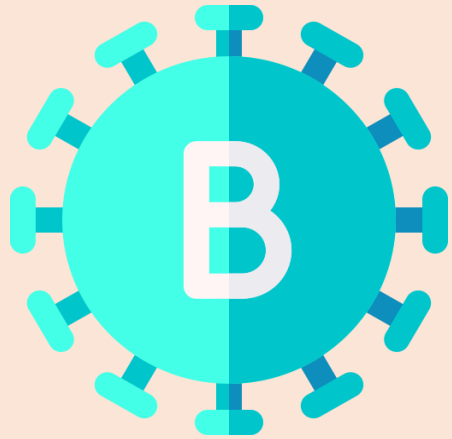
Fluor

POPPERS

 ENERGY CONTROL



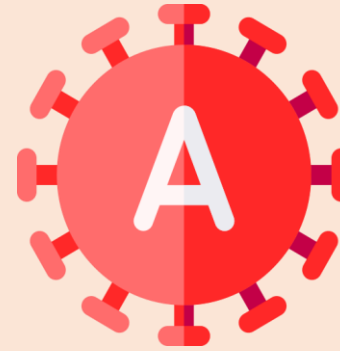
3- Vacunación



VHB

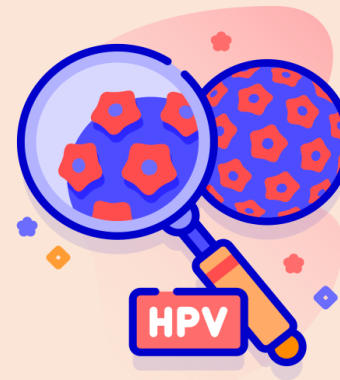
Siempre descartar infección crónica (algunas guías contraindican la pauta a demanda).

Recomendar vacunación.



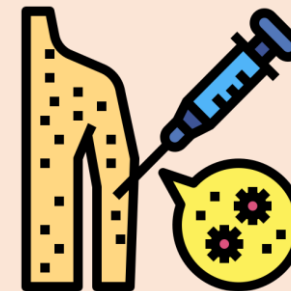
VHA

Recomendar vacunación



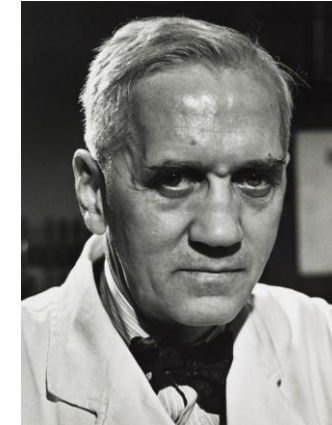
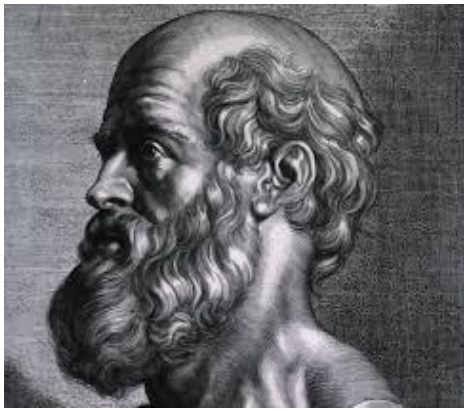
VPH

Recomendar vacunación



Mpox

Recomendar vacunación



A20
RARE CANCER SEEN IN 41 HOMOSEXUALS
 Outbreak Occurs Among Men in New York and California — 8 Died Inside 2 Years
 By LAWRENCE K. ALTMAN
 Doctors in New York have diagnosed 41 cases of a rare form of cancer less than 24 months after the onset of the disease. The cause and there is a link between the disease and the gay community. But the doctors in New York City and the San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment.



1981 - 2025



600 a.C

500 d.C.

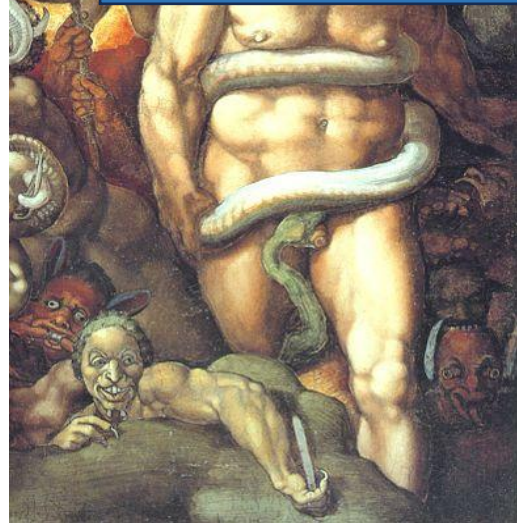
Edad Media

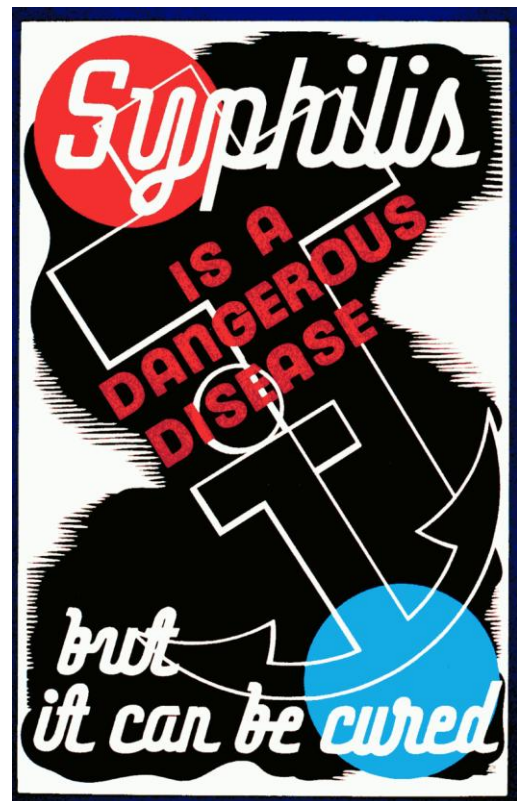
Renacimiento

1927

1948

2023

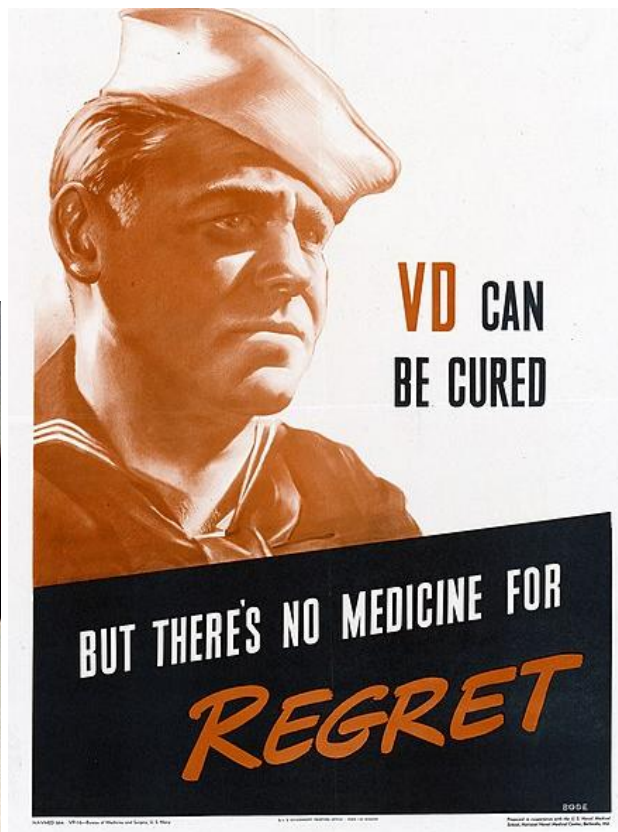




USA, 1936-38

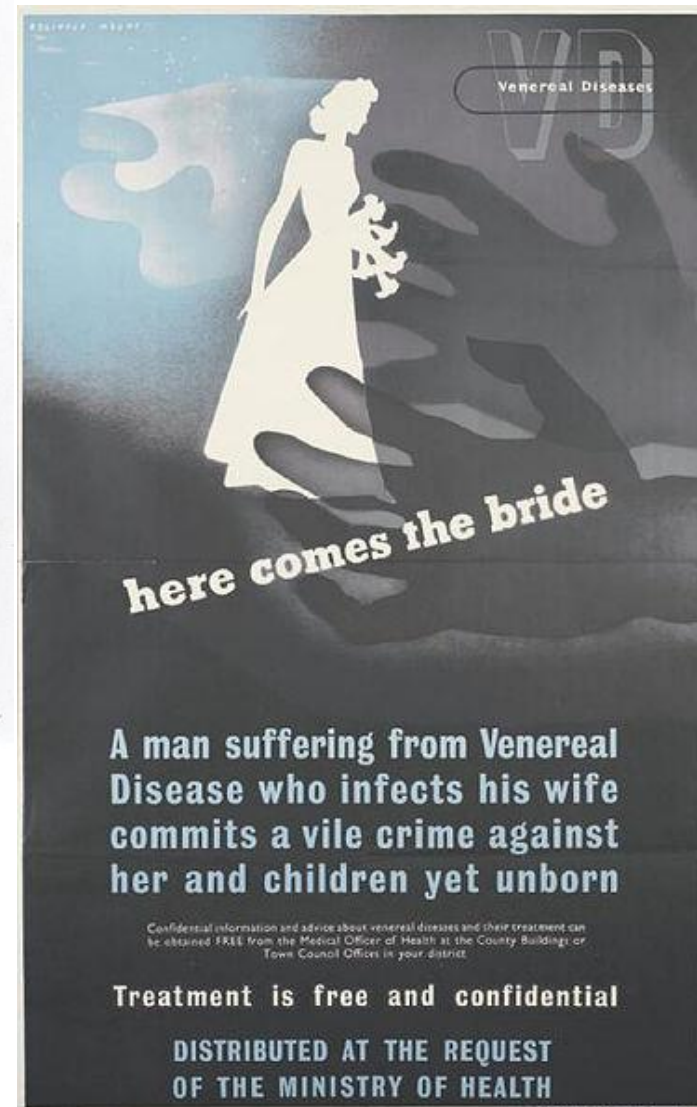


USA, 1940



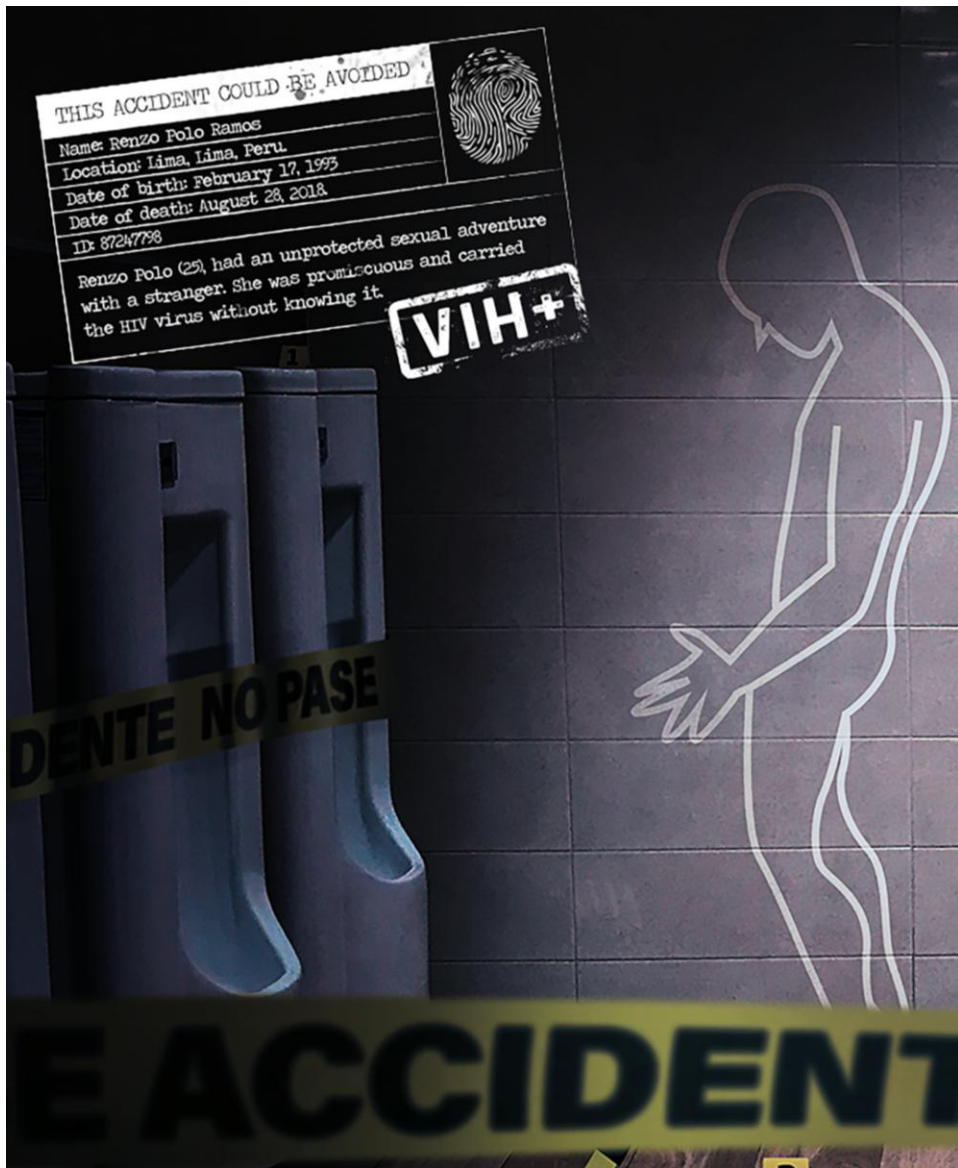
USA, 1941

UK, 1939-45





Alemania, 2009



Perú, 2018



India, 2023