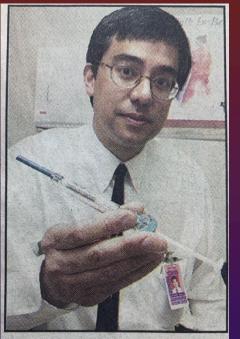


ID Clinical Update

Jonathan Vilasier Iralu, MD, MACP, FIDSA
Indian Health Service Chief Clinical Consultant
for Infectious Diseases

Disclosures

I still hate syphilis!

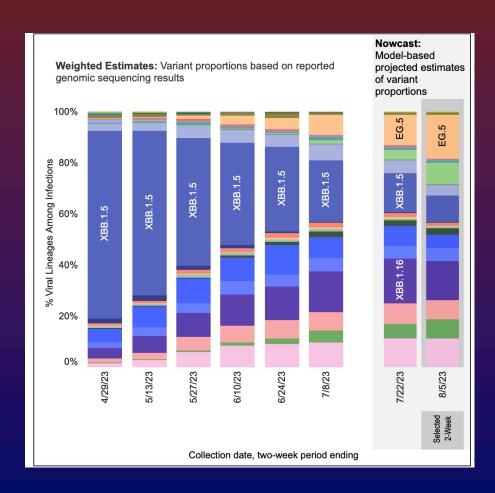


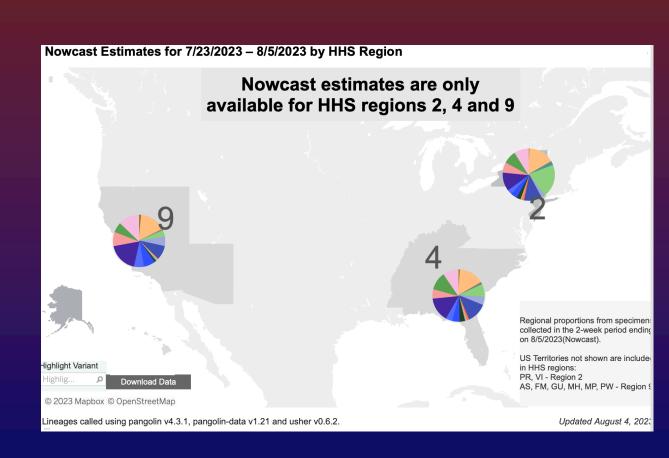
DOUGLAS TESNER THE ASSOCIATED PRESS

DISEASE FIGHTER: Dr. Jonathan Iralu, of the Gallup Indian Medical Center, holds a syringe of penicillin used to treat syphilis, a disease that is sharply increasing on the Navajo Reservation.



Virology





COVID Vaccine Rumors

❖ Pfizer and Moderna working on XBB.1.5 monovalent vaccines

* Pfizer CEO anticipates FDA approval by end of August

* New CDC director anticipates new vaccines available early October

Don't use the word "booster" anymore!

COVID Treatment Updates

Vilobelimab, anti C5a monoclonal Ab

- ❖ EUA allow use to treat COVID within 48 hours of intubation or ECMO
- ❖ C5a activates the innate immune system
- ❖ 28-day mortality benefit HR. 0.67 [0.48-0.96] P=0.027
- * No omicron variant patients included
- *NIH panel does not recommend either for or against this drug

https://www.covid19treatmentguidelines.nih.gov/therapies/immunomodulators/vilobelimab/

COVID Treatment Updates

- * Immunocompromised patients with prolonged symptoms and ongoing viral replication can be treated longer.
- * NIH now recommends three strategies:
 - ❖ Longer courses of Nirmatrelvir/r
 - Longer courses of Remdesivir
 - *High titer convalescent plasma from vaccinated recently recovered donor

COVID Treatment Updates

Paxlovid

- FDA approved at last
 - ❖FDA emphasizes need for adjusting calcium channel blocker doses now
- ❖ NIH acknowledges that many centers prescribe with GFR < 30 & dialysis

* Remdesivir

❖ FDA and NIH allow Rx without dose adjustement for GFR <30 or dialysis</p>

RSV vaccines for adults

- * Adults 60 and older may receive RSV vaccines
 - ❖ GSK: Efficacy for Lower Respiratory tract disease was 82.8%
 - ❖ Pfizer: Efficacy for LRTD was 88.9%
 - * Neither vaccines is shown to prevent hospitalization or death
 - ❖ Inflammatory Neurologic disease occurred (GBS and ADEM) in 5 patients out of about 38,000
 - *Not on the IHS Core Formulary but you might want to consider using it for high risk patients with shared clinical decision making

RSV Monoclonal Ab for all infants

- Nirsevimab universally recommended for all infants younger than 8 months born during or entering their first RSV season (winter spring)
- * Also recommended for high risk children age 8-19 months entering their second RSV season
- * Three trials show 70-75% efficacy in preventing medically attended lower respiratory tract disease
- Given as a single IM injection

https://www.cdc.gov/media/releases/2023/p-0803-new-tool-prevent-infant-hospitalization-.html

Other important catch-up vaccines for 2023

- * Shingrix for immunocompromised persons 19 and older
- Universal Hepatitis B for all adults 19 and older
- * Adjuvanted or high dose influenza vaccine for age 65 and older
- * PCV-20 or PCV 15 plus PPSV for 19 and older with medical conditions (DM, hears/liver/lung Dz, CKD, smokers,) and immunocompromised persons (HIV, CA, transplant, DMARD Rx)
 - App to use: https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumoapp.html

Post exposure Doxycycline to prevent bacterial STIs

- CDC Response to Doxy-PEP data presented at 2022 International AIDS Conference:
 - "This approach has the potential to be an additional option to prevent these bacterial STIs among some individuals at substantial risk for repeated STI acquisition."
 - "In the coming months, CDC in collaboration with trial investigators and other partners, will be reviewing the data, both to develop interim clinical guidance as well as to outline key additional research questions moving forward."

https://www.cdc.gov/nchhstp/newsroom/2022/Doxy-PEP-clinical-data-presented-at-2022-AIDS-Conference.html



New addition to CDC STI guidelines



Doxycycline as STI PEP: Considerations for Individuals and Healthcare Providers of Gay or Bisexual Men or Transgender Women

As CDC and others work quickly to <u>evaluate data</u> to inform clinical guidance on the safe and effective use of post-exposure prophylaxis with doxycycline (also called doxy as PEP) to prevent gonorrhea, chlamydia, and syphilis, we acknowledge there are individuals and clinicians who are already engaged in the off-label use of doxycycline as bacterial STI post-exposure prophylaxis or considering it. As such, we are providing the following considerations to inform those decisions:

- <u>Current efficacy data</u> only applies to gay and bisexual men and transgender women. Studies among heterosexual cis-gender women are ongoing.
- Doxycycline 200 mg administered within 24-72 hours of condomless sex was the regimen evaluated in this study. Other antibiotics should not be considered for PEP.
- In addition to informing patients about the potential STI prevention benefits of doxy as PEP, providers should also counsel patients about potential adverse side effects of doxycycline including phototoxicity, gastrointestinal symptoms, and more rarely esophageal ulceration.
- Providers should continue to screen, test, and treat for bacterial STIs in accordance with <u>CDC's STI Treatment Guidelines</u> and <u>CDC's PrEP for the Prevention of HIV guidelines</u>, even among people who may be using doxycycline as PEP or PrEP.

National PCN Shortage

- May last as long as 9 months
- * IHS is assessing needs and availability
- * Benzathine PCN is preferred for all stages
- * IHS Benzathine PCN Tiers:
 - 1. Pregnancy and HIV and their partners
 - 2. Early syphilis (Primary, Secondary, Early latent)
 - 3. Late latent syphilis

