

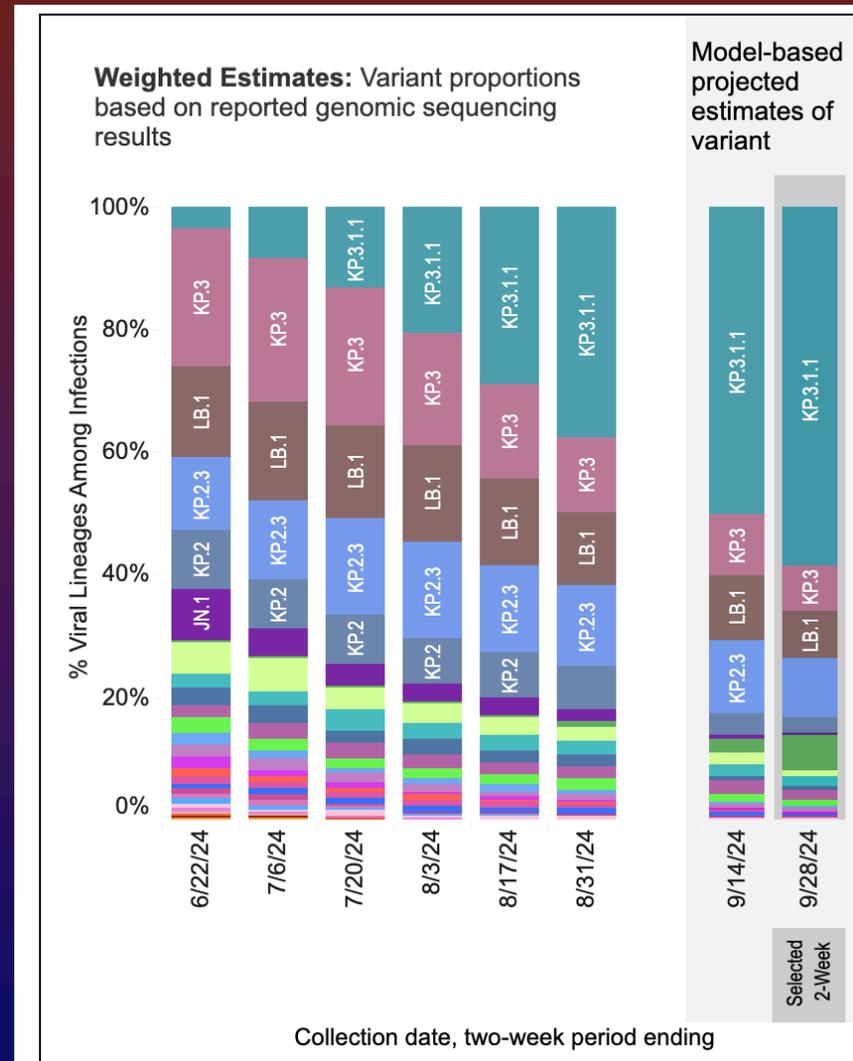
ID Clinical Update

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COVID-19 Virology:

- ❖ KP.3.1.1 remains dominant (FLiRT)
- ❖ Other variants include
 - ❖ Flip
 - ❖ Slip
- ❖ 95% of all humans have Antibodies to SARS-CoV-2
- ❖ KP.3.1.1 has higher infectivity and lower 50% convalescent plasma neutralization titers than JN.1
- ❖ Paxlovid still works (protease inhibitor)





PCV-21 Vaccine

- ❖ New pneumococcal conjugate vaccine that covers 8 new serotypes
- ❖ Indicated for persons ≥ 65 and persons < 65 with medical conditions
- ❖ Does not cover serotype 4 pneumococcus which
 - ❖ Reemerged in Western USA (AK, Navajo Nation, CO, NM) with a number of cases of invasive disease
 - ❖ Affects persons < 65 years old with cigarette use, COPD, alcohol & injection drug use disorders and persons who are experiencing homelessness
- ❖ Please continue to use PCV 20 at IHS sites as we await new data



Guideline Updates

❖ COVID-19 IDSA Guideline (August Update)

- ❖ **Pemivibart** is recommended ad pre exposure prophylaxis for moderate to severely immunocompromised patients age 12 or over at risk for severe COVID-19 (conditional recommendation)
- ❖ Dose is 4.5 gm IV every 3 months
- ❖ Administer 2 weeks after COVID-19 vaccines
- ❖ Most effective for the most immunocompromised (Stem Cell Tx, CAR-T Rx, Lung Tx, Rituximab, etc)



Guideline Updates

❖ DHHS HIV Guidelines

- ❖ **Abacavir/lamivudine/dolutegravir was down graded** to recommended for certain scenarios (bone/renal health vs cardiac risk)
- ❖ **Injectable Cabotegravir/Rilpivirine is recommended**
 - ❖ “on a case-by-case basis in select individuals with persistent virologic failure despite intensive adherence support on oral ART, who have no evidence of resistance to CAB or RPV, and with shared decision-making between providers and people with HIV **(CIII)**”

<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new>

