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HIV in 2026

Who's At Risk, How We Treat, and What Resources Exist for People Living with HIV

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Rachel Marchi, PharmD, BCACP, AAHIVP

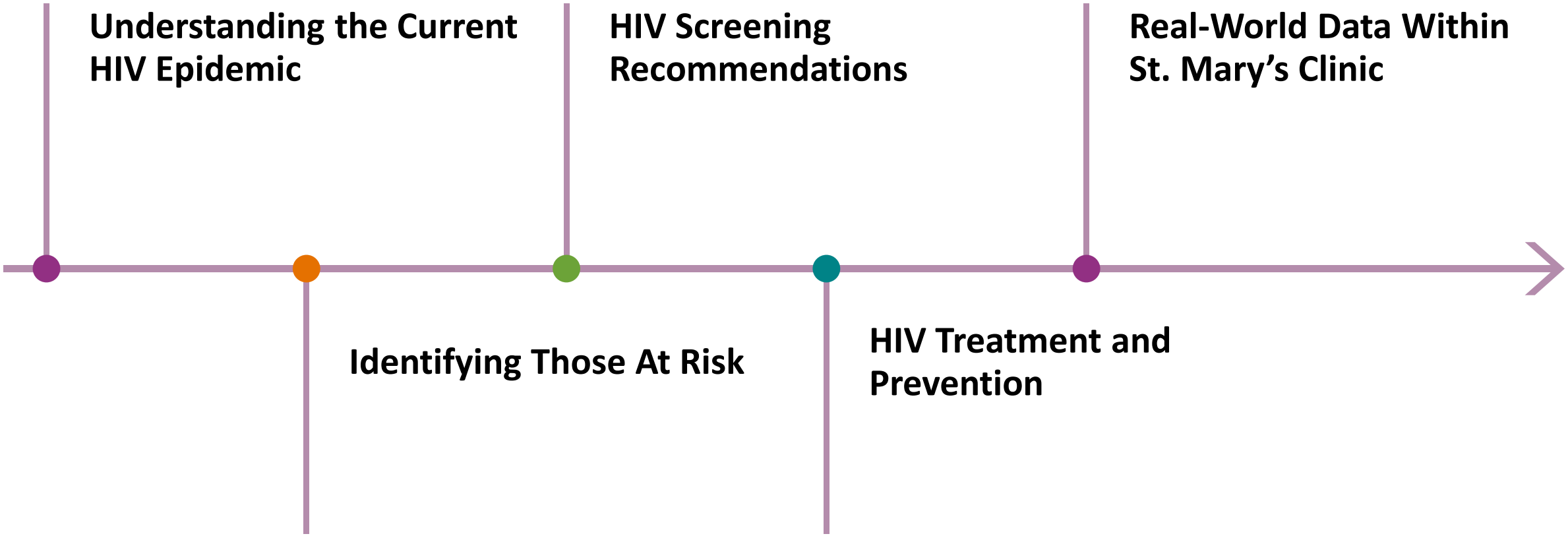
October 9, 2026

Objectives

- Review the current epidemiology of HIV in the U.S., including annual new-infection estimates, total prevalence, and the disproportionately affected populations and geographic regions.
- Identify individuals at elevated risk for HIV acquisition and utilize current screening recommendations to diagnose HIV infections.
- Discuss the guiding principles of HIV treatment and prevention, including their role in Ending the HIV Epidemic (EHE) initiative.
- Evaluate the clinical use of long-acting injectable therapies for both HIV treatment and prevention.
- Illustrate a real-world example by describing the structure, services, and outcomes in the St. Mary's ID Clinic.

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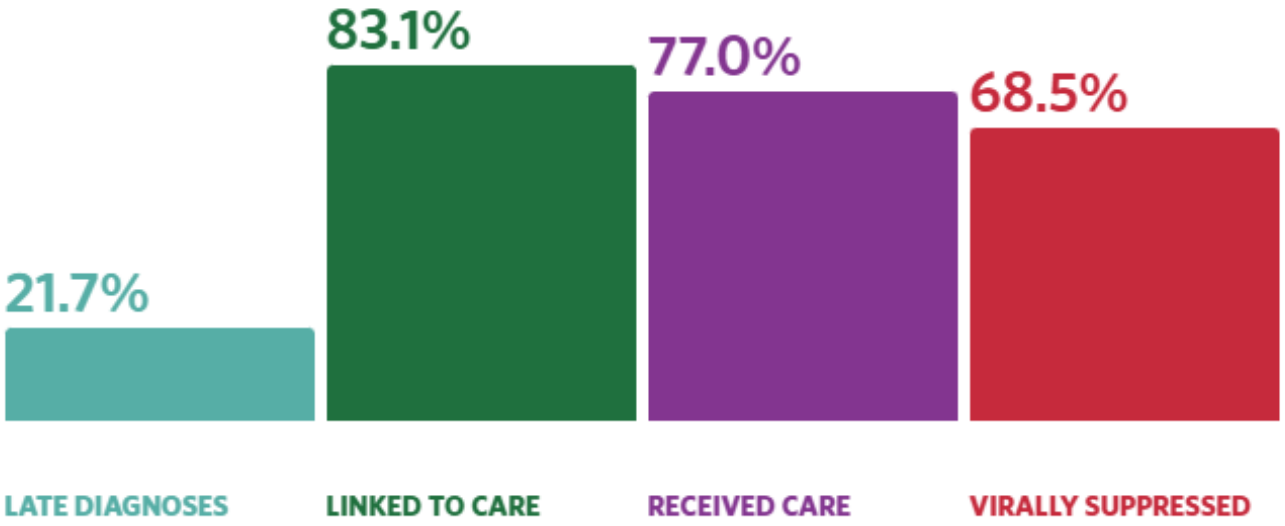
Presentation Timeline



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Understanding the Current HIV Epidemic - USA

In 2024, **1.2 million** people living with HIV in the United States In 2024,



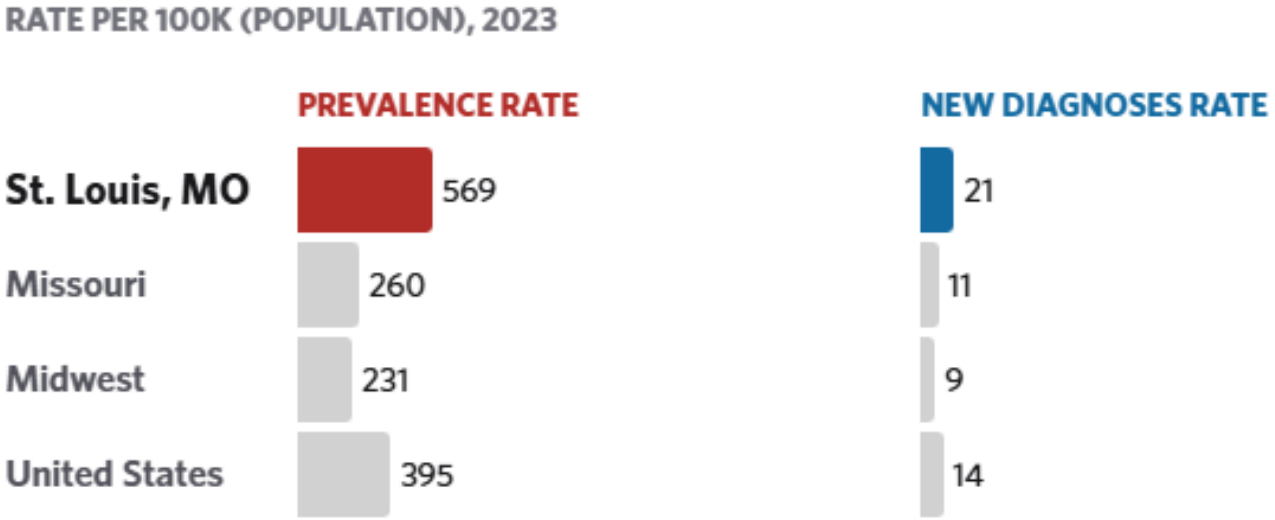
13% of individuals living with HIV don't know their status and need testing

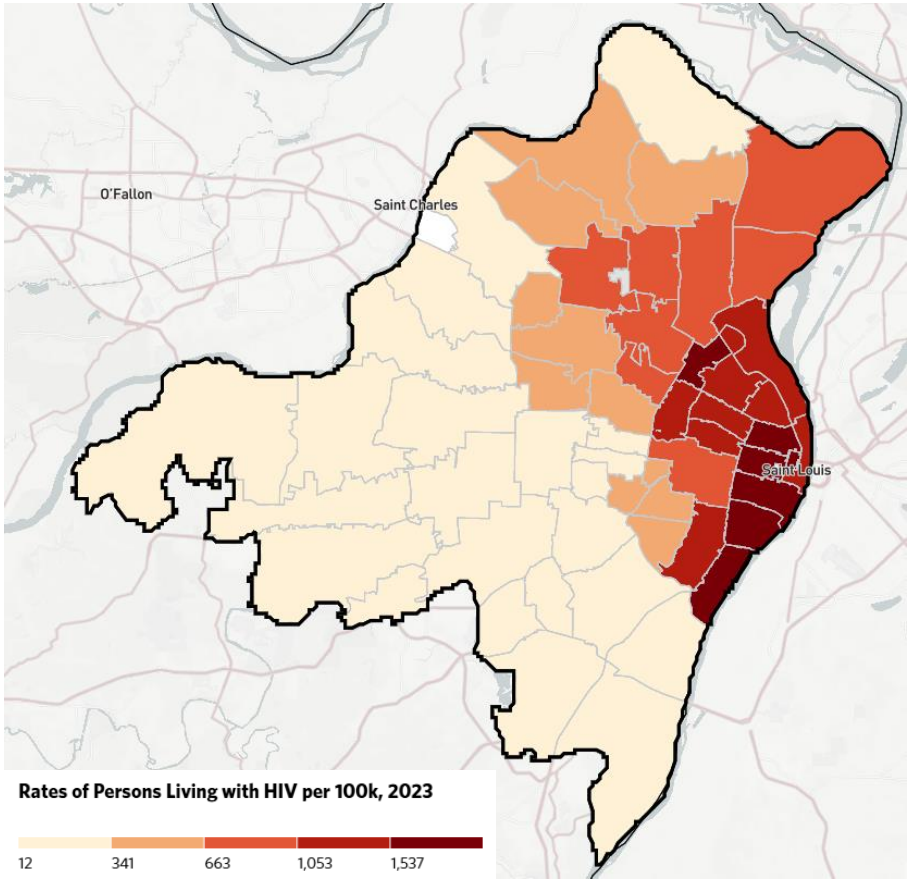
Understanding the Current HIV Epidemic in the United States. 2024.aidsvu.org

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Understanding the Current HIV Epidemic – St. Louis

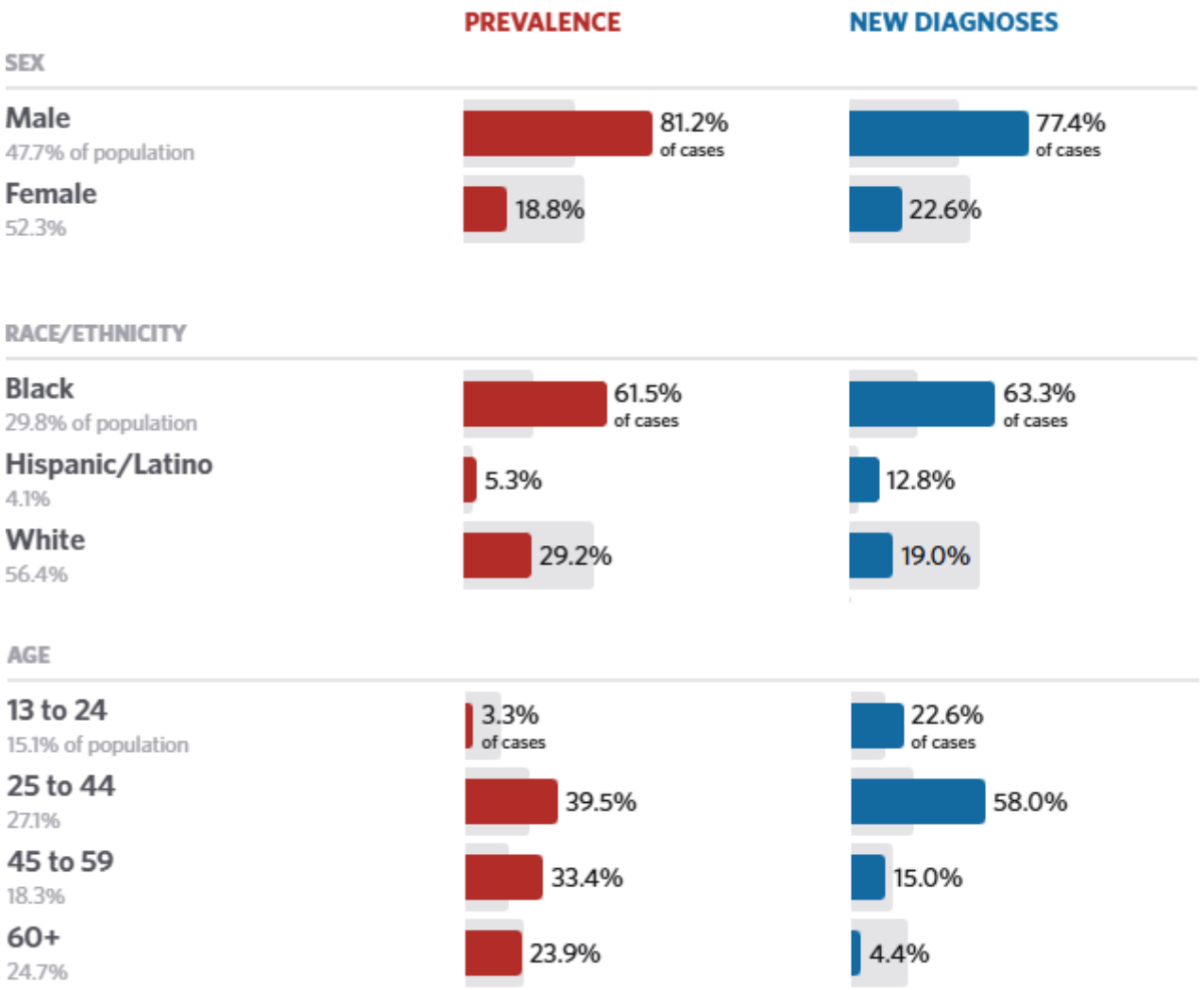
- Efforts to improve awareness and reduce new infections are critical to ending the HIV epidemic.
- Understanding HIV at the local level better equips communities to develop targeted HIV prevention and treatment efforts

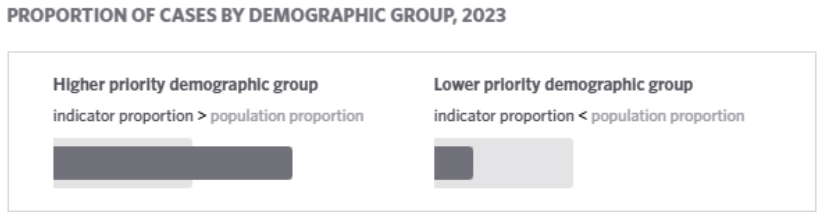




Understanding the Current HIV Epidemic in Saint Louis. 2023.aidsvu.org

St. Louis Population Demographics for PLWH

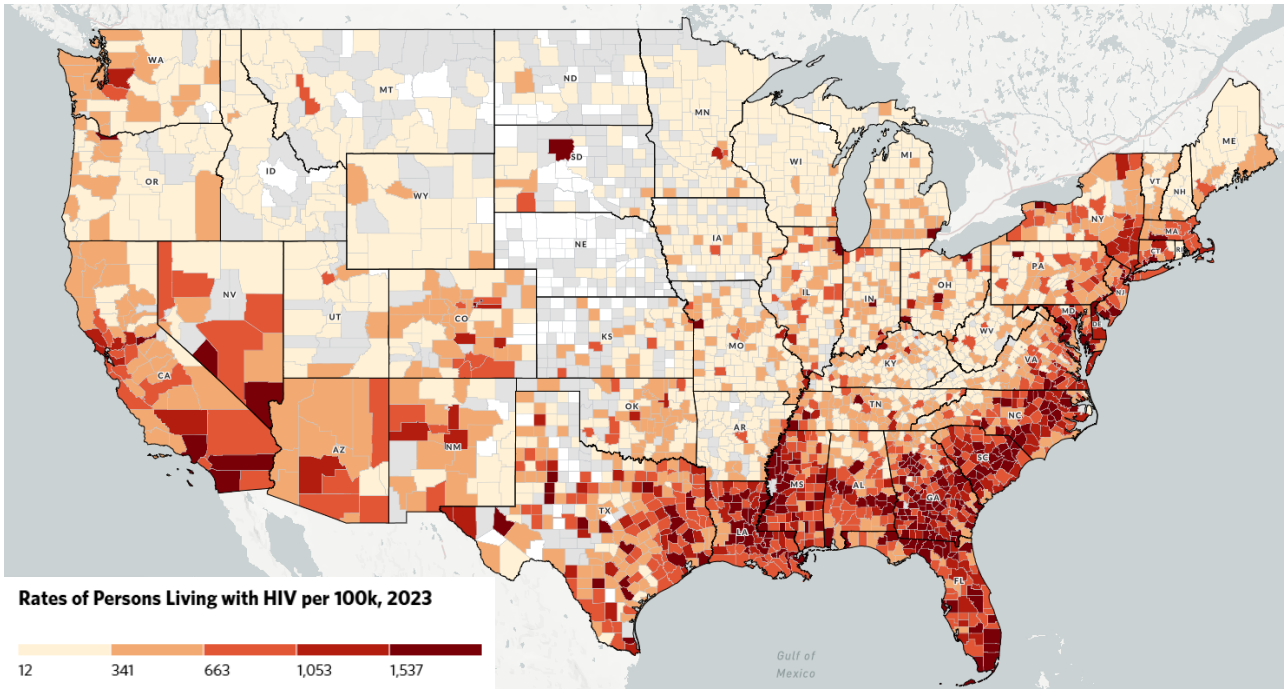




Understanding the Current HIV Epidemic in Saint Louis. 2023.aidsvu.org

Who Is at Risk in 2026?

- While HIV can impact people irrespective of their sex, age, race/ethnicity, or sexual orientation, certain groups experience a greater burden of HIV than others:
  - Men who have sex with men (MSM)
  - Black/African American people
  - Hispanic/Latino people
  - People living in the U.S. South.

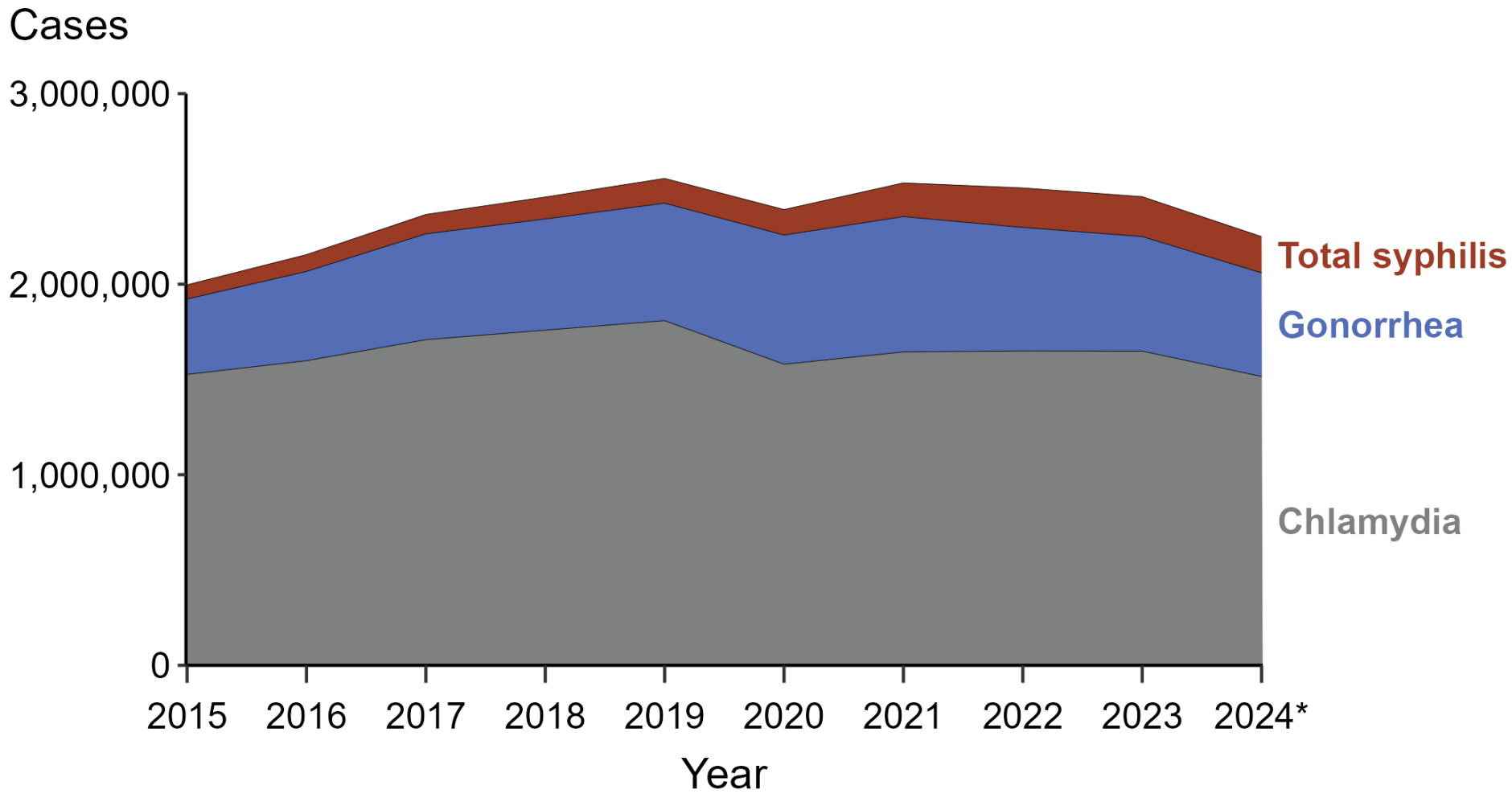


- These groups may benefit from targeted, health-equity focused HIV prevention and treatment efforts, such as increasing HIV education and access to culturally-competent care.

1. Understanding the Current HIV Epidemic in the United States. 2024.aidsvu.org
2. US Statistics. 2026. hiv.gov

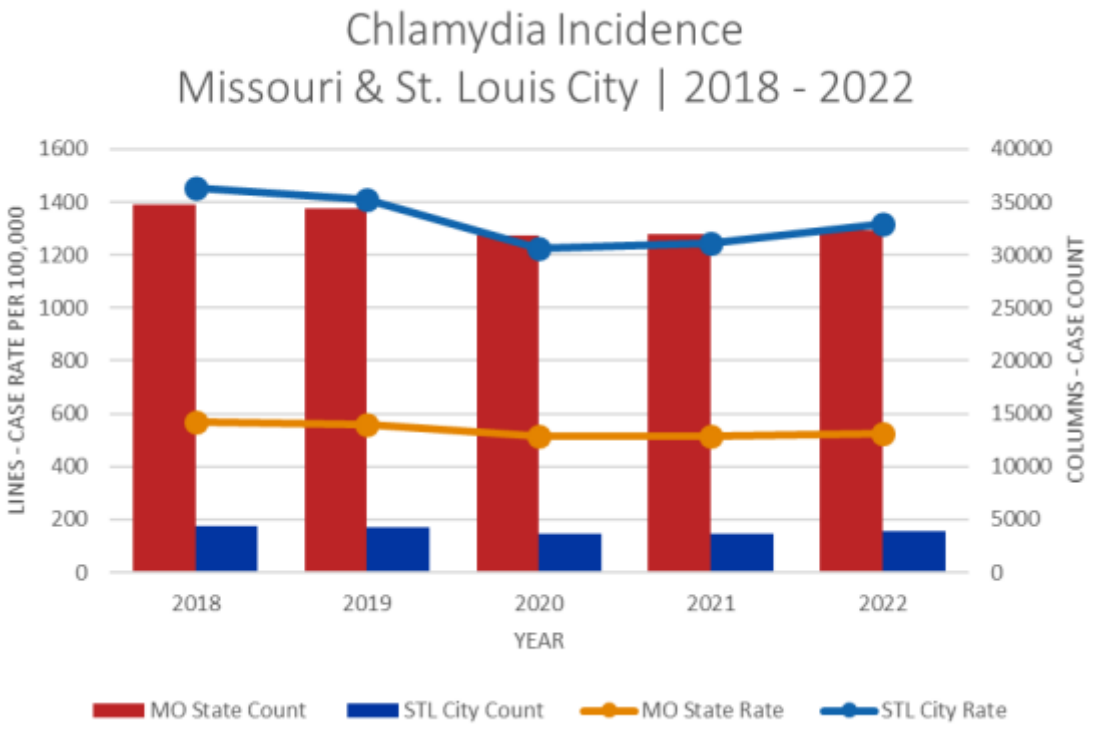
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Other Sexually Transmitted Infections - USA



Centers for Disease Control and Prevention. *Sexually Transmitted Infections Surveillance, 2024 (Provisional)*. 2025. cdc.gov/sti-statistics/annual/index

Other Sexually Transmitted Infections – St. Louis



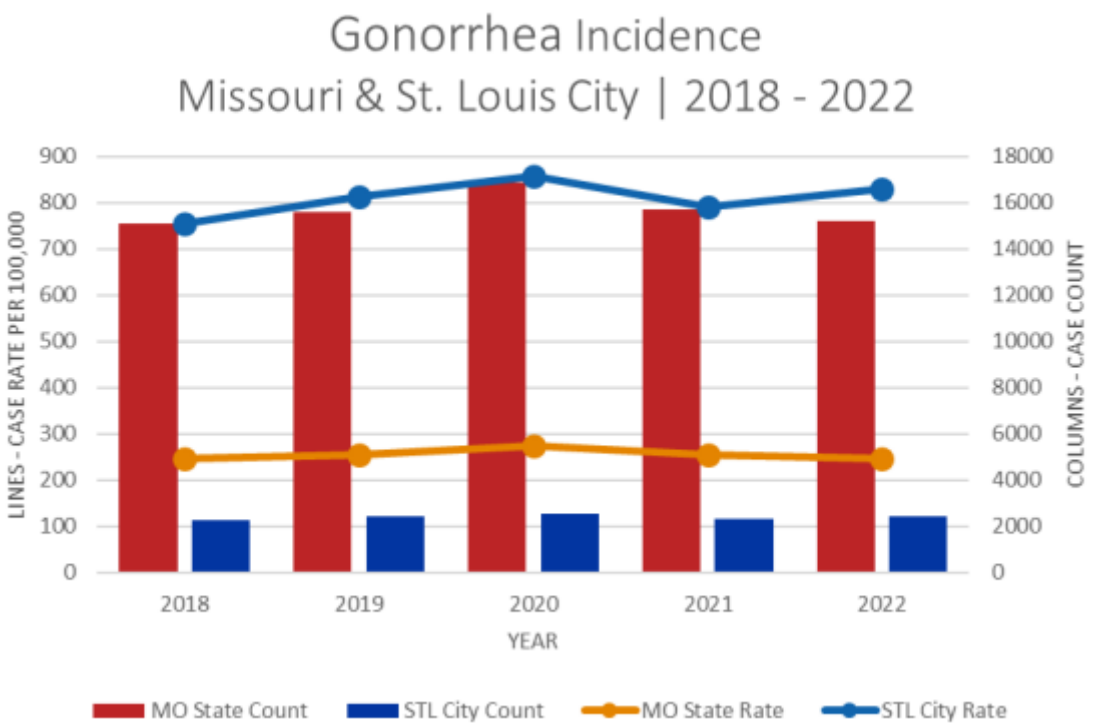
Stats At a Glance:

- St. Louis City had the highest chlamydia rate in Missouri
- Rates were **1.4 times higher** among females than males with the highest infection rates occurring among young people:
  - Females ages 15–19
  - Males ages 20–24
- Local rates were more than twice the Missouri and U.S. averages
- Young people and Black residents were disproportionately affected

2022 Annual STI and Hepatitis Report. 2026. City of St. Louis Department of Health, Epidemiology Bureau.

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Other Sexually Transmitted Infections – St. Louis



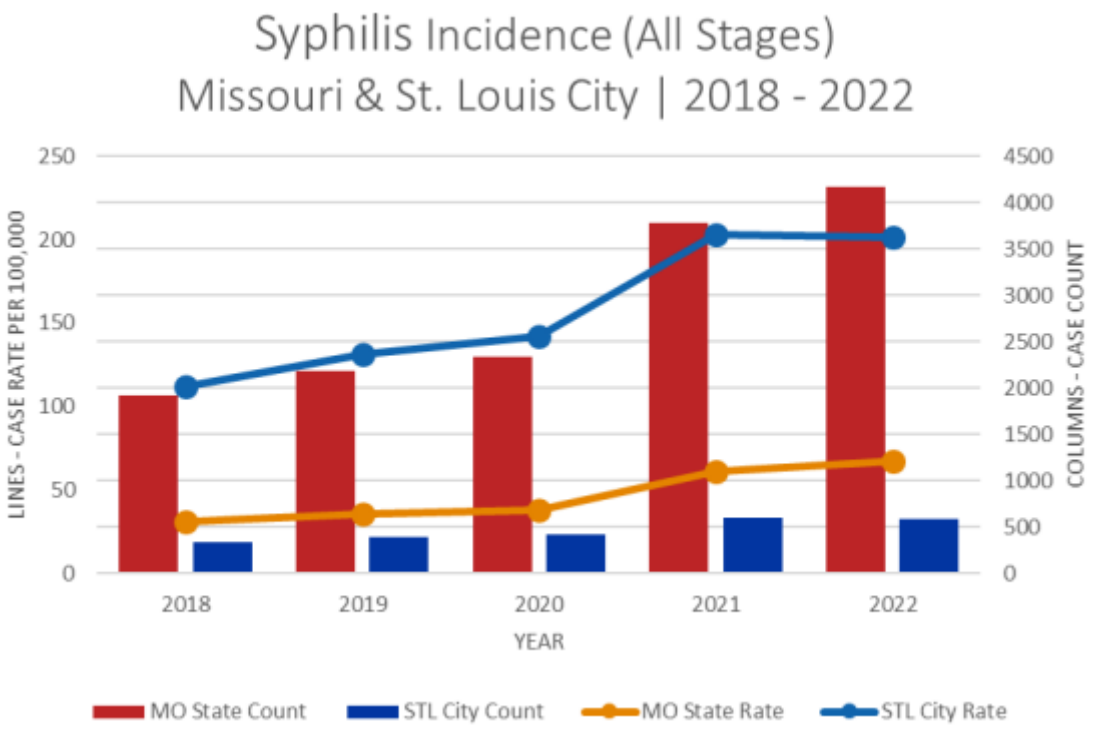
Stats At a Glance:

- Local rates were **more than three times** the national average with rates being significantly higher among males than females in St. Louis City.
- Young people experienced the highest burden of infection:
  - Females ages 15–19
  - Males ages 20–24
- Black residents experienced gonorrhea rates more than five times higher than White residents.

2022 Annual STI and Hepatitis Report. 2026. City of St. Louis Department of Health, Epidemiology Bureau.

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Other Sexually Transmitted Infections – St. Louis



Stats At a Glance:

- Syphilis rates in St. Louis City remain among the highest in Missouri
- Disparities by sex and age primary and secondary syphilis disproportionately affected men, particularly:
  - Men ages 35-39 years
- **Congenital syphilis cases have risen** and most often linked to:
  - Late or no prenatal care
  - Delayed or incomplete syphilis treatment during pregnancy

2022 Annual STI and Hepatitis Report. 2026. City of St. Louis Department of Health, Epidemiology Bureau.

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STI Key Takeaways

- STI rates in St. Louis City remain more than twice the state and national averages.
- Congenital syphilis cases have risen sharply
- Young adults as well as Black/African-American and Hispanic/Latino residents are disproportionately affected by STIs and HIV in the St. Louis area
- Disparities reflect differences in access to healthcare, prevention resources, and structural inequities—not individual behavior

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Screening: Who and How Often

- All persons **aged 13-64** should be tested at least **once**, per CDC recommendations

- Routine testing:
  - Pregnancy
  - Anyone seeking treatment for sexually transmitted infections (STI)
  - Anyone diagnosed with another STI, hepatitis, or tuberculosis
  - Persons who inject drugs
  - Persons with high-risk sexual behaviors
    - Multiple sexual partners, partners living with HIV, or partners with unknown HIV status
    - Exchanging sex for money or drugs

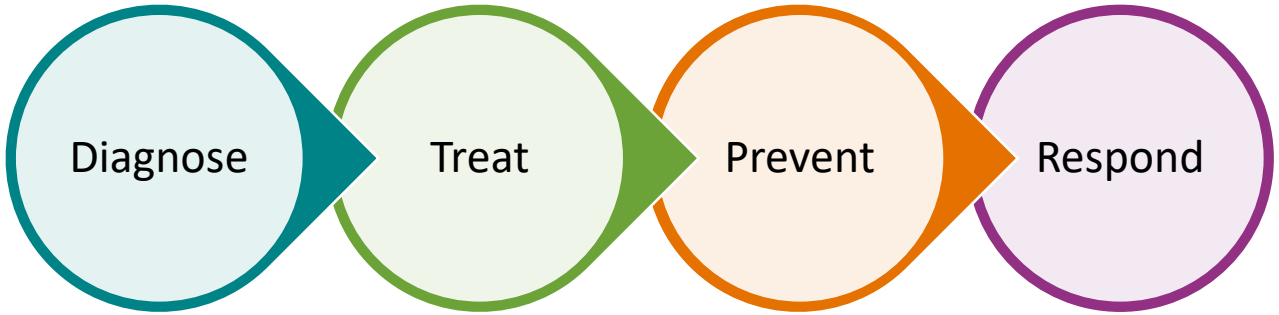
Getting Tested for HIV. 2026. CDC.gov

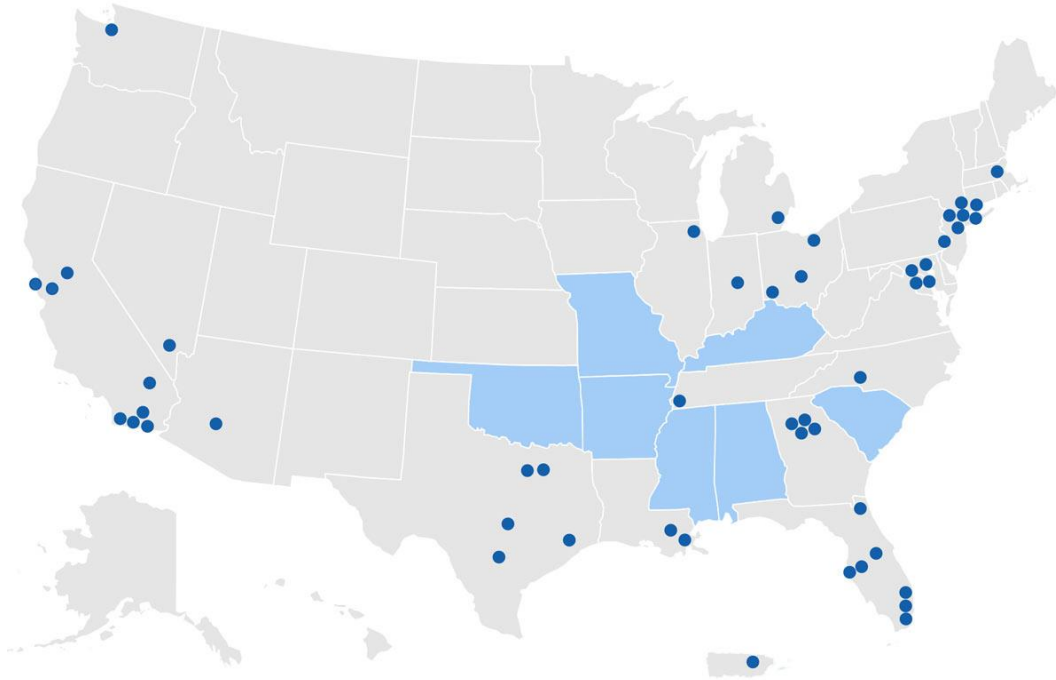
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Ending the HIV Epidemic

- **GOAL:** The initiative seeks to reduce the number of new HIV infections in the United States by **75 percent by 2025**, and then by at least **90 percent by 2030**, for an estimated 250,000 total HIV infections averted.

- Ending the HIV Epidemic (EHE) is a national initiative to scale up four science-based strategies to substantially reduce new HIV infections in the U.S:



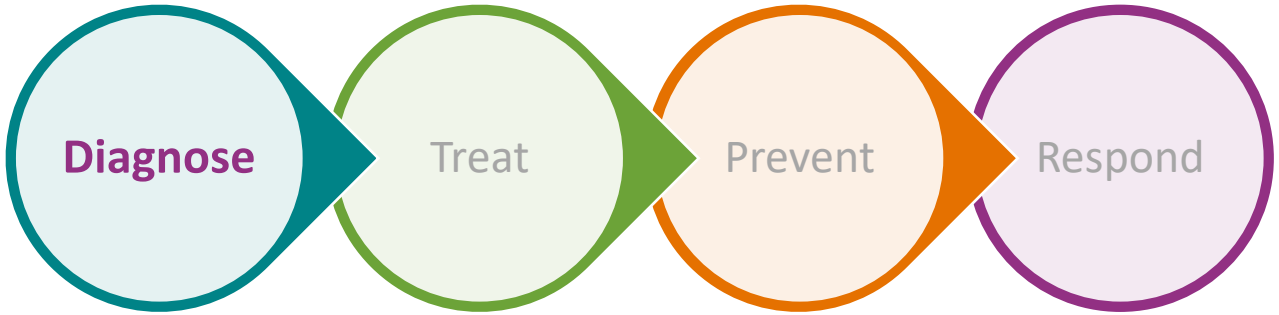


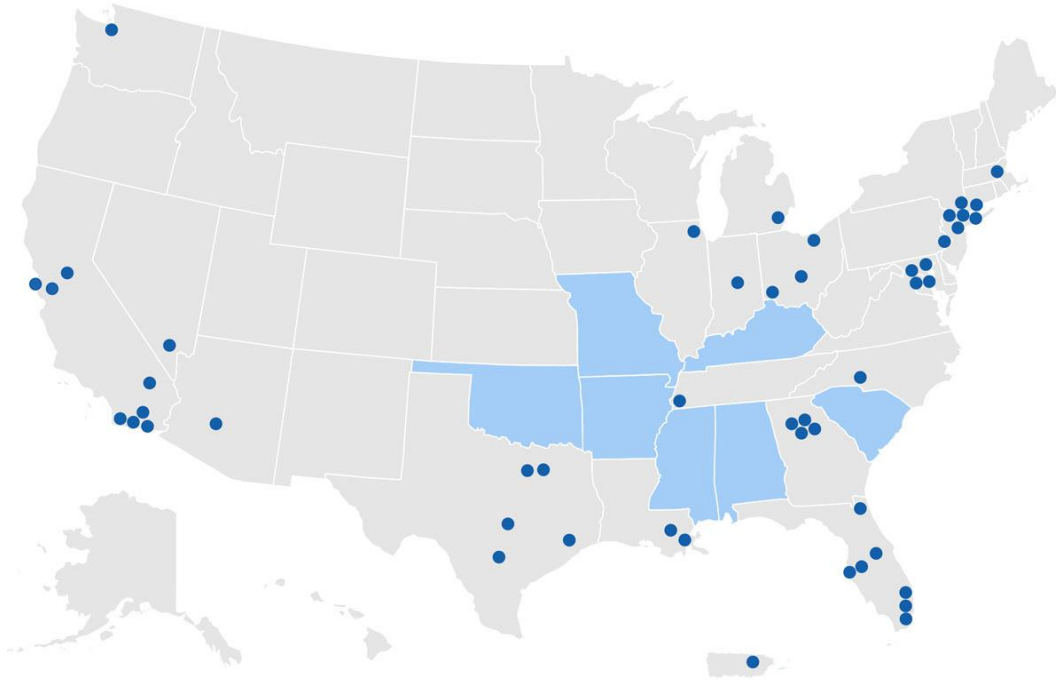
EHE Overview. 2026. HIV.gov

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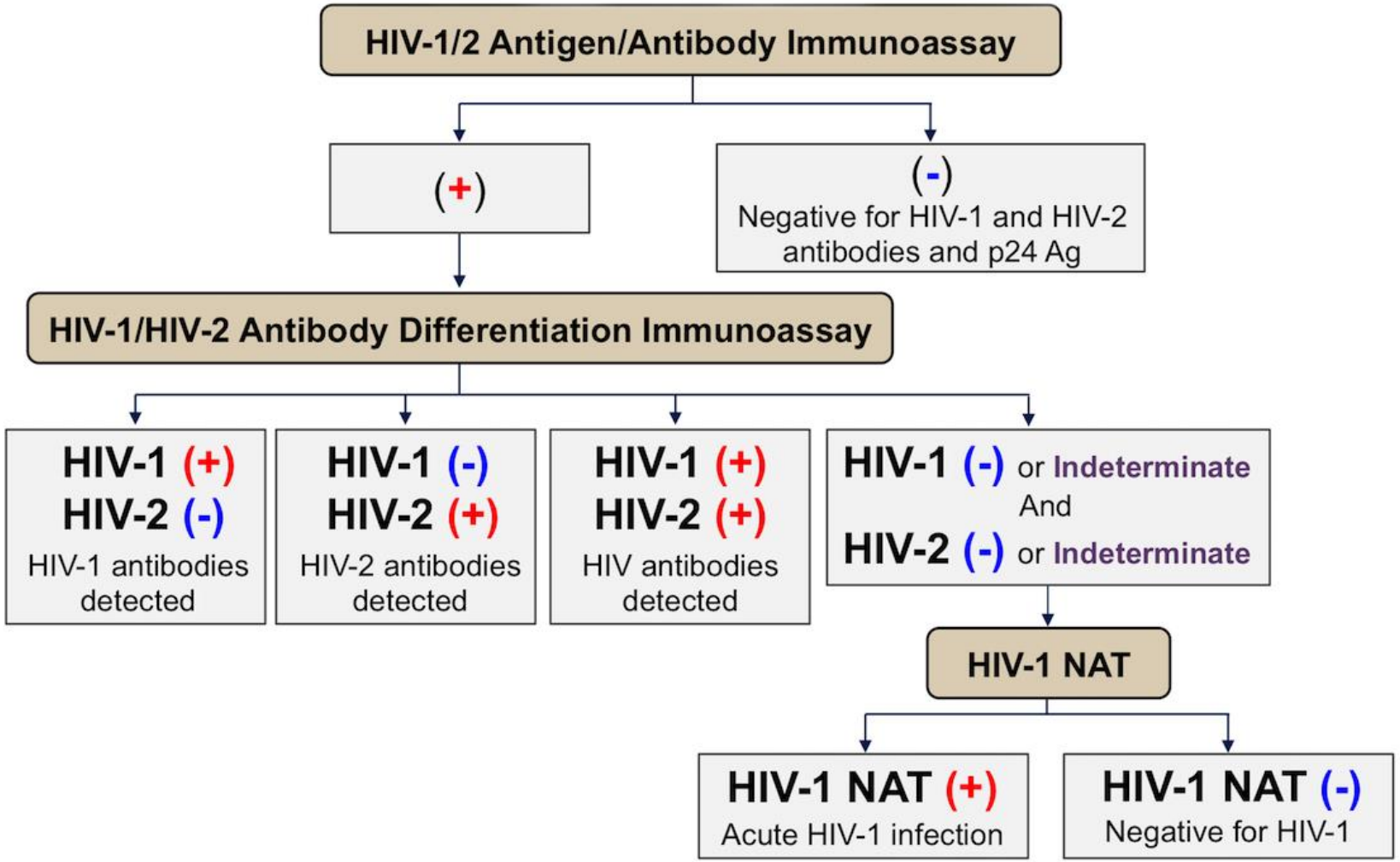
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EHE Overview. 2026. HIV.gov

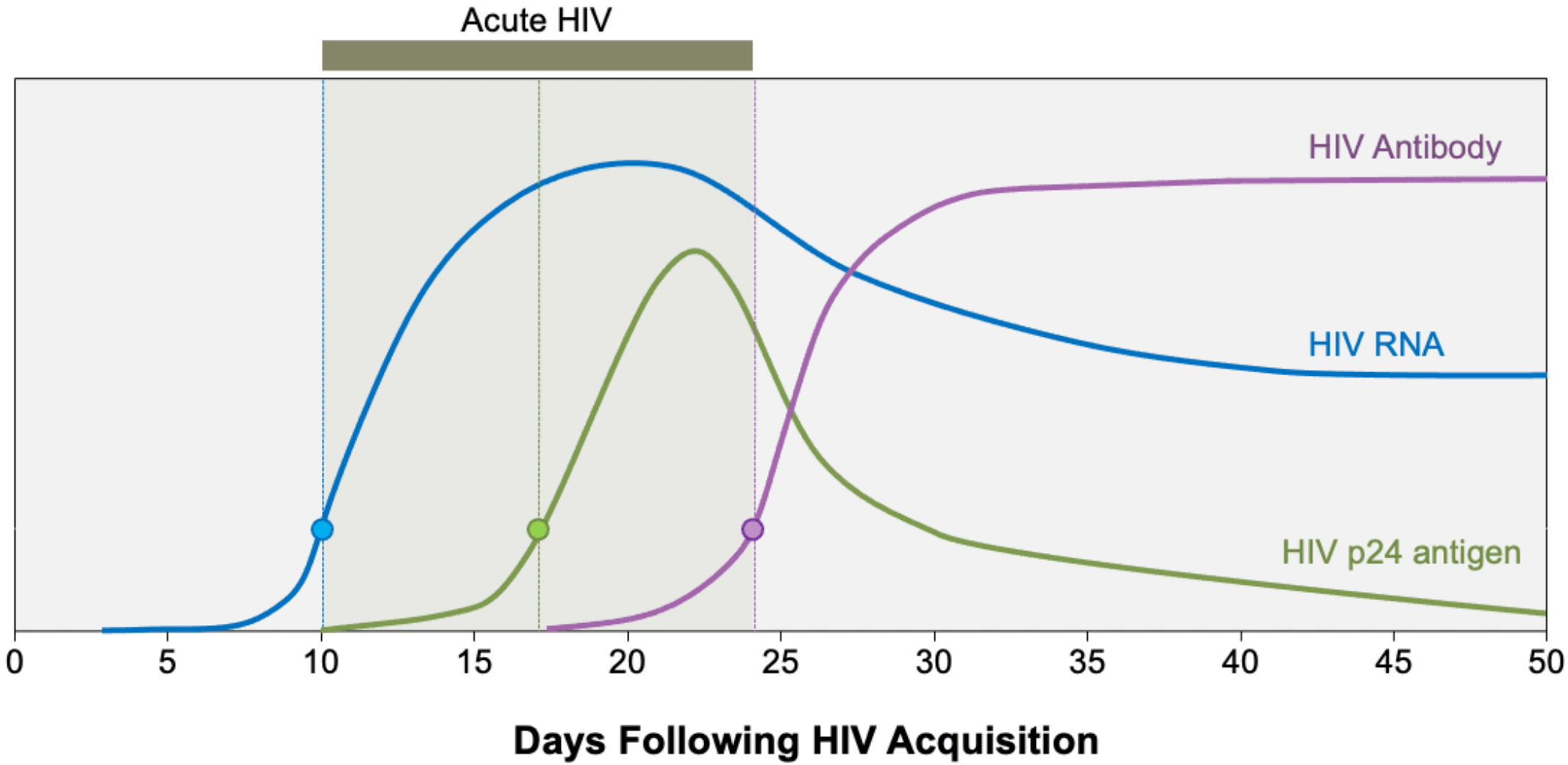
HIV Diagnostic Testing



HIV Diagnostic Testing. 2026. HIV.UW.edu

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HIV Diagnostic Testing

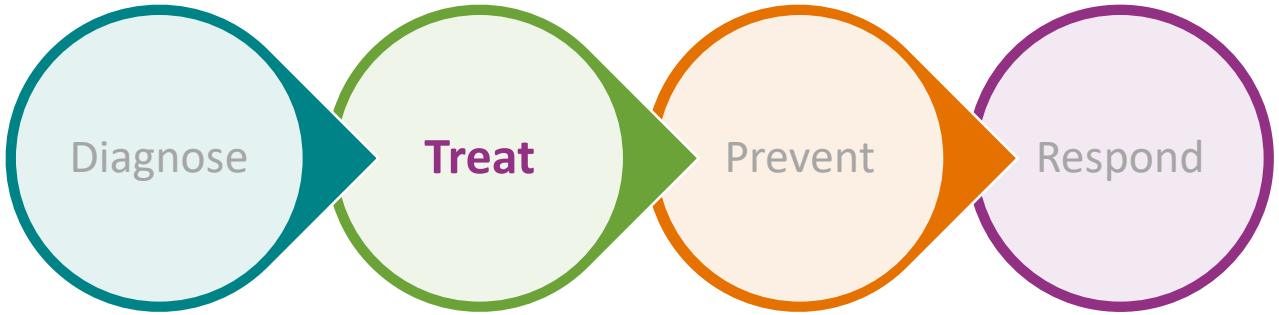


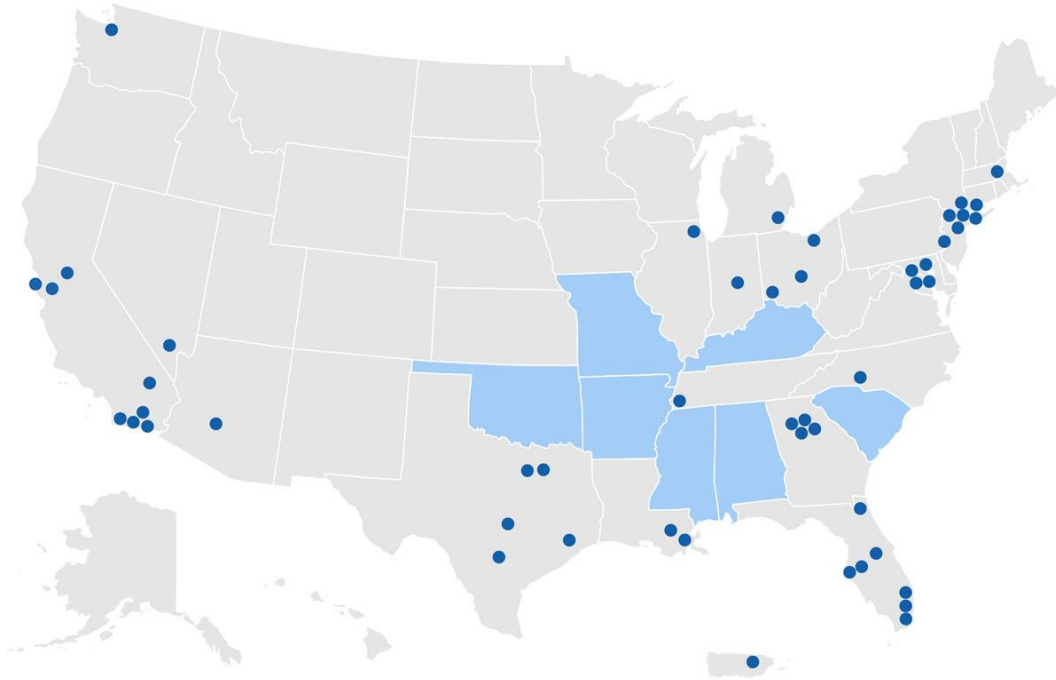
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EHE Overview. 2026. HIV.gov

Initiation of Antiretroviral Therapy

- Is recommended in **all** individuals living with HIV regardless of baseline CD4 count and viral load
- Initiation of ART as soon as possible increases viral suppression and retention in care while reducing transmission and overall morbidity for those living with HIV
- Selection of ART should be individualized
- Most commonly requires combination therapy with **three antiretrovirals**
  - 2 NRTIs = “NRTI backbone”
  - + 3rd ART agent (INSTI, NNRTI, or PI)

Abbrev: ART: antiretroviral therapy; INSTI: integrase inhibitor; NRTI: nucleoside reverse transcriptase inhibitor; NNRTI: non-nucleoside reverse transcriptase inhibitor; PI: protease inhibitor

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2026. clinicalinfo.hiv.gov

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FDA Approval of HIV Medicines

1981: First AIDS cases are reported in the United States.

1985-89

1987
Zidovudine (NRTI)

1990-94

1991
Didanosine* (NRTI)

1992
Zalcitabine* (NRTI)

1994
Stavudine* (NRTI)

1995-99

1995
Lamivudine (NRTI)
Saquinavir Mesylate* (PI)

1996
Indinavir* (PI)
Nevirapine (NNRTI)
Ritonavir (PI)

1997
Combivir† (FDC)
Delavirdine* (NNRTI)
Nelfinavir* (PI)
Saquinavir* (PI)

1998
Abacavir (NRTI)
Efavirenz (NNRTI)

1999
Amprenavir* (PI)

2000-04

2000
Didanosine EC* (NRTI)
Kaletra (FDC)
Trizivir* (FDC)

2001
Tenofovir DF (NRTI)

2002
Stavudine XR* (NRTI)

2003
Atazanavir (PI)
Emtricitabine (NRTI)
Enfuvirtide* (FI)
Fosamprenavir* (PI)

2004
Epzicom† (FDC)
Truvada (FDC)

2005-09

2005
Tipranavir* (PI)

2006
Atripla† (FDC)
Darunavir (PI)

2007
Maraviroc (CA)
Raltegravir (INSTI)

2008
Etravirine (NNRTI)

2010-14

2011
Complera (FDC)
Nevirapine XR (NNRTI)
Rilpivirine (NNRTI)

2012
Stribild (FDC)
Truvada (PrEP)

2013
Dolutegravir (INSTI)

2014
Cobicistat (PE)
Elvitegravir* (INSTI)
Triumeq (FDC)

2015-19

2015
Evotaz (FDC)
Genvoya (FDC)
Prezcobix (FDC)

2016
Descovy (FDC)
Odefsey (FDC)

2017
Juluca (FDC)
Raltegravir HD (INSTI)

2018
Biktarvy (FDC)
Cimduo (FDC)
Delstrigo (FDC)
Doravirine (NNRTI)
Ibalizumab-uiyk (PAI)
Symfi (FDC)
Symfi Lo† (FDC)
Symtuza (FDC)
Temixys* (FDC)

2019
Dovato (FDC)
Descovy (PrEP)

2020-24

2020
Fostemsavir* (AI)
Tivicay PD (INSTI)

2021
Cabenuva (FDC)
Cabotegravir (INSTI)
Cabotegravir (PrEP)

2022
Triumeq PD (FDC)
Lenacapavir (CI)

2024
Rilpivirine PED (NNRTI)

2025-Now

2025
Lenacapavir (PrEP)

2026
Prezcobix PED (FDC)
Idvynso (FDC)

Drug Class Abbreviations: **AI:** Attachment Inhibitor; **CA:** CCR5 Antagonist; **CI:** Capsid Inhibitors; **FDC:** Fixed-Dose Combination; **FI:** Fusion Inhibitor; **INSTI:** Integrase Inhibitor; **NNRTI:** Non-Nucleoside Reverse Transcriptase Inhibitor; **NRTI:** Nucleoside Reverse Transcriptase Inhibitor; **PE:** Pharmacokinetic Enhancer; **PI:** Protease Inhibitor; **PAI:** Post-Attachment Inhibitor; **PrEP:** Pre-Exposure Prophylaxis

Note: Approvals are for HIV treatment, unless otherwise indicated.
*Drugs in gray are no longer available and/or are no longer recommended for use in the United States by the HHS HIV/AIDS medical practice guidelines. These drugs may still be used in fixed-dose combination formulations.
†Fixed-dose combination brand products that are available as generic only.

For more information, visit HIVinfo.NIH.gov.

HIVinfo.NIH.gov

Initial Regimens for People with HIV

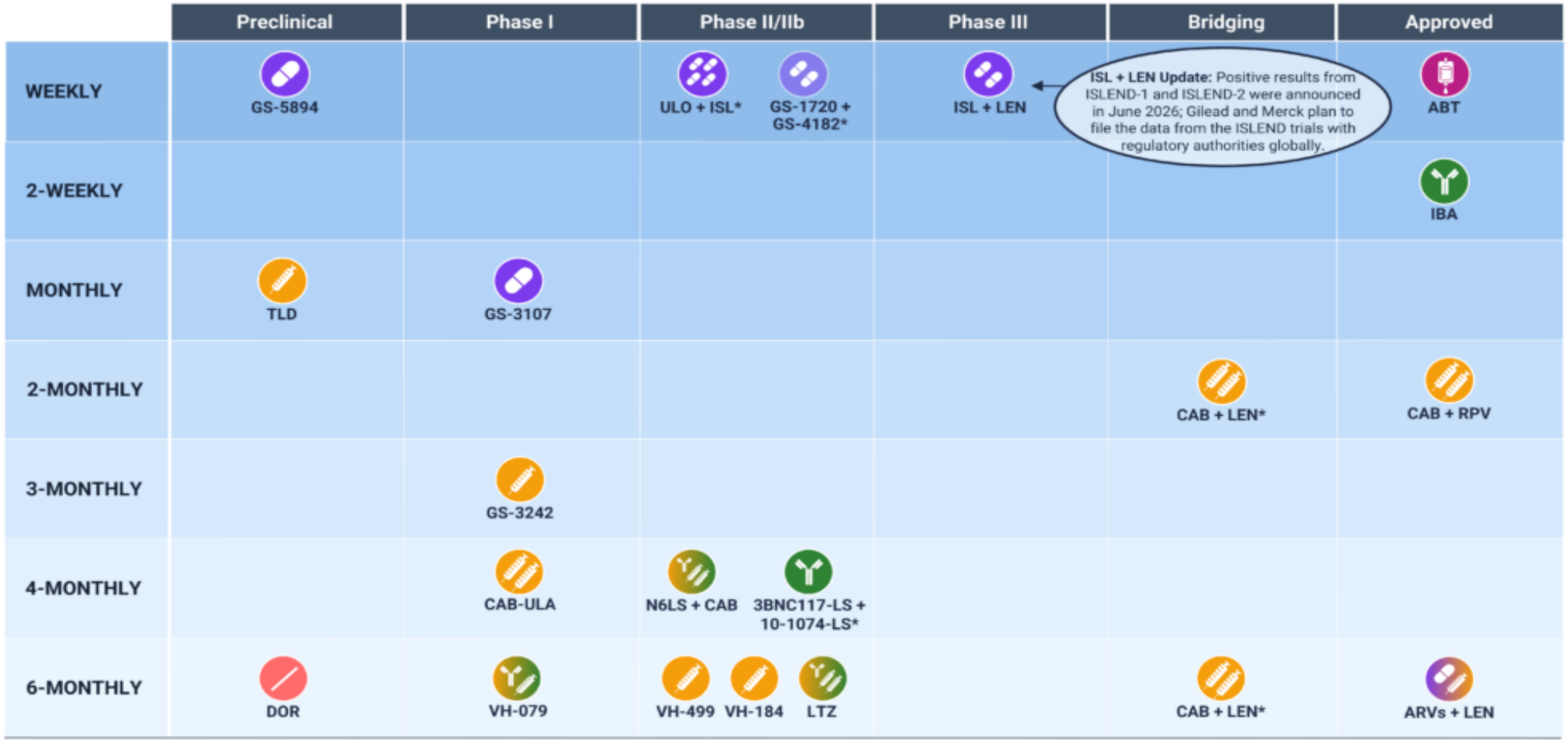
Brand Name(s)*	Generic Antiretrovials
For PLWH who **do not have a history** of using long-acting cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP), the following regimens are recommended:	
INSTI + 2 NRTIs	
Biktarvy	BIC/FTC/TAF **(AI)**
Tivicay + Truvada or Descovy	DTG + (FTC or 3TC) + (TAF or TDF) **(AI)**
INSTI + 1 NRTI	
Dovato	DTG/3TC **(AI)**
For PLWH **and a history** of using CAB-LA as PrEP, INSTI genotypic resistance testing should be done before the start of ART. If treatment is begun prior to results of genotypic testing, the following regimen is recommended:	
Boosted PI + 2 NRTIs	
1. Symtuza	DRV/c or DRV/r + (FTC or 3TC) or (TAF or TDF) **(AIII)**
2. Prezcobix + Truvada or Descovy	

Abbrev: INSTI: integrase inhibitor; NRTI: nucleoside reverse transcriptase inhibitor BIC: bictegravir; FTC: emtricitabine; TAF: tenofovir alafenamide; DTG: dolutegravir; ABC: abacavir; 3TC: lamivudine; TDF: tenofovir disoproxil fumarate

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. 2026. clinicalinfo.hiv.gov

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Pipeline HIV Medications



Dosing Modality

- Oral
- Injectable
- Implant
- ARV infusion
- Oral + injectable
- Antibody infusion
- Antibody infusion + injectable

Abbreviations

ABT: Albuvirtide
ARVs: Antiretrovirals
BIC: Bictegravir
CAB: Cabotegravir
DOR: Doravirine
IBA: Ibalizumab
ISL: Islatravir
LEN: Lenacapavir
LTZ: Lenacapavir + teropavimab + zinlirvimab
RPV: Rilpivirine
TLD: Tenofovir disoproxil fumarate + lamivudine + dolutegravir
ULA: Ultra long-acting
ULO: Ulonivirine

Notes

*ULO + ISL: both phase II and phase II/III trials are ongoing
*GS-1720 + GS-4182: phase II/III trial (WONDERS-1) is on hold; WONDERS-2 was terminated
*3BNC117-LS + 10-1074-LS: time to viral rebound is measured at week 20
*CAB + LEN: CAB is given every 2 months; LEN is given every 6 months

AVAC
Advocacy. Access. Equity.

July 2026

Future of Long-Acting HIV Treatment



Expand access to at-risk populations



Overcome oral medication adherence barriers



Improve virologic suppression rates



Address stigma challenges associated with daily medication use

Initial Regimens for People with HIV During Pregnancy

Preferred Dual-NRTI Backbones	Advantages	Disadvantages
Tenofovir-based backbone		
Descovy (FTC/TAF)	• Once-daily dosing • Available as an FDC • Active against HBV • May initiate at time of diagnosis, use avoids delays in ART initiation	Brand name only, can be cost prohibitive based on insurance When combined with DTG, FTC/TAF is associated with more treatment emergent obesity in nonpregnant adult women compared with FTC/TDF.
Truvada (FTC/TDF)		TDF has potential renal toxicity; should be used with caution in patients with renal insufficiency

Abbrev: ART: antiretroviral therapy; DTG: dolutegravir; FDC: fixed dose combination; FTC: emtricitabine; HBV: hepatitis B virus; NRTI: nucleoside reverse transcriptase inhibitor; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate; 3TC: lamivudine

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Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. 2026. clinicalinfo.hiv.gov

Initial Regimens for People with HIV During Pregnancy

Preferred INSTI Regimens	Advantages	Disadvantages
Biktarvy (BIC/FTC/TAF)	• STR, once-daily pill • High barrier to resistance • No food requirement • No dose adjustment required in pregnancy • High rates of viral suppression • Covers HBV • BIC/TAF/FTC is a preferred regimen for initial treatment in people HIV infection without a history of CAB exposure for PrEP	• Potential concerns about excess weight gain • Specific timing and/or fasting recommendations apply if BIC is taken with calcium or iron (e.g., in prenatal vitamins

Abbrev: ART: antiretroviral therapy; BIC: bictegravir; CAB: cabotegravir; FDC: fixed dose combination; FTC: emtricitabine; HBV: hepatitis B virus; NRTI: nucleoside reverse transcriptase inhibitor; PrEP: pre-exposure prophylaxis; STR: single tablet regimen; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate; 3TC: lamivudine

Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. 2026. clinicalinfo.hiv.gov

Initial Regimens for People with HIV During Pregnancy

Preferred INSTI Regimens	Advantages	Disadvantages
Tivicay (DTG) + *Preferred* Dual-NRTI Backbone	• Once-daily dosing • No dose adjustment required in pregnancy • Covers HBV • High rates of viral suppression • DTG has been shown to rapidly decrease viral load in pregnancy when presentation to care is late in pregnancy and there is no prior experience with ART (ARV naive) • This option is a preferred regimen for initial treatment in people with HIV infection without a history of CAB exposure for PrEP	• Increased pill burden • Potential concerns about excess weight gain with DTG • Specific timing and/or fasting recommendations apply if DTG is taken with calcium or iron (e.g., in prenatal vitamins

Abbrev: ART: antiretroviral therapy; ARV: antiretroviral; CAB: cabotegravir; DTG: dolutegravcir; HBV: hepatitis B virus; NRTI: nucleoside reverse transcriptase inhibitor; PrEP: pre-exposure prophylaxis

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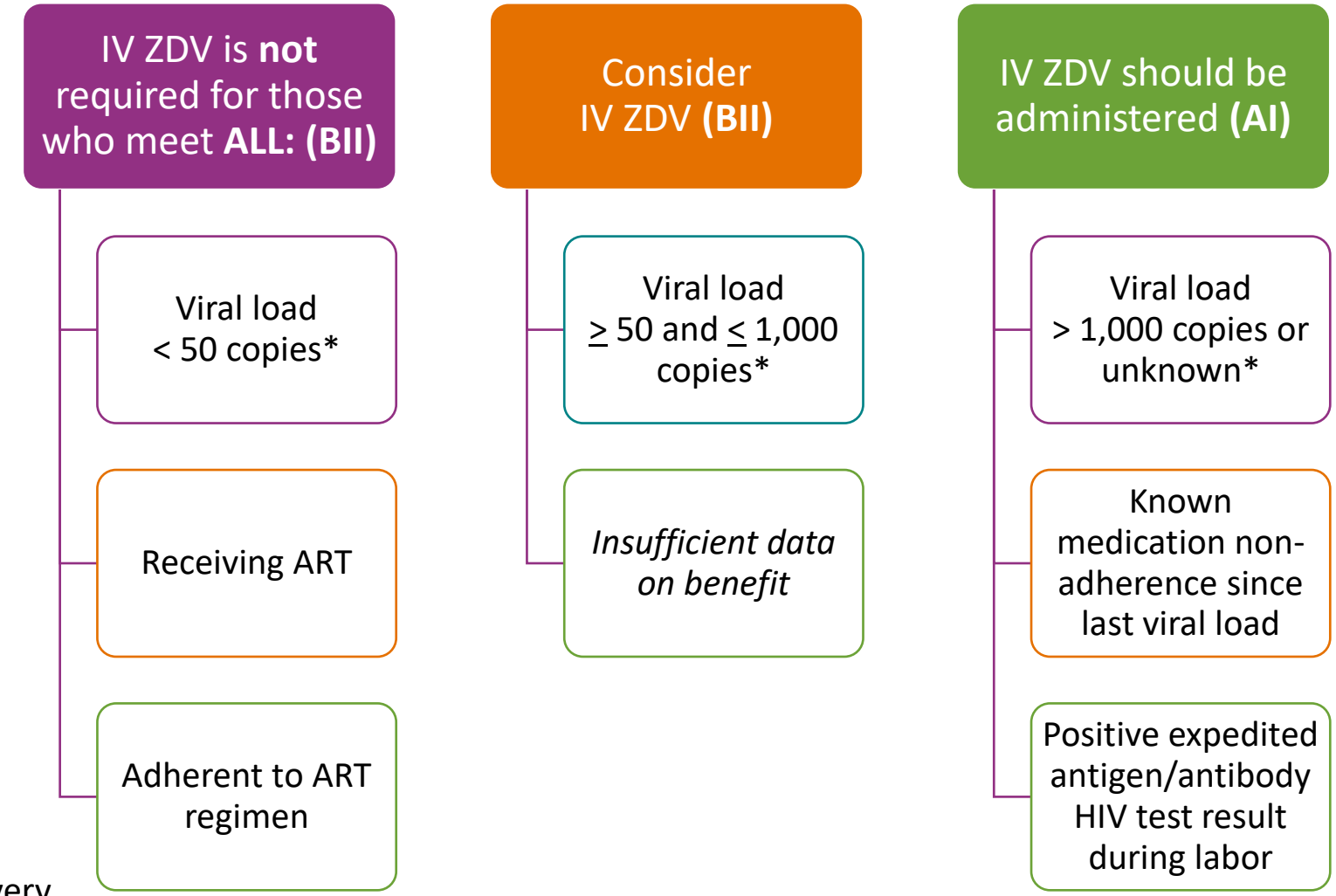
Initial Regimens for People with HIV During Pregnancy

Preferred PI Regimens	Advantages	Disadvantages
DRV/r + Preferred Dual NRTI Backbone	• DRV/r is a preferred PI for initial therapy only in certain circumstances (e.g., exposure to CAB when genotype testing is unavailable or demonstrates INSTI resistance mutations).	• Not available as an FDC • Requires twice-daily dosing during pregnancy • Requires administration with food • PIs may increase the risk of preterm birth.

Abbrev: ART: antiretroviral therapy; CAB: cabotegravir; DRV: darunavir; FDC: fixed dose combination; INSTI: integrase inhibitor; PI: protease inhibitor

Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. 2026. clinicalinfo.hiv.gov

Intrapartum Care – Zidovudine (ZDV) Prophylaxis



* Within 4 weeks of delivery

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Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. 2026. clinicalinfo.hiv.gov

Intrapartum Care – Mode of Delivery

- Patients should continue taking their antepartum ART on schedule during labor and before scheduled cesarean delivery **(AIII).**

- Mode of delivery is dependent on the patient's **viral load** at or within 4 weeks of delivery:

Scheduled Cesarean Delivery at 38 weeks	Vaginal Delivery
• HIV RNA is >1,000 copies or is unknown (AII) • If HIV RNA ≤1,000 copies, cesarean delivery is appropriate if indicated for other obstetric indications (AII)	• HIV RNA ≤1,000 copies (AII)

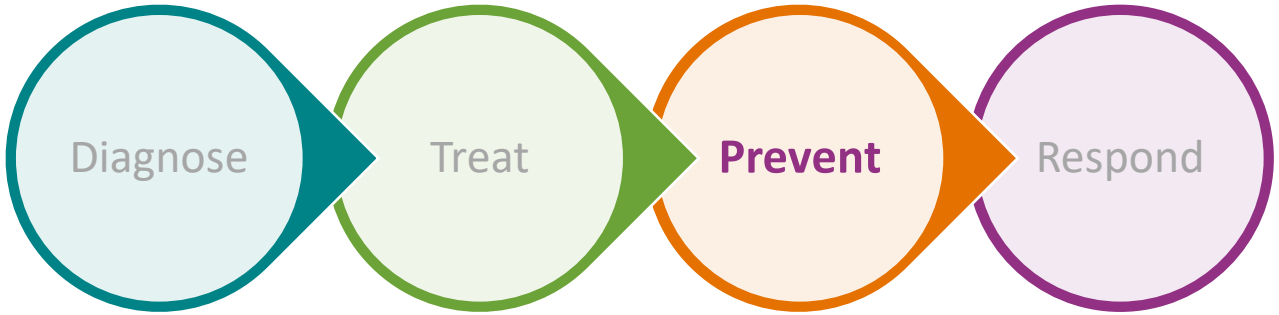
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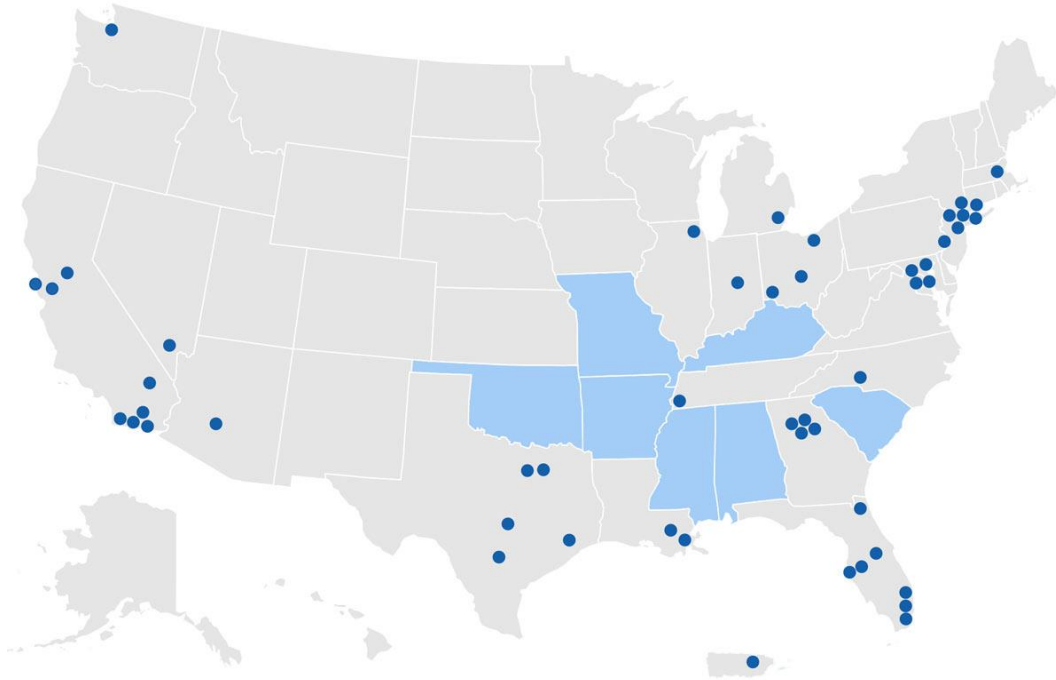
Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. 2026. clinicalinfo.hiv.gov

Ending the HIV Epidemic

- **GOAL:** The initiative seeks to reduce the number of new HIV infections in the United States by **75 percent by 2025**, and then by at least **90 percent by 2030**, for an estimated 250,000 total HIV infections averted.

- Ending the HIV Epidemic (EHE) is a national initiative to scale up four science-based strategies to substantially reduce new HIV infections in the U.S:





EHE Overview. 2026. HIV.gov

HIV Prevention Strategies



Biomedical Interventions

- Pre-Exposure Prophylaxis (PrEP)
- Post-Exposure Prophylaxis (PEP)
- “Treatment as prevention” and “U = U”



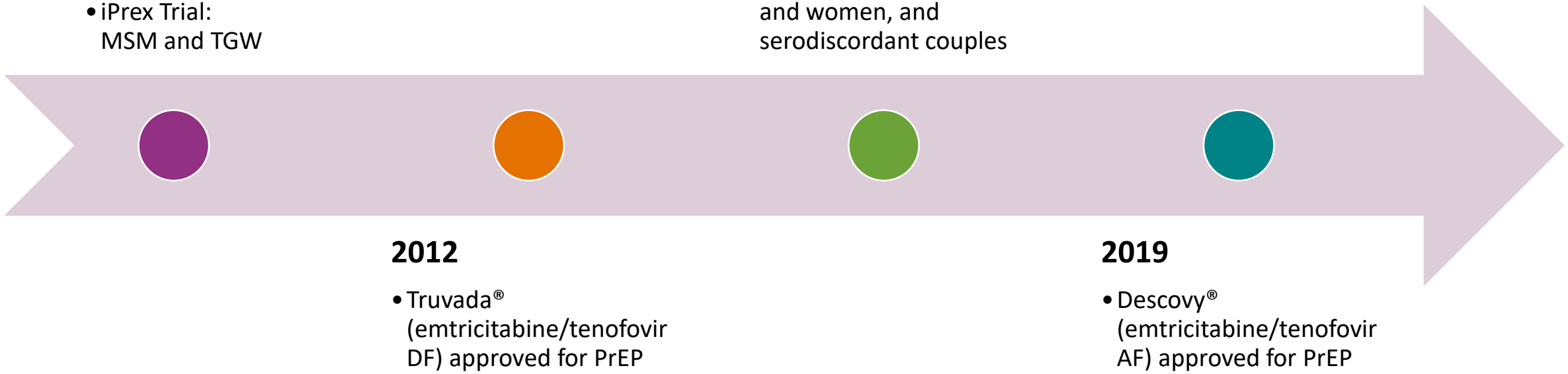
Behavioral Interventions

- Sexual health
- Substance use screening and expanded testing
- Harm reduction strategies

1. Fundamentals of HIV Medicine. 2021 Edition.
2. EHE Overview. 2026. HIV.gov

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Historical PrEP Trials and Real-World Effectiveness



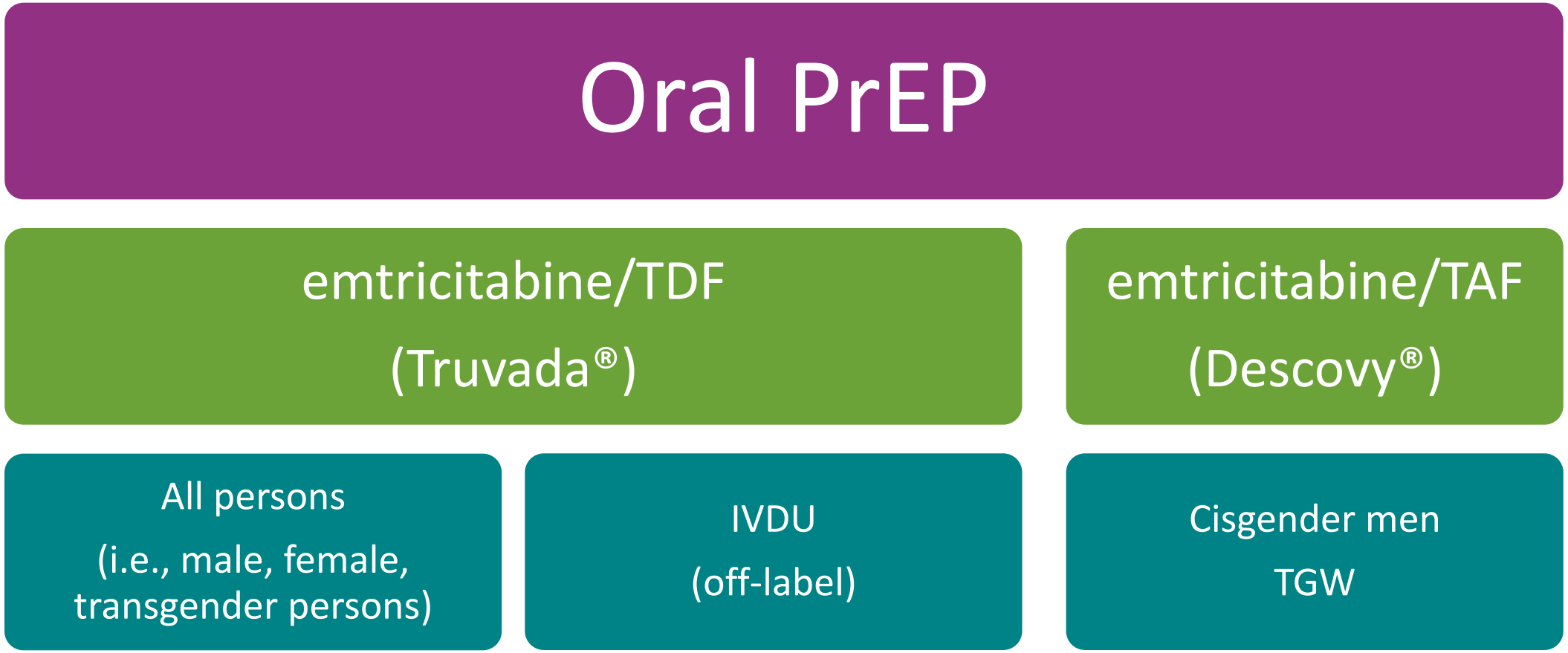
*Benefit varied across studies, ranging from **44% - 75% reduction** in HIV transmission. Largely dependent on adherence.*

Abbrev: MSM: men who have sex with men; TGW: transgender women; PWID: persons who inject drugs

Fundamentals of HIV Medicine. 2021 Edition.

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FDA-Approved Oral Medications for PrEP



Abbrev: IVDU: intravenous drug use; PrEP: pre-exposure prophylaxis; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate; TGW: transgender women

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Advancing PrEP Options

Early trials established daily oral PrEP efficacy, but there is not equality amongst all populations

Long-acting options are beneficial for:

- Expanding access to at-risk populations
- Overcoming oral medication adherence barriers
- Addressing stigma challenges associated with daily medication use

Long-Acting Injectable – cabotegravir (Apretude®)

- Long-acting injectable Apretude® (cabotegravir) was **superior** to daily oral Truvada® (emtricitabine/tenofovir DF) in both trials

HPTN 083[1]

- MSM and TGW (n 4566)

66% reduced risk of HIV with injectable Apretude® vs daily oral Truvada®

MSM: men who have sex with men; TGW: transgender women

HPTN 084[2]

- Cisgender women (n 3224)

88% reduced risk of HIV with injectable Apretude® vs daily oral Truvada®

1. Landovitz. NEJM. 2021
2. Delany-Moretlwe. Lancet. 2022

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Long-Acting Injectable - lenacapavir (Yeztugo®)

PURPOSE 1[1]

- Cisgender women (n 5338)
- Received lenacapavir, FTC/TDF, or FTC/TAF

PURPOSE 2[2]

- Gender diverse (n 3295)
- Received lenacapavir or FTC/TDF

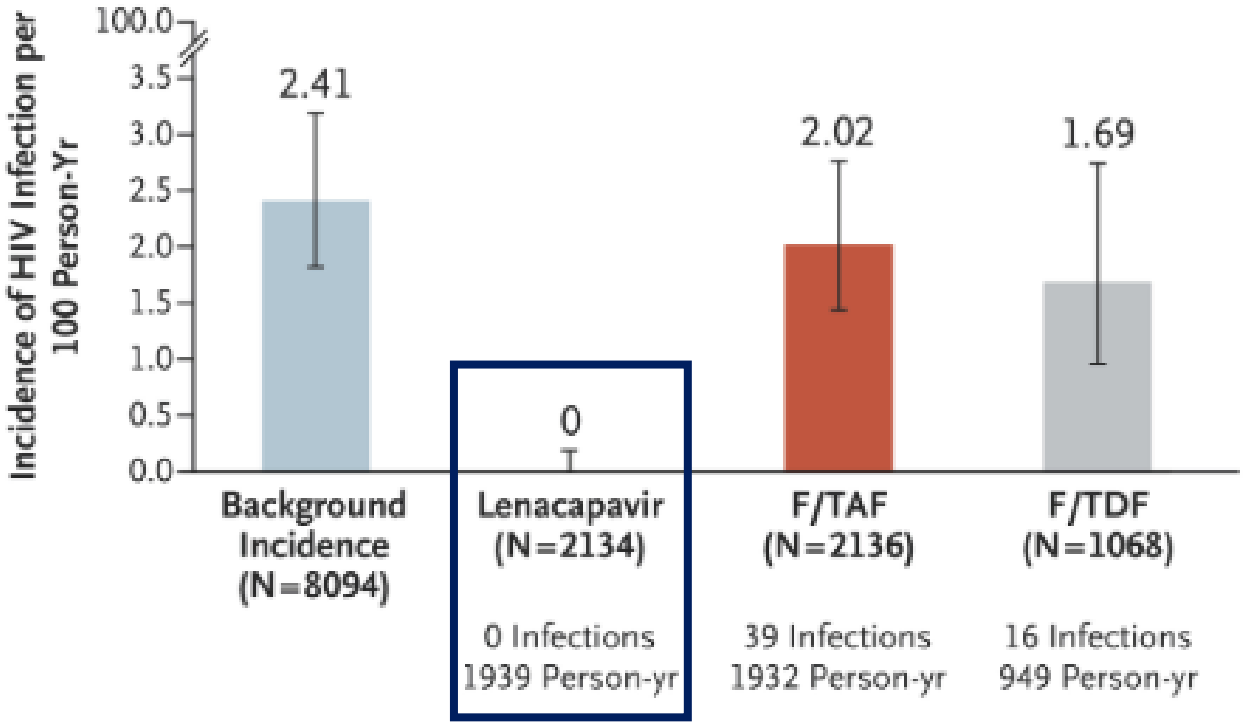
Abbrev: FTC: emtricitabine; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate

1. Bekker. NEJM. 2024; 391:1179-92
2. Kelley. NEJM. 2024; 10.1056/NEJMoa2411858

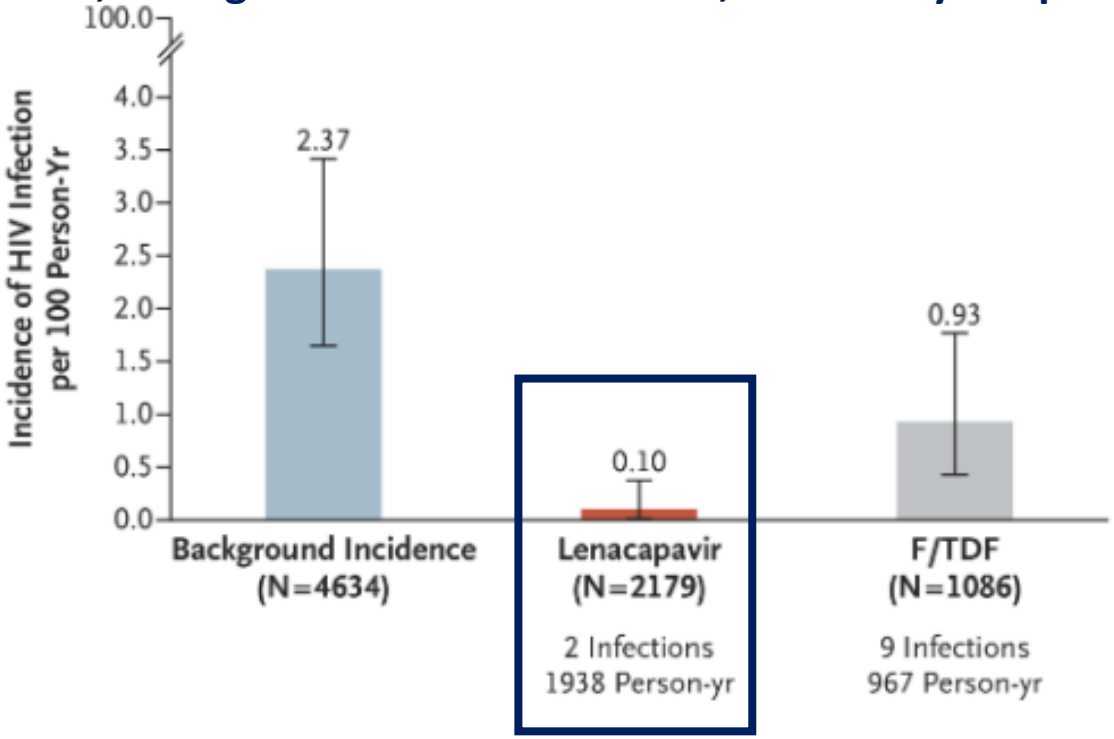
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Long-Acting Injectable – lenacapavir (Yeztugo®)

PURPOSE 1:
Cisgender Women



PURPOSE 2:
Men, Transgender Men and Women, Nonbinary People

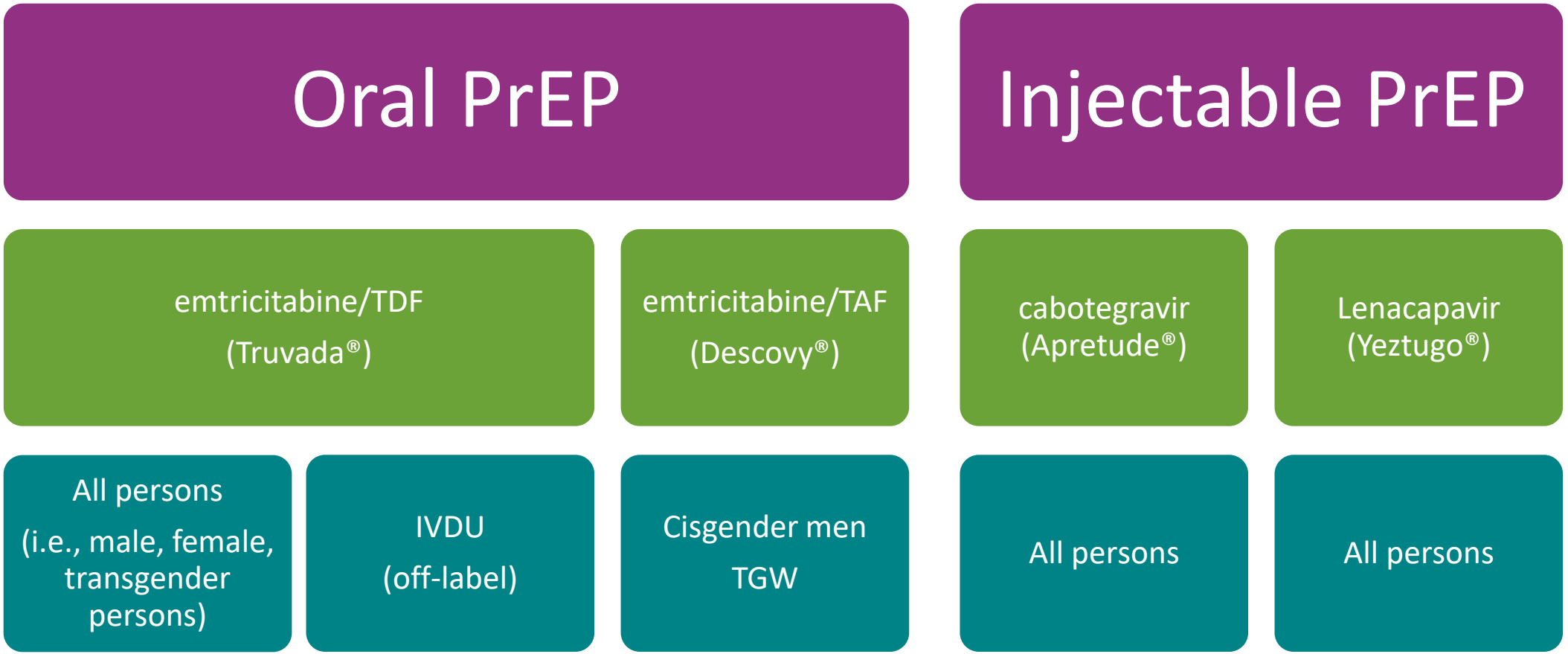


Abbrev: F/TAF = Descovy®; F/TDF = Truvada®

1. Bekker. NEJM. 2024; 391:1179-92
2. Kelley. NEJM. 2024; 10.1056/NEJMoa2411858

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FDA-Approved Medications for PrEP

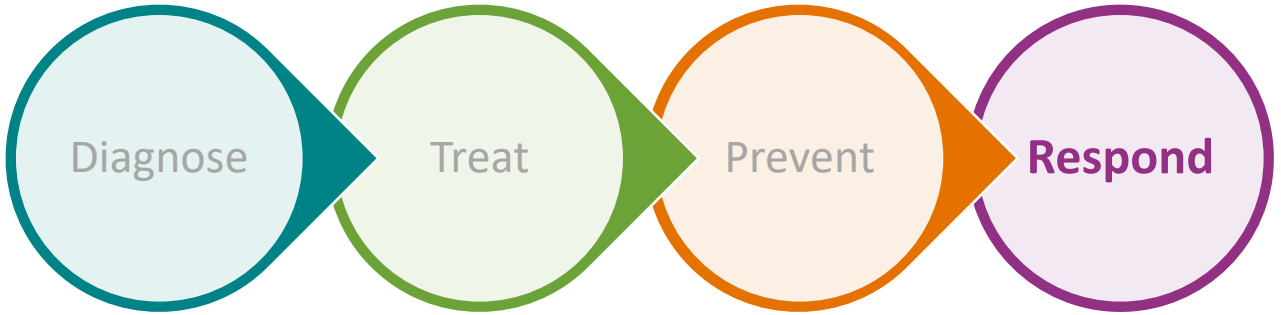


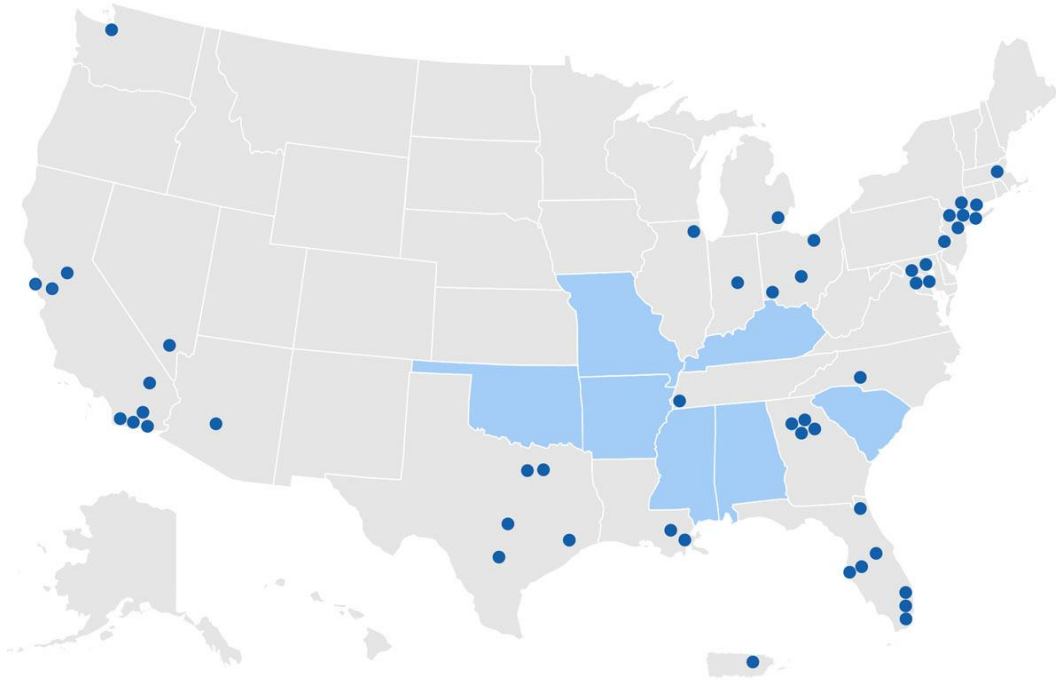
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EHE Overview. 2026. HIV.gov

St. Mary's Infectious Disease Clinic

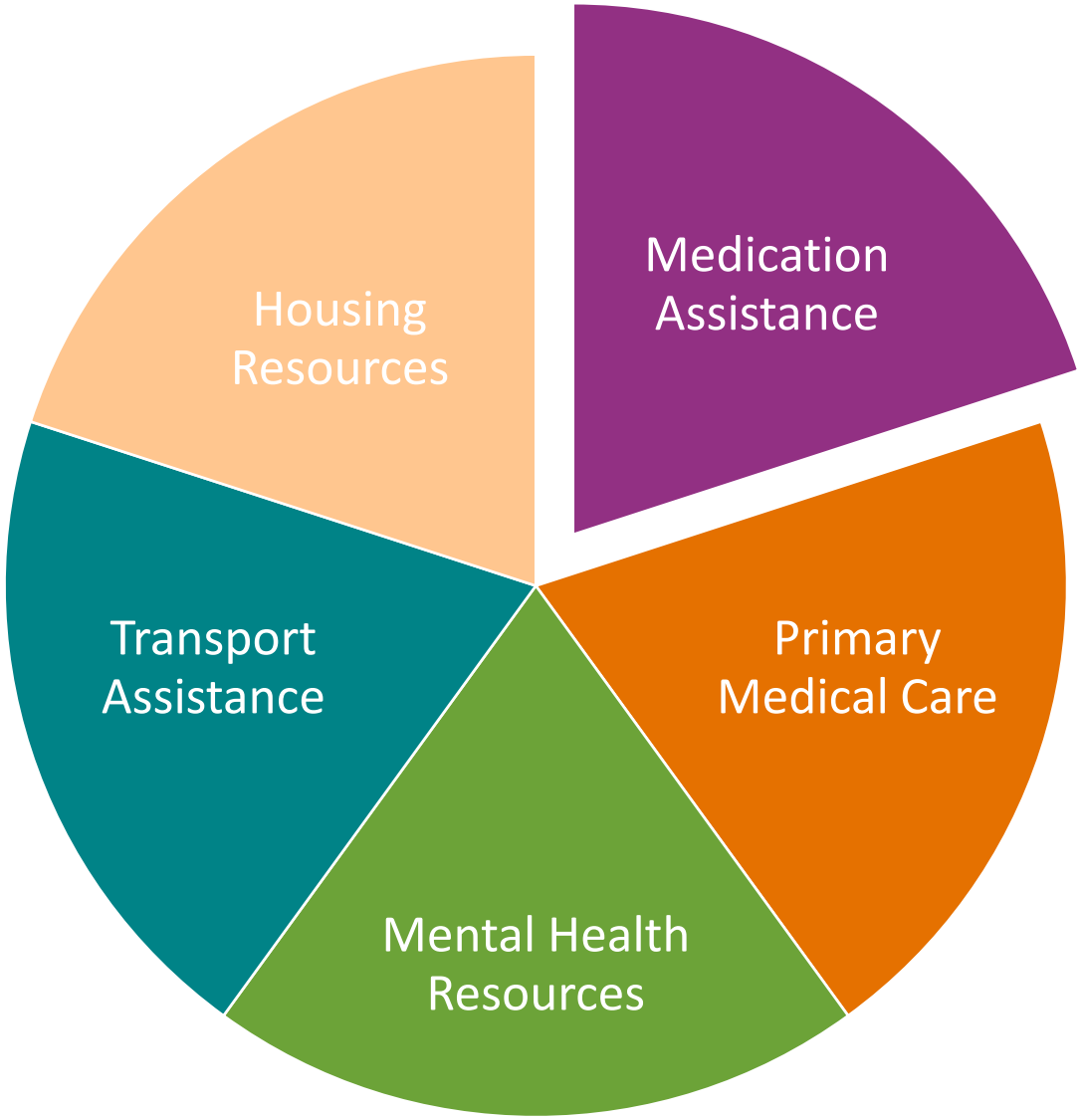
- Housed within the Internal Medicine Resident Clinic

- Multidisciplinary Team:
  - Attending physician
  - Clinical pharmacist specialist
  - Pharmacy access coordinator
  - Social worker
  - Case manager
  - Dedicated ID nurse

- Ryan White Funded Clinic

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Ryan White Clinic



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Real-World Data: St. Mary's ID Clinic - 155 patients

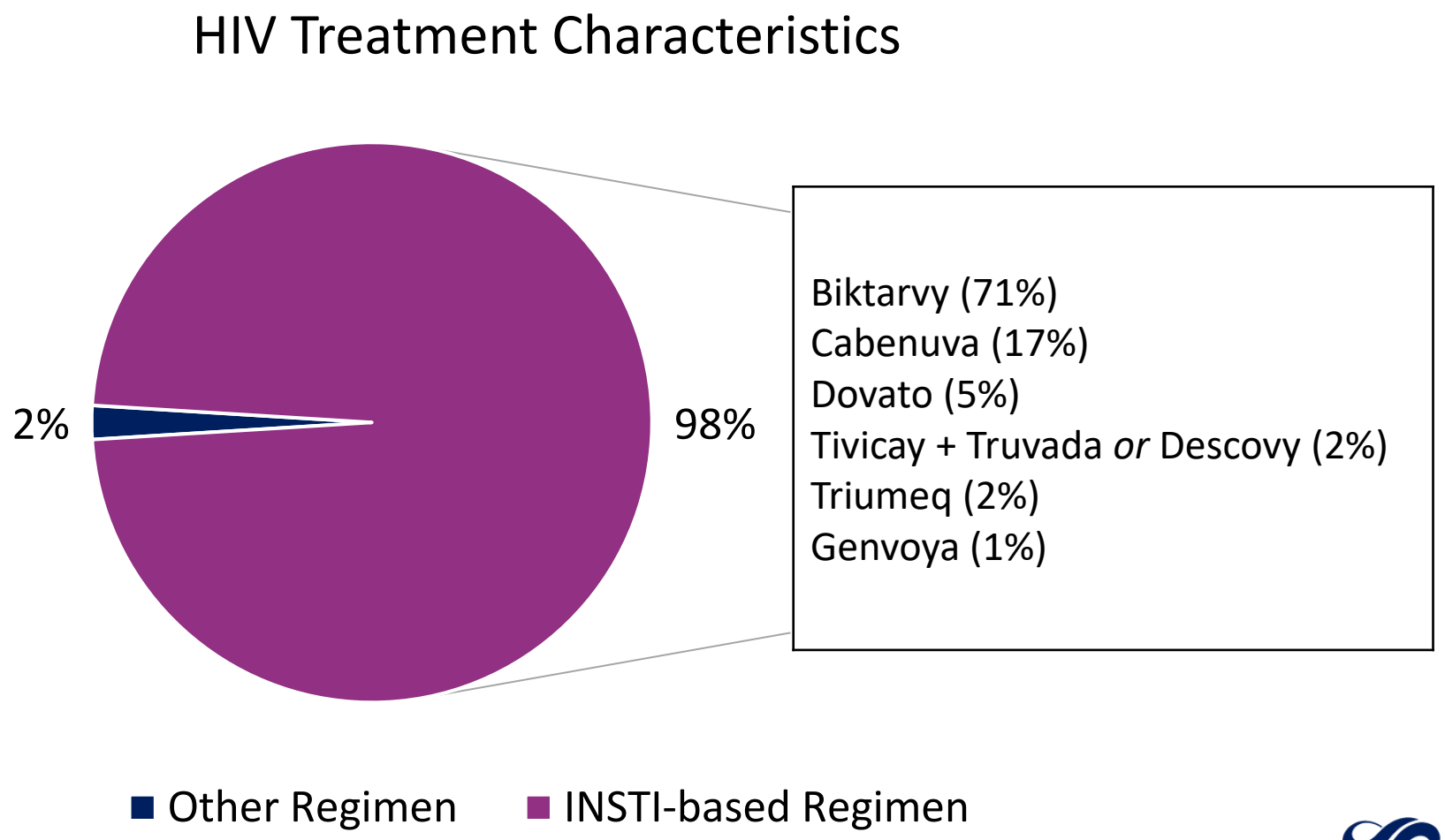
Category	Percent (n)
Age (yrs)	
18-30	20 (31)
31-50	46 (72)
51-70	28 (44)
71+	5 (8)
Sex	
Male	75 (116)
Female	24 (37)
TGF	1 (2)

Category	Percent (n)
Race	
Black/African American	72 (112)
White/Caucasian	22 (34)
Multi-racial	3 (5)
Native Hawaiian/ Pacific Islander	1 (1)
Primary Insurance Payer	
Commercial	48 (75)
Medicaid	26 (40)
Medicare	19 (30)
Ryan White *ONLY*	6 (10)

Abbrev: TGF: transgender female

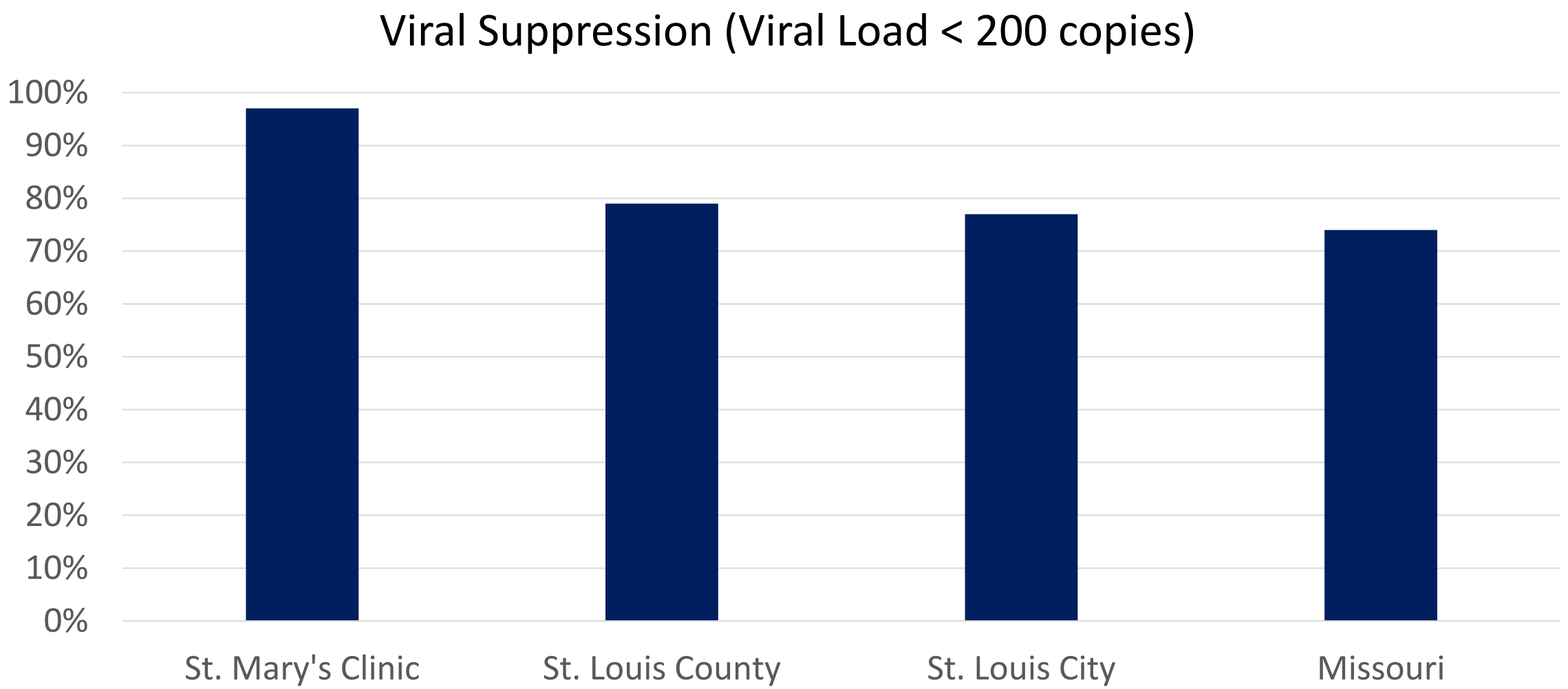
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Real-World Data: St. Mary's ID Clinic - 154 patients receiving ART



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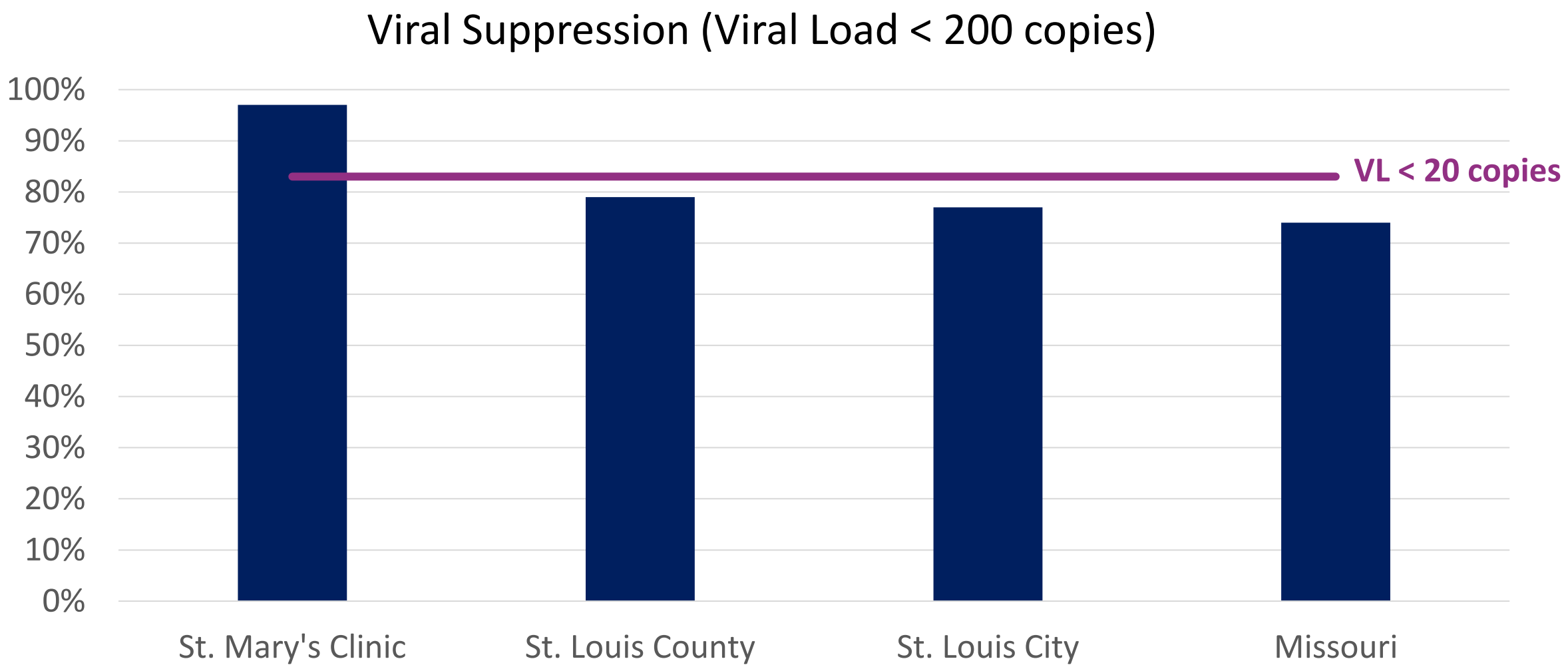
Real-World Data: St. Mary's ID Clinic - 155 patients



Fast-Track Cities HIV Data. 2021. stlouis-mo.gov

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Real-World Data: St. Mary's ID Clinic - 155 patients



Fast-Track Cities HIV Data. 2021. stlouis-mo.gov

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Key Takeaways

- Ending the HIV Epidemic relies on identifying high-risk patients, increasing access to HIV screening, linking HIV-positive patients to care, and offering HIV prevention interventions, as appropriate.
- HIV screening should be completed for everyone aged 15 – 65 years at least once and more routinely for high-risk populations.
- The future of HIV treatment and prevention will be long-acting antiretrovirals in hopes to increase access, improve adherence, and contribute to ending the HIV epidemic.
- Comprehensive, multidisciplinary care is exemplified by St. Mary's ID Clinic and shown by success in virologic suppression rates.



Questions?

Alexandre Lacasse, MD
Rachel Marchi, PharmD, BCACP, AAHIVP

October 9, 2026