



Infermieri di
Malattie Infettive
Ente del Terzo Settore

1° CONGRESSO NAZIONALE IM24 NETWORK ETS

1° Congresso Nazionale

Firenze
25-26 Febbraio
2025

Centro Congressi
Hotel Albani

www.imi24network.it

HEADING FOR THE FUTURE

Counselling & Testing: l'infermiere e la gestione integrata e multiprofessionale dell'assistenza a PWH

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AMBULATORIO MALATTIE INFETTIVE

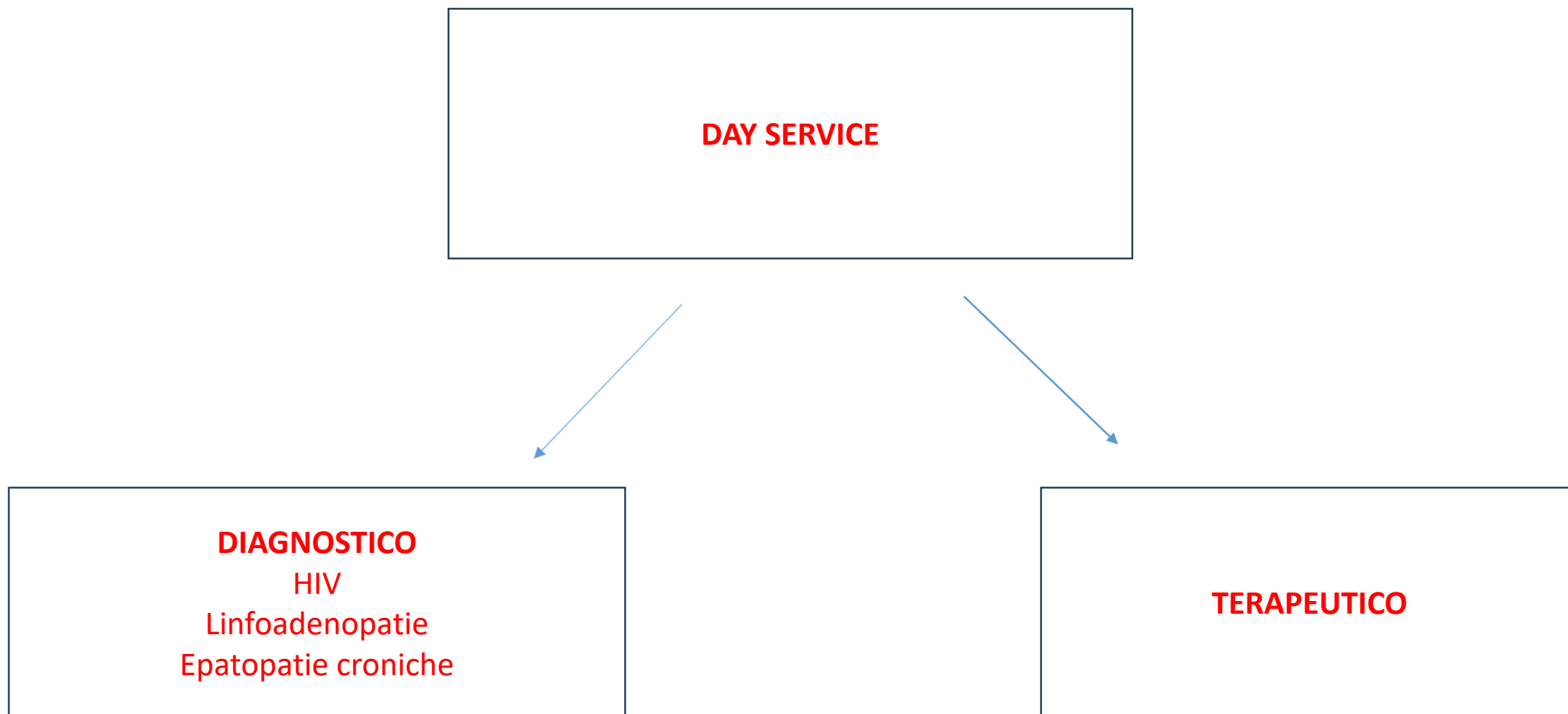
3 Infermieri

2 Medici



AMBULATORIO HIV

**AMBULATORIO
MALATTIE INFETTIVE
GENERALE**



AMBULATORIO HIV

- *Presa in carico, attività di prelievi ematici, attività di counselling, screening HIV (esenzione B01) e altre MST, telemedicina, comunicazione di diagnosi (medico)*
- *Follow-up clinico e terapeutico di oltre 500 PWH (2 giorni a settimana con accesso diretto e agenda di prenotazione interna): presa in carico delle nuove diagnosi, ottimizzazione della terapia, gestione comorbidità, tossicità a breve e lungo termine*
- *Attività assistenza domiciliare AIDS quotidiana (2 infermieri)*
- *Attivazione Day Service HIV (il lunedì, con possibilità di effettuare max. 3 accessi per visite e/o esami strumentali) e Day Service Terapeutico (es. long-acting, penicillina im. ecc)*
- *Gestione della PEP (accesso diretto o tramite Punto di primo intervento /PS) e della PREP (agenda CUP, malattie infettive Generale)*
- *Attività di consulto presso Psicologo Clinico*

Long-acting (CABO+RPV)

Attualmente **37** pz in trattamento

3 sospensioni: dovute a nausea, intensa astenia e dispnea e dolore persistente nel sito di iniezione

Injectable Long-Acting Cabotegravir–Rilpivirine Therapy for People Living With HIV/AIDS: Addressing Implementation Barriers From the Start

Pinto, Rogério M. PhD*; Hall, Evan BS; Tomlin, Ryan PharmD, BCPS, AAHIVP

Journal of the Association of Nurses in AIDS Care [34\(2\):p 216-220, March/April 2023.](#)

One year after approval, myriad implementation barriers threaten the access and sustainability of this life-saving innovation: (1) **eligibility issues** (viral suppression, drug resistance, and failed oral regimens); (2) **injection** requires medical provider and transportation to facility; (3) **strict medication adherence**; (4) **life challenges—mental health, homelessness, joblessness**; and (5) **lack of insurance and high cost**. Universal implementation of CAB/RPV calls for social, human, and health organizations to partner and provide HIV continuum of care and prevention services to facilitate CAB/RPV access and maintenance and for transparent health insurance billing practices to abate uncertainty concerning CAB/RPV's classification as a pharmaceutical or medical benefit and related cost implications.

Long-acting injectable antiretrovirals for HIV treatment in the ICONA cohort: physicians' and nurses' points of view

J Antimicrob Chemother. 2024 Oct 1;79(10):2662-2667.

Results: Out of 61 ICONA centres, 38 (62%) completed the survey: **57.9% were academic centres, 42.1% were hospital-based**. In total, 104 respondents were **ID physicians (57.4%), 77 were nurses (42.5%)**; 4.5% of all PWH followed at the 38 centres started LAI CAB/RPV at time of study. **Centres taking care of >1000 PWH reported 95% application of procedures for LA implementation, higher than other centres (P = 0.009)**. Mean score of AIM was (16.0, standard deviation, SD, 3.3), of IAM (16.0, SD 3.0) and FIM (16.0, SD 2.9). A **linear correlation was found between AIM and the number of people with HIV who started LAI CAB/RPV (25-50 versus <25, coefficient of correlation [b] 2.57, 95%CI 0.91-4.60, P = 0.004), academic versus hospital-based centres (b -1.59, 95%CI -2.76-0.110044, P = 0.007) and the absence of preliminary systematic assessment of staff (b -1.98, 95%CI -3.31-0.65, P = 0.004)**. Implementation barriers were not significantly different according to the number of PWH/centre.

Conclusions: **LAI CAB/RPV implementation was low**, with a great variability according to centre size. Tailored and centre-specific interventions to address barriers and to optimize the LA treatment implementation should be designed.

INFERMIERE : AMBULATORIO HIV

Ruolo chiave per garantire:

-) ottimale organizzazione interna**
-) supporto clinico ed emotivo ai PWH**
-) accesso rapido ai programmi di screening e prevenzione**
-) somministrazione di terapie long-acting innovative e gradite ai pazienti**



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Grazie per l'attenzione