PLHIV vs non-PLHIV, respectively. PCV13, PCV15/non-PCV13, and PCV20/non-PCV15 serotypes comprised 21.5%, 11.2% and 16.5% of IPD in PLHIV.

IPD incidence rates among adults aged ≥19 years old by serotype group in PLHIV, 2008–2018

Conclusion. IPD rates declined significantly in both PLHIV and non-PLHIV during the study period due to reductions in PCV13-type IPD; however, IPD rates remained 17-fold higher in PLHIV compared to non-PLHIV, mainly due to non-PCV13 types. Higher-valent pneumococcal conjugate vaccines provide opportunities to reduce some of the remaining IPD burden in PLHIV.

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71. Increasing Trends in Multimorbidity and Polypharmacy Over a 5-Year Period in People Living with HIV in the United States
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Session: O-15. HIV Co-infections and Co-morbidities

Background. Advances in antiretroviral therapies (ART) have resulted in people living with HIV (PLWH) living longer with higher risk for age-related comorbid conditions and polypharmacy. The aim of this study was to describe trends in comorbidity and medication burden in PLWH over a 5-year time period.

Methods. A retrospective analysis of commercial and Medicare Advantage enrollees from the Optum Research Database was conducted. Annual cohorts of PLWH were constructed for each calendar year from 2014-2018 and included adults (≥ 18 years) with ≥1 pharmacy claim for an ART or medical claim with an HIV/AIDS diagnosis code (index date=earliest claim date in each calendar year). Continuous health plan enrollment of ≥1 pharmacy claim for an ART or medical claim with an HIV/AIDS diagnosis code (index date=earliest claim date in each calendar year). Comedication burden in PLWH over a 5-year time period.

Results. Overall, 14,222 - 20,249 PLWH who were enrolled in commercial (80.7% - 65.4%) or Medicare Advantage (19.3% - 34.6%) plans were identified in 2014 - 2018 calendar years were assessed.

Conclusion. Multimorbidity and polypharmacy are common in PLWH and have been increasing in prevalence over the past 5 years. Study findings highlight the importance of an individualized approach to care for a diverse PLWH population, in order to minimize drug-drug interactions and adverse events and thereby improve patient outcomes.

Figure 1. Comorbidity and Comedication Trends by Index Year among People Living with HIV