

HIV pre-exposure prophylaxis: the English experience

Profilaxis pre-exposición para el VIH: la experiencia inglesa

Gary Whitlock

Consultant Physician

In July 2012, oral PrEP as co-formulated tenofovir/emtricitabine (Truvada) was licensed by the US Food and Drug Administration; Truvada's safety and efficacy having been demonstrated in two large multi-centre randomised controlled trials, iPrEX and Partners PrEP.

Two subsequent randomised controlled trials, the PROUD and IPERGAY studies, sought to determine the clinical and cost effectiveness of PrEP for men who have sex with men (MSM) at high-risk of acquiring HIV infection^{1,2}. In October 2014, the interim analysis of the UK-based PROUD trial, which began as a pilot study to investigate the feasibility of performing a larger UK trial of daily oral Truvada, demonstrated that this was highly protective in study participants, reducing the risk of HIV acquisition by 86% when delivered in English sexual health clinics¹. The French/Canadian IPERGAY trial which investigated so-called event-based PrEP, oral Truvada prophylaxis taken around the time of sex, demonstrated equivalent efficacy².

In April 2017, the National Health Service (NHS) in Scotland approved the provision of PrEP with the intention of making PrEP available in sexual health clinics from the summer of 2017. However, to date, Truvada as PrEP is not available on prescription in the NHS in England, although individuals may purchase this privately.

In November 2016, the National AIDS Trust, a UK HIV charity, successfully challenged an earlier decision by NHS England to drop PrEP from its list of new treatments being considered for NHS commissioning³. One month later, NHS England announced a 3-year implementation trial which is yet to start and is anticipated to enrol 10,000 participants in order to answer

'outstanding implementation questions' prior to scale-up to the whole of England⁴.

Over the past 5 years, community activism around PrEP has grown with support from clinicians and sexual health clinics and a number of initiatives have occurred to increase PrEP provision. In September 2015, 56 Dean Street, a central London sexual health clinic, opened a weekly NHS clinic offering Truvada at cost price⁴. In October 2015, two UK-based websites were launched providing information about PrEP: www.PrEPster.info and www.iwantprepnnow.co.uk; the latter allowing individuals to buy generic tenofovir/emtricitabine online for a tenth of the cost of Truvada. During 2015, central London sexual health services saw an increasing number of clinic attendees disclosing their use of generic tenofovir/emtricitabine. In response, in February 2016, 56 Dean Street, followed by several other sexual health services, started offering free monitoring for those sourcing generic tenofovir/emtricitabine as PrEP and advocating 3-monthly tests for HIV, other sexually transmitted infections and renal function according to the UK PrEP guide produced by a collaboration of UK doctors, charities and PrEP advocates⁵. In addition, during 2015, 56 Dean Street offered generic tenofovir/emtricitabine recipients the option of testing for drug levels of tenofovir and emtricitabine (therapeutic drug monitoring), which were satisfactory in the majority of samples tested⁶.

56 Dean Street diagnoses roughly 1 in 6 of all the UK's new HIV infections. The number of new diagnoses, the majority of which are in MSM, fell from 679 in 2015 to 393 in 2016, a drop of 42%⁷. The causes for this welcome decline are likely multifactorial including better HIV awareness, frequent testing, early

Correspondencia: Gary Whitlock
E-mail: Gary.Whitlock@chelwest.nhs.uk

treatment and use of prevention methods such as post-exposure prophylaxis and PrEP⁸. In the light of such a reduction in HIV diagnoses, it is important to continue initiatives to key populations at risk. Although awareness about HIV and PrEP appear high in MSM in urban centres such as London, it is unclear if this is reflected elsewhere in England and in other groups at high risk for HIV such as black, Asian and minority ethnic communities.

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