

# PrEParedness: be ready

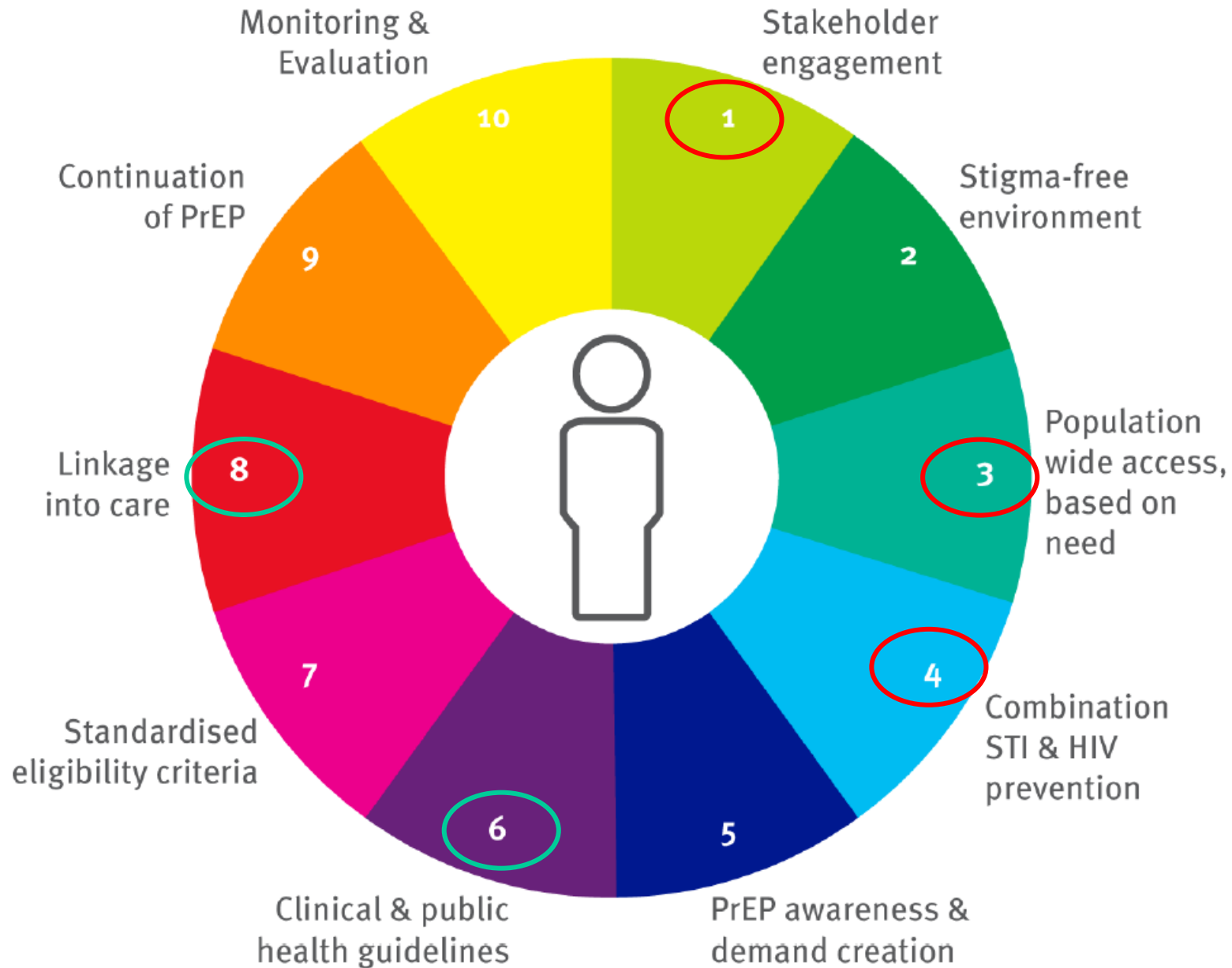
**Dr Martí Vall**

*Department of Infectious Diseases*



## Disclosures:

- Advisory board: Abbott Diagnostics
- Educational material: Merck, Sharp & Dohme

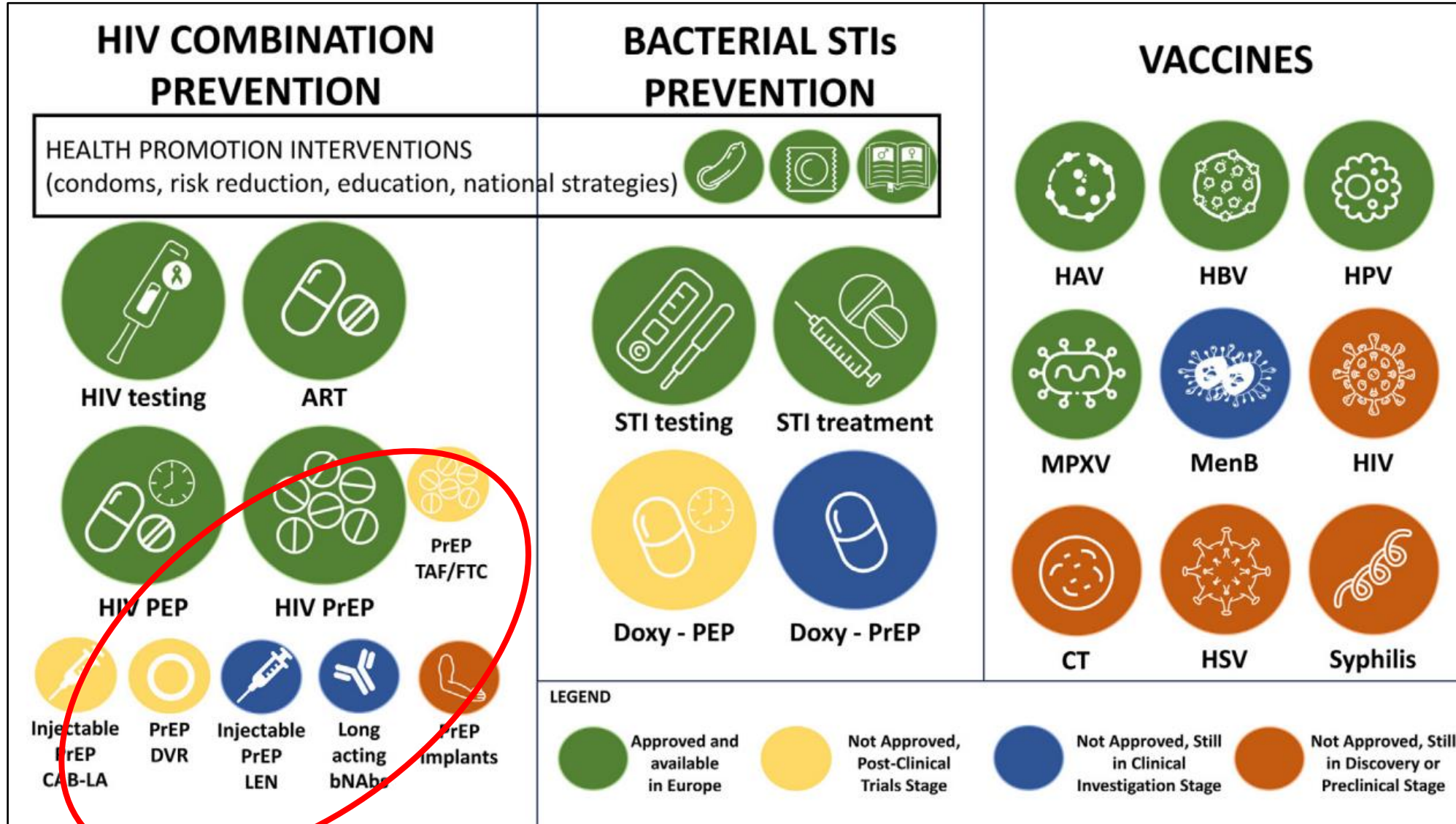
**Figure A2. Key principles for effective PrEP programme implementation**

# Take-home messages

## **Be PrEPared**

- To engage persons/groups in need of PrEP
- To facilitate access to PrEP
- To simplify PrEP services
- To conduct research on PrEP implementation

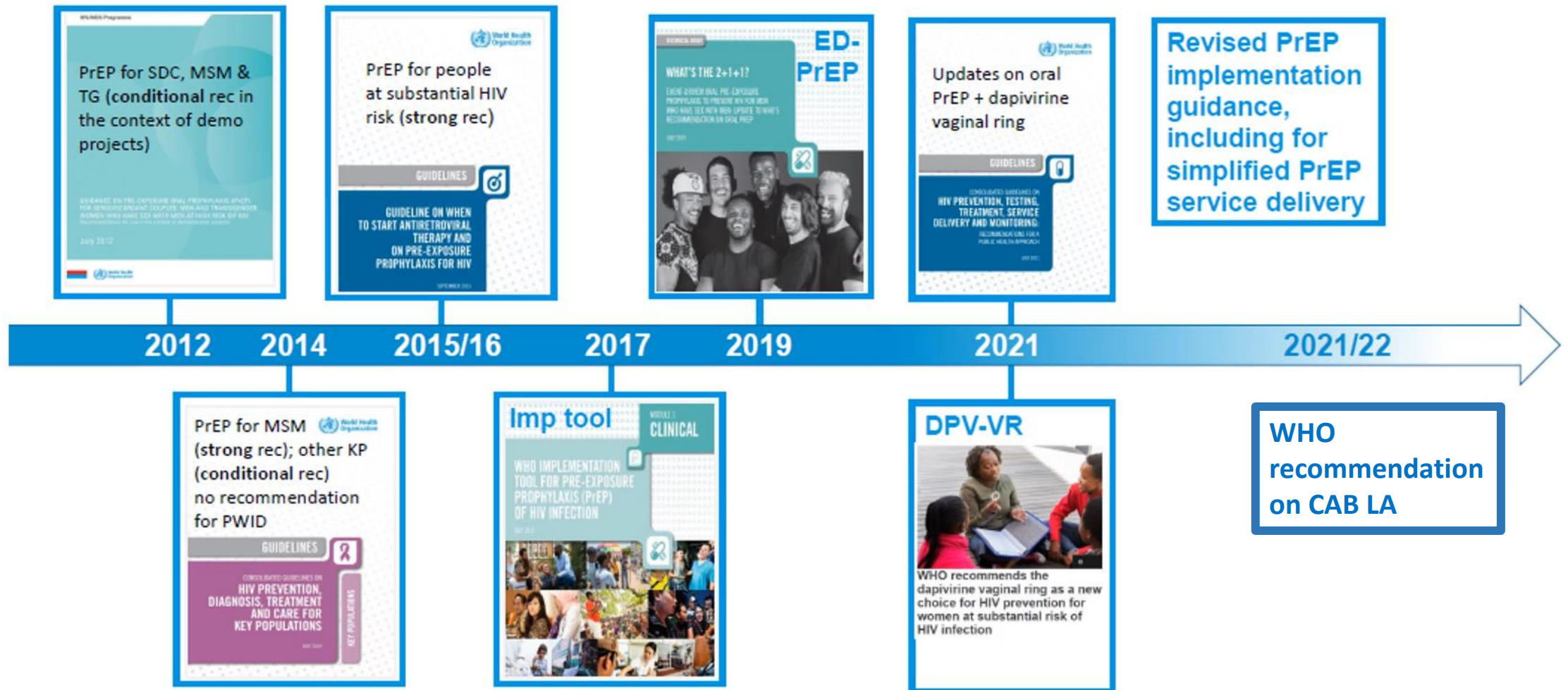
# Prevention strategies for STIs



# Looking forward – choice is expanding!



## WHO PrEP recommendations and guidance





# WHO-recommended PrEP products - 2024



Oral PrEP (tenofovir disoproxil fumarate (TDF) 300 mg + emtricitabine (FTC) 200 mg OR TDF 300 mg + lamivudine (3TC) 300 mg tablets)



DVR (25 mg dapivirine impregnated silicone ring) – long-acting



CAB-LA (600 mg cabotegravir extended-release injectable suspension) – long-acting

# A Salon-Based Intervention to Improve PrEP Uptake among Black Women

Schenita D. Randolph, Ph.D., M.P.H., R.N., F.A.A.N., and Ragan Johnson, D.N.P., F.N.P.-B.C., C.N.E.

**PROBLEM** Although more than 50% of new cases of HIV in women in the United States occur in Black women, and preexposure prophylaxis (PrEP) is 99% effective in preventing HIV infection, less than 2% of U.S. Black women use PrEP.<sup>1-3</sup>

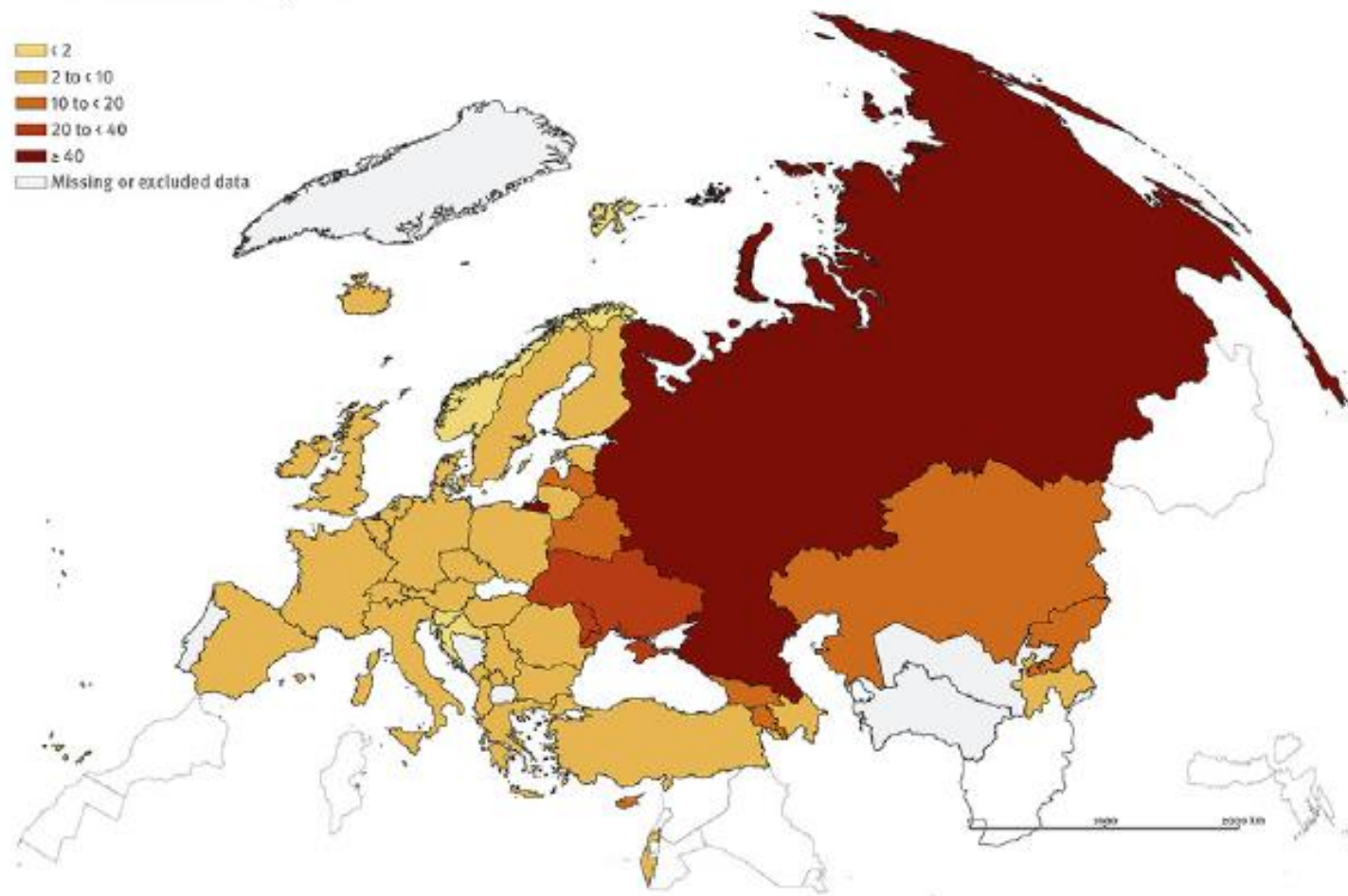
**INTERVENTION** In partnership with local communities, we piloted a salon-based intervention to reduce barriers to PrEP uptake (e.g., limited awareness, lack of trust, and stigma) among Black cisgender women living in the U.S. South.

**INSTITUTION** Duke University School of Nursing.

**DESCRIPTION** Disparities in PrEP uptake affecting Black cisgender women arise from a lack of both targeted media outreach and in-

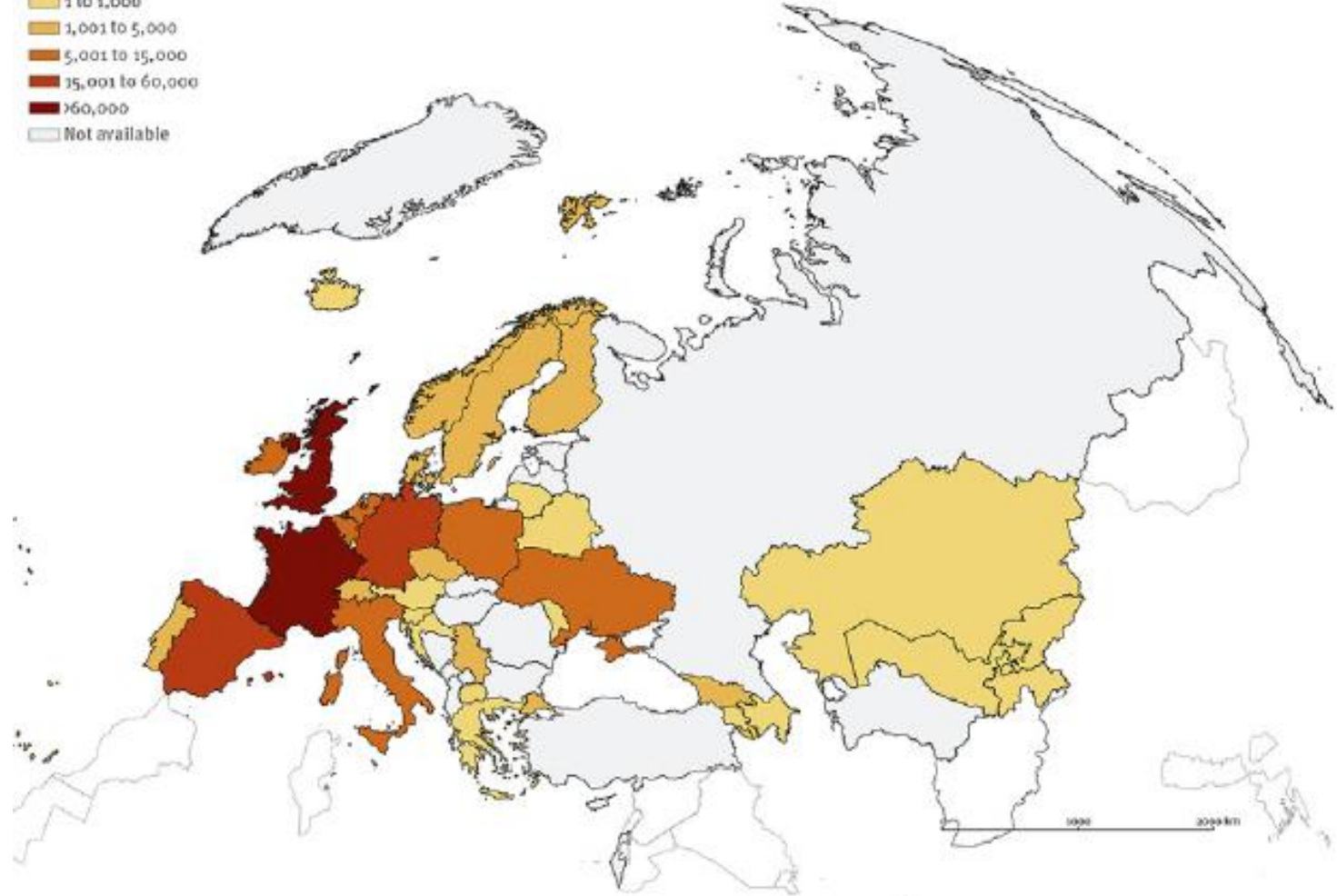


## HIV incidence, 2021



### Cumulative numbers of PrEP initiation, 2023

- 1 to 1,000
- 1,001 to 5,000
- 5,001 to 15,000
- 15,001 to 60,000
- >60,000
- Not available



PrEP users, new HIV diagnoses and VS overall, United States 2012-2021

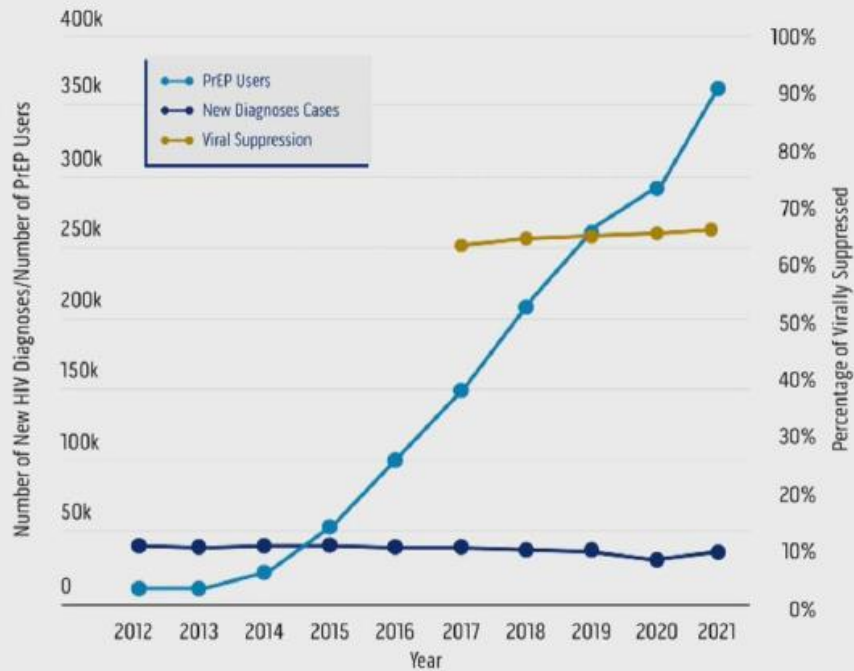
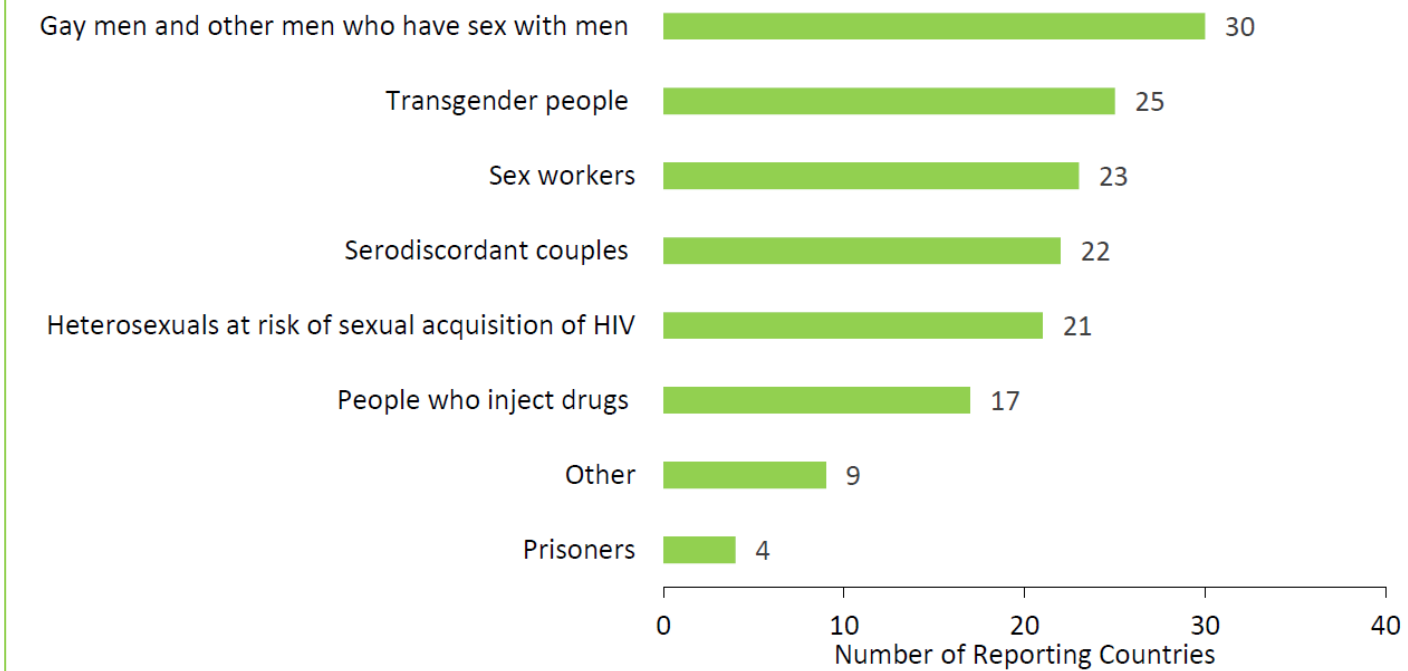


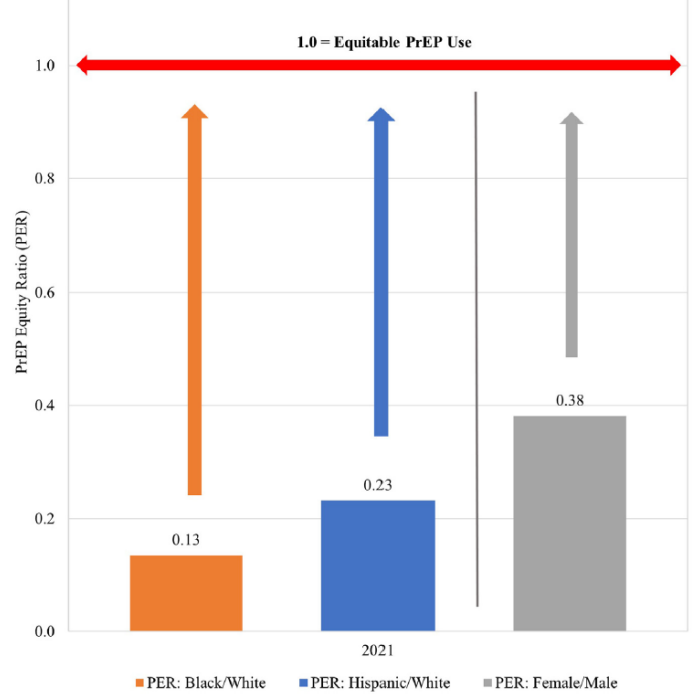
Figure 3. Populations deemed eligible for PrEP across Europe and Central Asia (n=35)



ECDC 2021

Impact of national commissioning of pre-exposure prophylaxis (PrEP) on equity of access in England: a PrEP-to-need ratio investigation

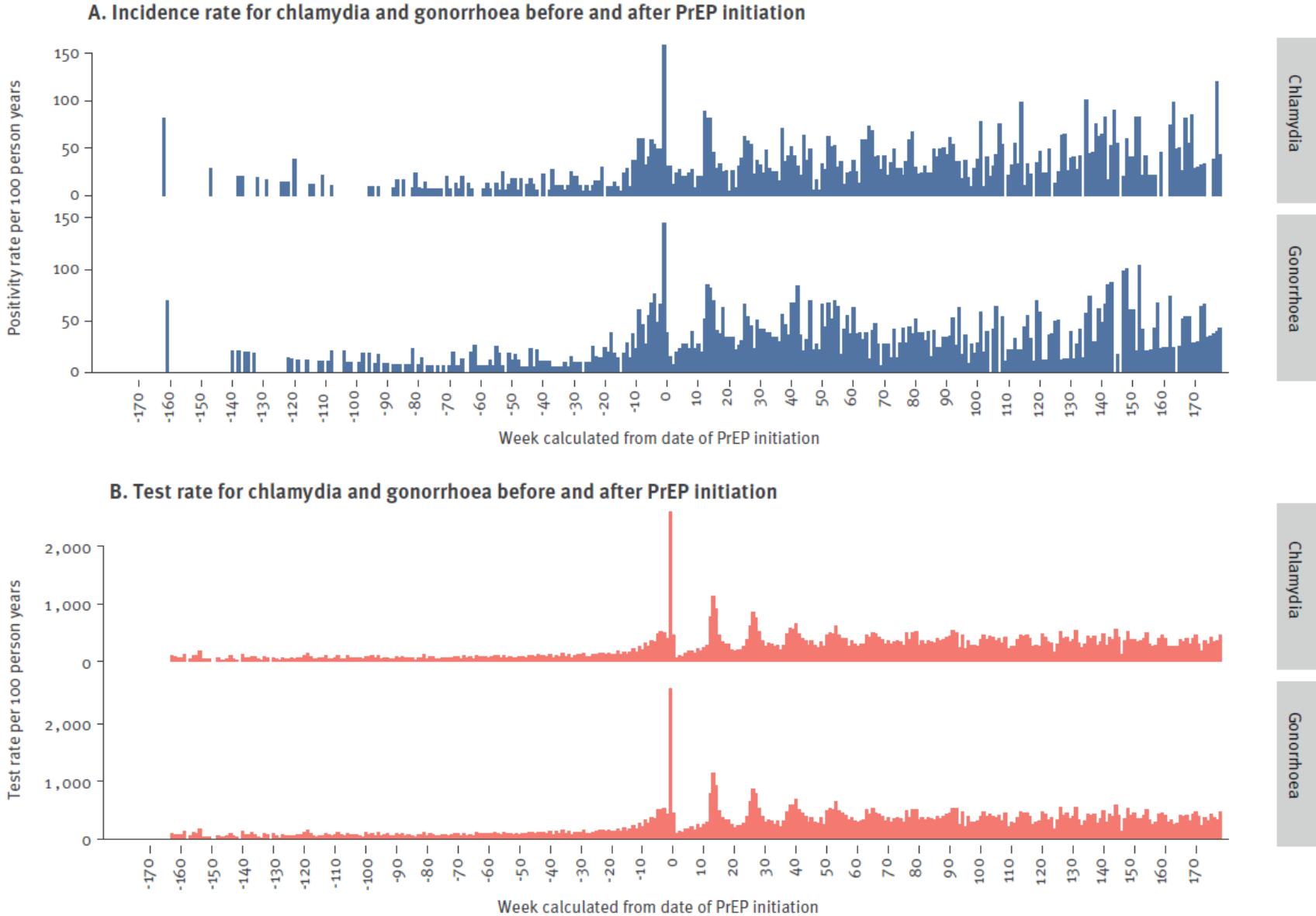
**equity gaps across gender, age, ethnicity and region of residence widened significantly**



Sullivan 2024

Coukan 2024

# Incidence and test rate for chlamydia and gonorrhoea before and after initiation of HIV pre-exposure prophylaxis, the capital region of Denmark, January 2019–June 2022 (n = 1,326)

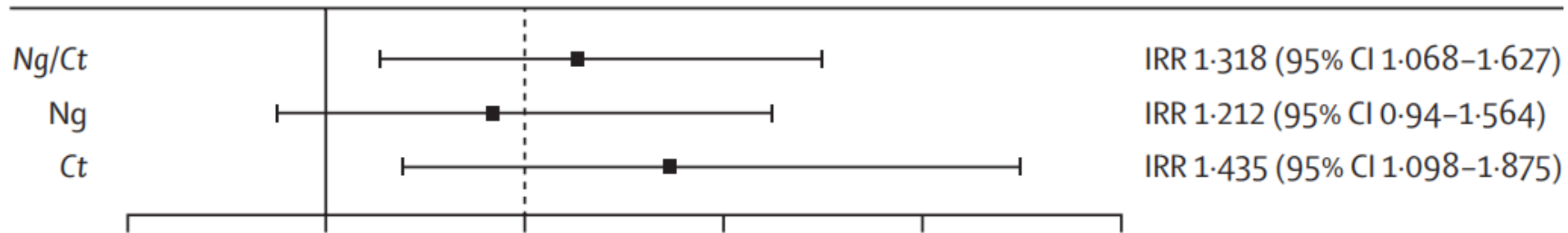


# Questioning the paradigm: Screening and treatment of bacterial STI

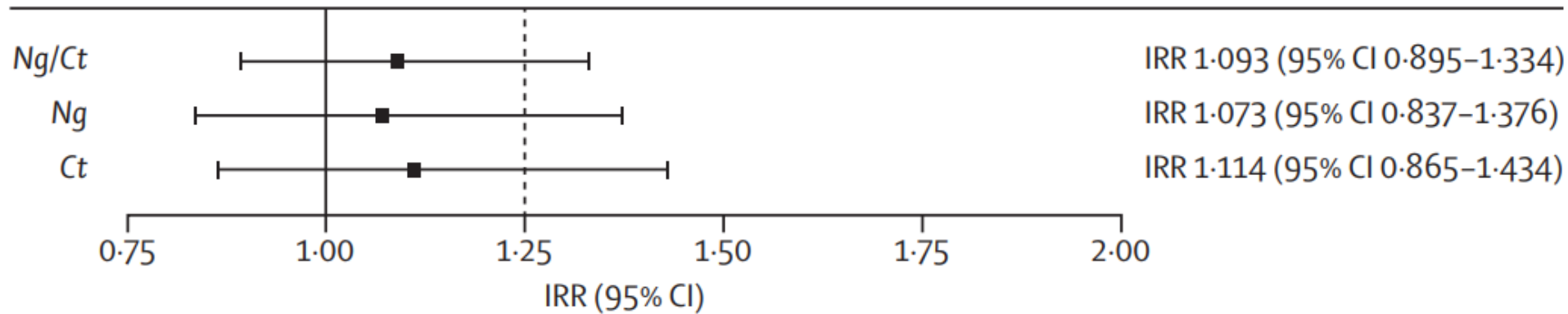
	<i>N. gonorrhoeae</i>	<i>C. trachomatis</i>	<i>M. genitalium</i>	<i>T. pallidum</i>	HIV
<b>Are host-pathogen interactions amenable to screening?</b>					
1. Undetected infection typically associated with serious adverse clinical outcomes	+	+	-	+++	+++++
2. Long period between infection and disease onset	-	-	-	++	+++
3. Not spontaneously cleared by immune system	-	-	-	+++	+++++
4. Natural immunity from recovered infection	+++	+	+++	+	++++
<b>High risk of inducing AMR?</b>					
1. High risk of inducing AMR in pathogen itself given standard therapy	++++	+	++++	+	-
2. High risk of inducing AMR in microbiome given standard therapy	+++	++	+++	+	

Effect of screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* on incidence of these infections in men who have sex with men and transgender women taking HIV pre-exposure prophylaxis (the Gonoscreen study): results from a randomised, multicentre, controlled trial

**A** IRR non-screening vs 3×3 screening in the primary analysis

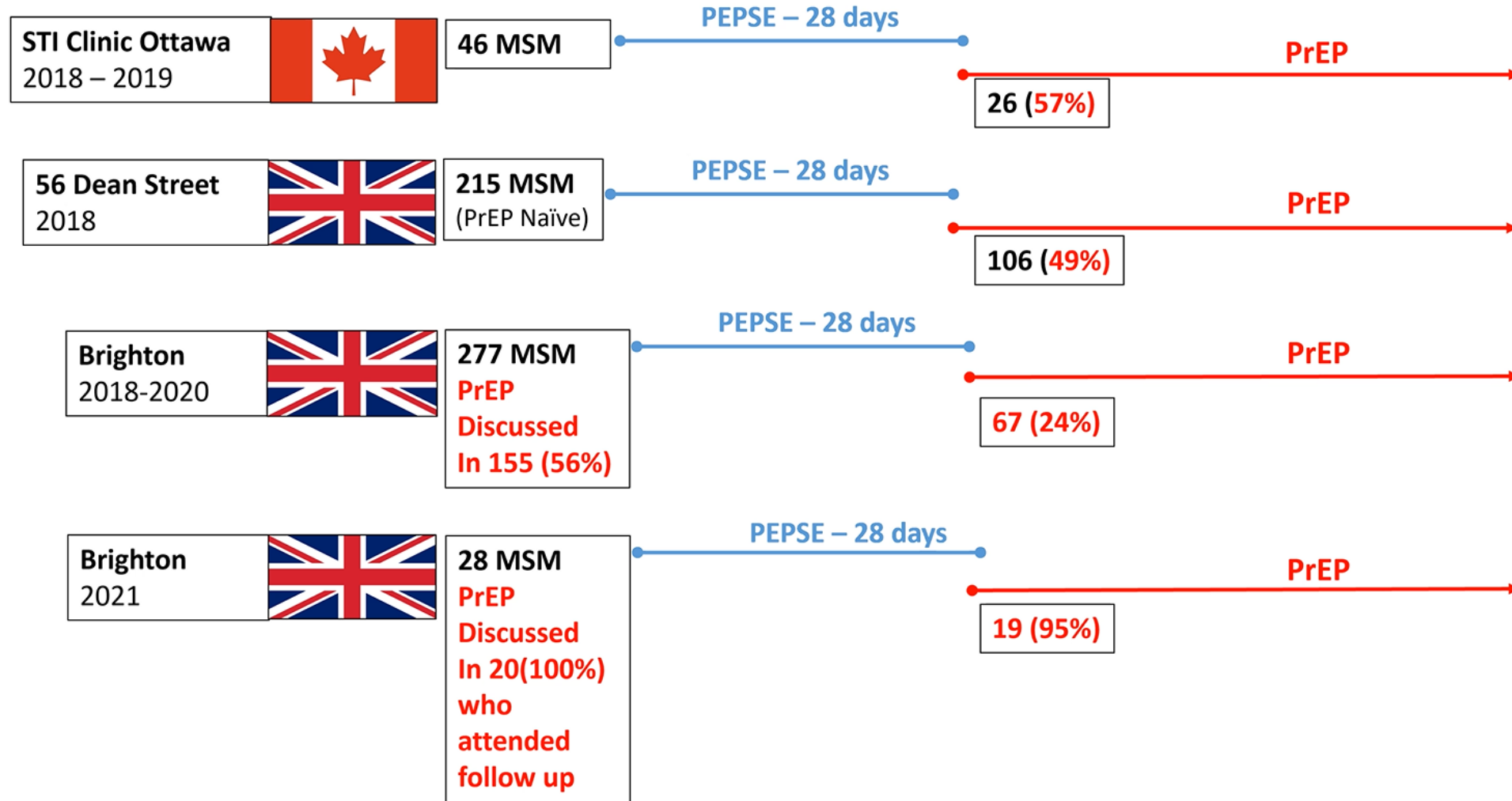


**B** IRR non-screening vs 3×3 screening in the sensitivity analysis

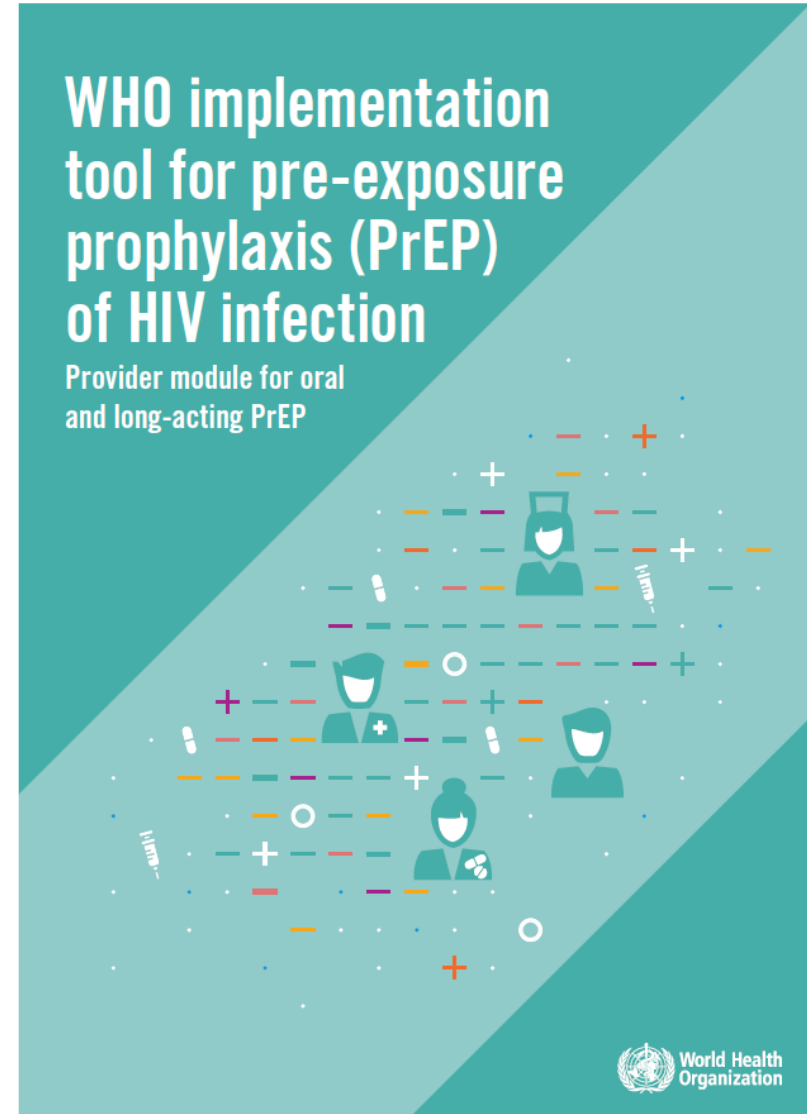




# Transitioning from PEP(SE) to PrEP



*to support simplified, demedicalized, differentiated and comprehensive PrEP services*



**Table 1.** Laboratory tests at follow up visits.

	After 1 month (optional)	3 monthly	6 monthly	12 monthly
HIV 4 <sup>th</sup> generation (Ag/ Ab) test	x	x		
Syphilis		x		
ALT/GPT		x		
HCV*			x	
Serum creatinine, eGFR and serum phosphate***	x			x
Urinary protein/creatinine ratio**				x

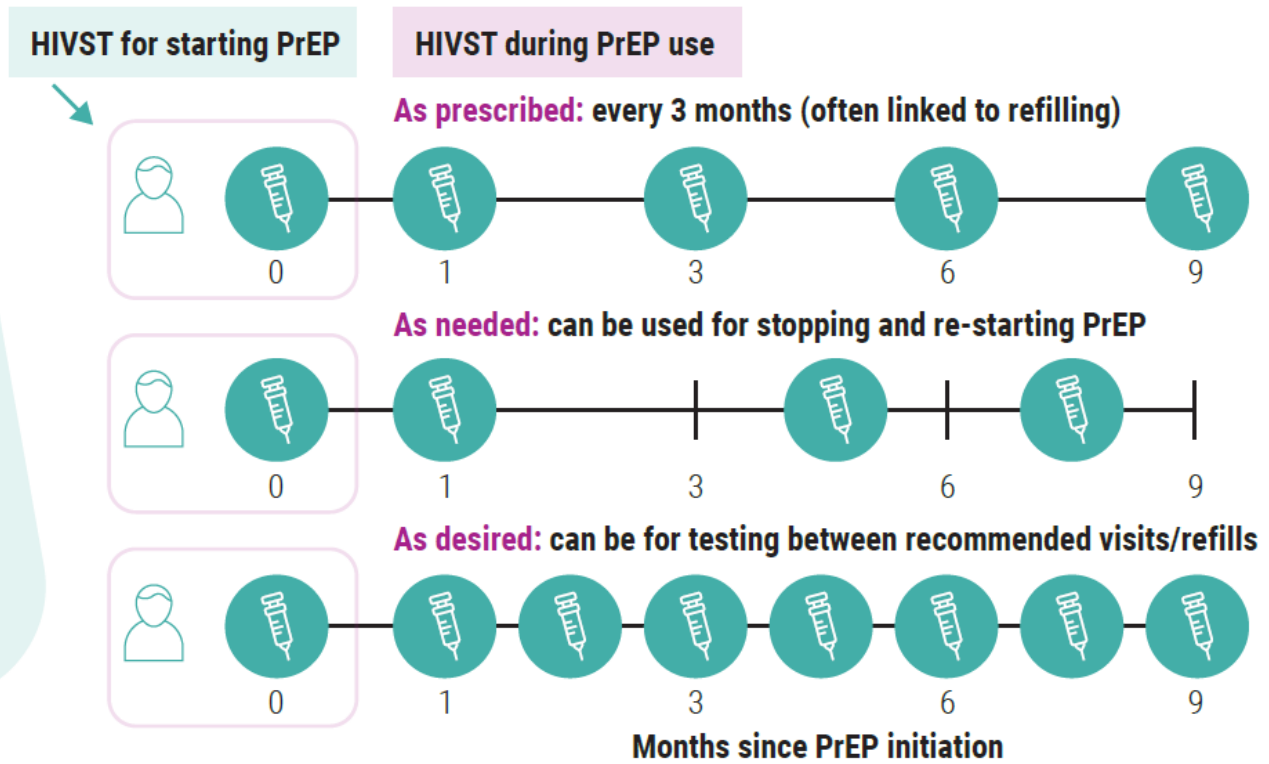
\*HCV via testing for antibodies or combo-test (antigen/antibody) unless previous HCV infection when HCV-RNA test is required.

\*\*cut-off is < 0.15.

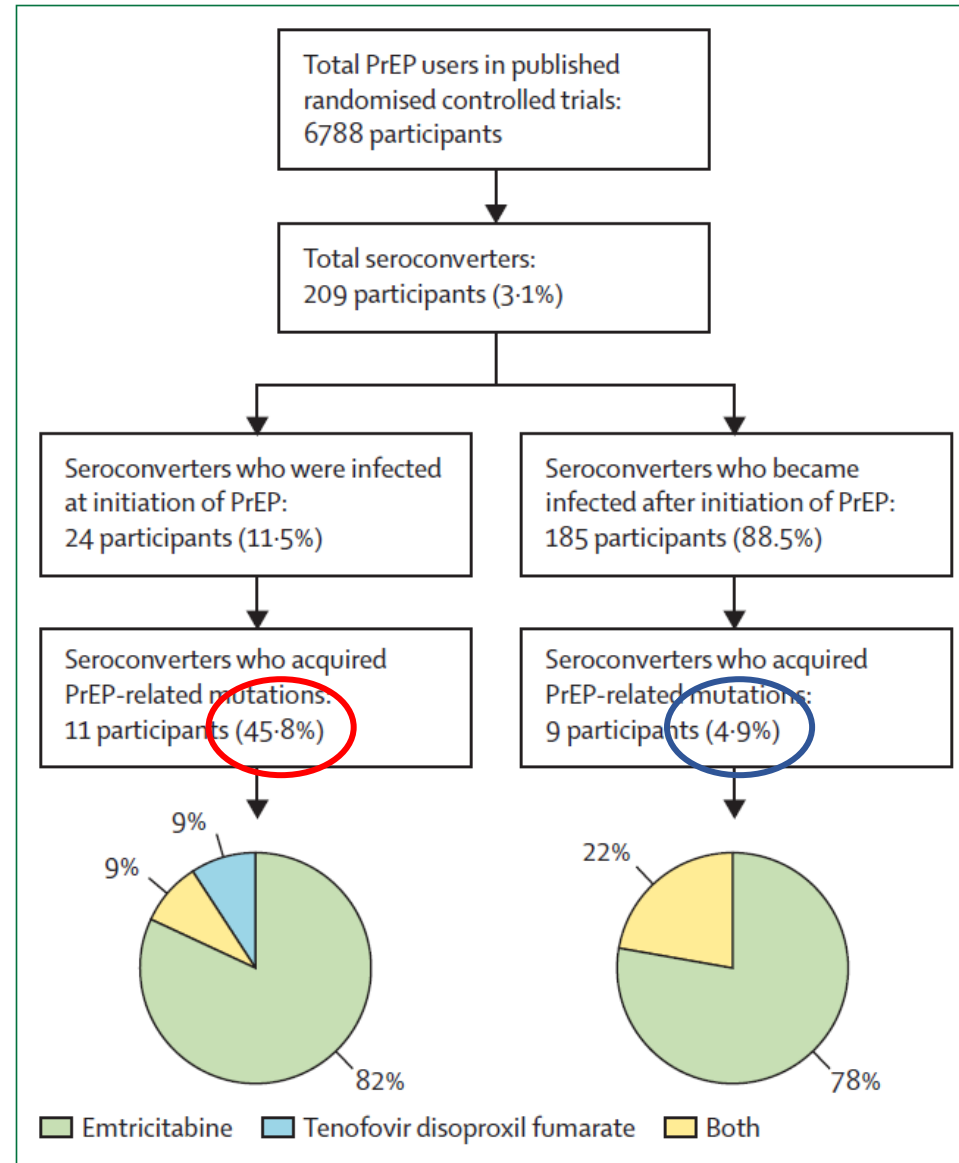
\*\*\*every 3 to 6 months in individuals over 50 years of age, with CKD or risk factors for CKD (e.g. diabetes and hypertension) or who use of nephro-toxic medications.

# Using an Innovative Method for Self-Collection of Capillary Blood for HIV and Syphilis Testing Among Men Who Have Sex With Men Who Use Pre-exposure Prophylaxis in the Netherlands; Limburg4zero

HIVST for demand generation and linkage to PrEP



# Seroconverters and resistance development reported in major published randomised controlled trials on PrEP



# PrEP at 56 Dean Street, London (UK)

## Nurse-led PrEP

There were 40 950 PrEP consultations in 2021. Of these, 37 189 (90.8%) were done by nurses.

	n (%)
Individuals	22 938 (100%)
Age, years	
<18	30 (0.1%)
18-24	2898 (12.6%)
25-34	10 140 (44.2%)
35-44	6043 (26.4%)
45-54	2712 (11.8%)
≥55	1115 (4.9%)

## 'Complex' PrEP

- Consultant-led clinics
  - 3 every week
- Jan 2018 – Dec 2019
  - 13,980 PrEP users
  - 220 (1.6%) seen in complex PrEP clinic



# Servicios

Test VIH y tratamiento precoz

Seguimiento PVIH

Entrega medicación:  
Entrega (taquillas) y administración (LA)

Información tratamientos y counselling entre iguales

PrEP y PEP

Screening ITS I  
tratamientos

Urgencias

Vacunas  
Hep A & B, VPH, Mpox,

Ensayos clínicos

Investigación comunitaria

Tratamiento psicológico  
incluido soporte chemsex

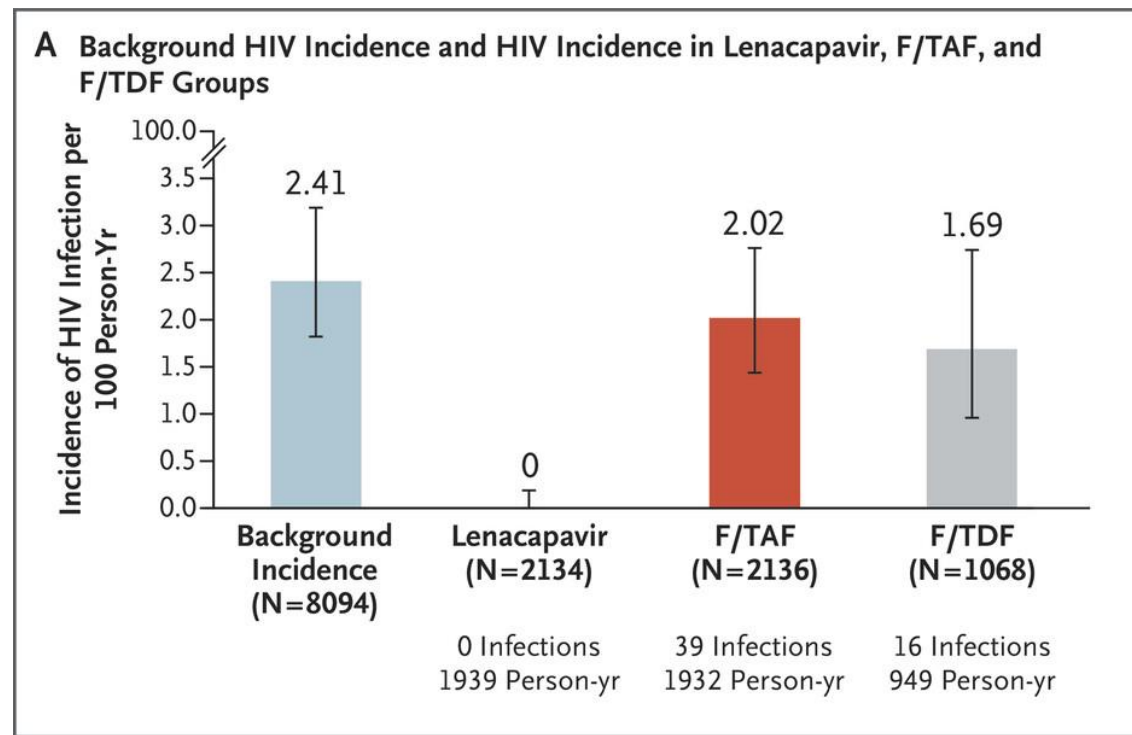
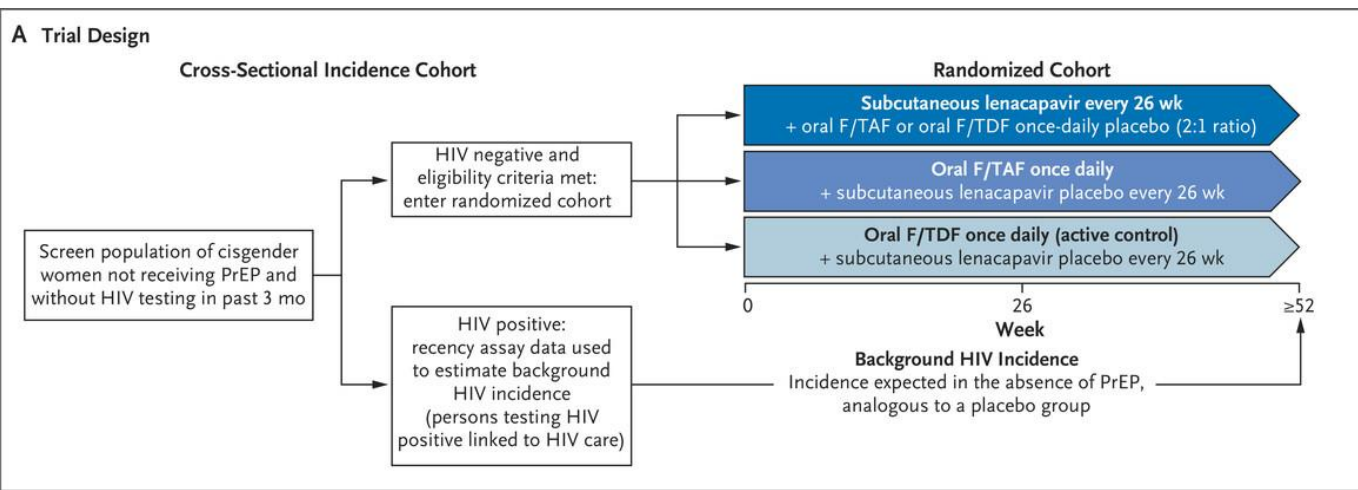
Asistencia comunidad  
Transgénero

Salud anal y urología

Trabajo social: Inmigrantes

Violencia y abuso

# Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women





Emtricitabina/tenofovir disoproxilo fumarato

# INFORMACIÓN IMPORTANTE DE SEGURIDAD

**Para los profesionales sanitarios acerca de emtricitabina/  
tenofovir disoproxilo fumarato para la indicación de profilaxis  
de pre-exposición (PrEP)**

**Información sobre prevención de riesgos acordada con la Agencia Española de  
Medicamentos y Productos Sanitarios (AEMPS). Septiembre - 2024**

Disponible en la página web de la AEMPS [www.aemps.gob.es](http://www.aemps.gob.es)



Información sobre prevención de riesgos acordada con la Agencia Española  
de Medicamentos y Productos Sanitarios (AEMPS). Septiembre-2024

Estimados/as socios/as:

**Riesgo de desarrollo de resistencias farmacológicas del VIH en personas con infección por el VIH-1 no diagnosticada**

El uso de emtricitabina/tenofovir disoproxil fumarato para PrEP está contraindicado en personas con un estado de VIH-1 desconocido o positivo.

- Confirmar negatividad VIH (síntomas y exposición <1 m)
- Detección VIH cada 3 m
- Mutaciones de resistencia
- Cumplir la pauta

Solo debe utilizarse como parte de una estrategia combinada de prevención de la infección por el VIH-1 que incluya otras medidas tales como prácticas sexuales más seguras

## Toxicidad renal asociada a emtricitabina/tenofovir disoproxilo fumarato

Se han notificado fallo renal, insuficiencia renal, elevación de la creatinina, hipofosfatemia y tubulopatía proximal (incluyendo síndrome de Fanconi) con el uso de tenofovir disoproxilo fumarato (TDF), uno de los componentes de este medicamento.

- CrCl al inicio a todos
- Monitorizar a todos (CrCl/P) 1-3-3/6 m
- Stop si CrCl <60mL/min o P <1,0 mg/dL

[Adolescentes] Se debe sopesar el riesgo de infección por VIH-1 frente a los posibles efectos renales y óseos con el uso de emtricitabina/tenofovir disoproxilo fumarato a largo plazo.



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# Thank you