

Synergies and critical gaps for U=U & PrEP

Sheena McCormack

MRC Clinical Trials Unit at UCL

MRC Clinical Trials Unit at UCL

Imperial College

56 Dean Street at Chelsea and Westminster Hospital

LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

SPONSORED BY:

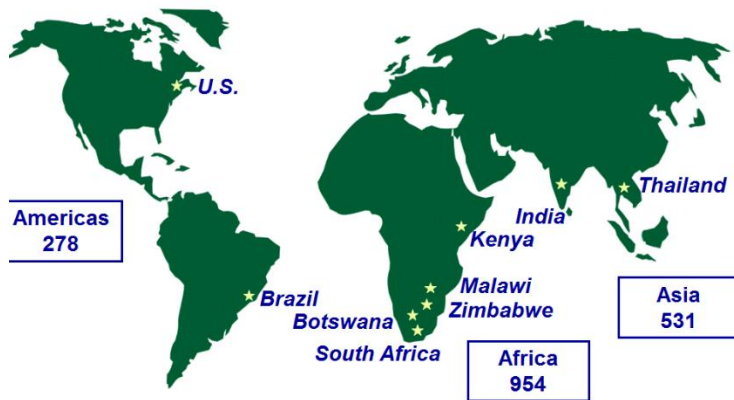


IN PARTNERSHIP WITH:



- 2011 **U**ndetectable=**U**ninfectious

HPTN 052 Enrollment (Total Enrollment: 1763 couples)



- Transmission between partners reduced by **96%**
- 0** transmissions - when virus was undetectable

- Partner study confirms the U=U for anal sex
- 0** transmissions when virus <200 copies

- Transmissions from other partners not prevented

- February 2015, CROI – consolidation for MSM

- PrEP compared to 'no-PrEP'
- 'no-PrEP' HIV rates very high: **9%** a year
- Effectiveness very high: **86%**
- **0** infections in PrEP users on drug at the time of risk



**Pragmatic Open-Label
Randomised Trial of Pre-Exposure
Prophylaxis: the PROUD study**

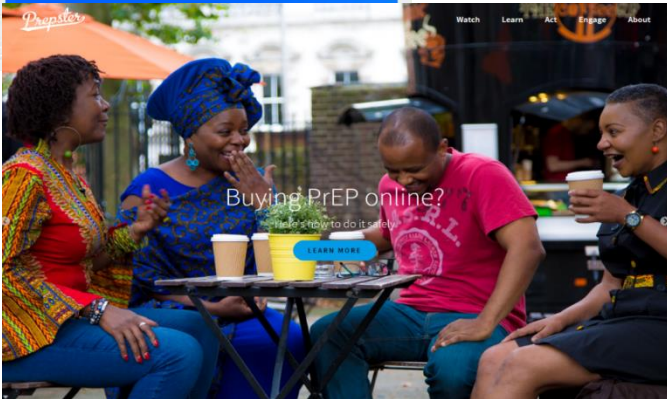
- On demand PrEP compared to placebo
- placebo HIV rates very high: **7%** a year
- Effectiveness very high: **86%**
- **0** infections in PrEP users on drug at the time of risk



**On Demand PrEP
with Oral TDF/FTC in MSM
Results of the ANRS Ipergay Trial**

Molina JM, Capitant C, Spire B, Pialoux G, Chidiac C,
Charreau I, Tremblay C, Meyer L, Delfraissy JF,
and the ANRS Ipergay Study Group

- Community campaigns with clinicians for PrEP



Guide to PrEP

Buying PrEP online: Safe use and NHS monitoring

- Two campaigns, one led by Greg Owen and Alex Craddock and one by Will Nutland and Marc Thomson
- Supported by clinicians and researchers
- Launched (on a shoestring) Oct 2015

This booklet was produced in June 2016. As information about PrEP is likely to change based on new research please see the online version on the i-Base website for updates.

Information in this booklet is meant to be used in discussion with your doctor.

ISSN 2398-6409 (i-Base, London, June 2016)

- Community campaigns with clinicians for U=U

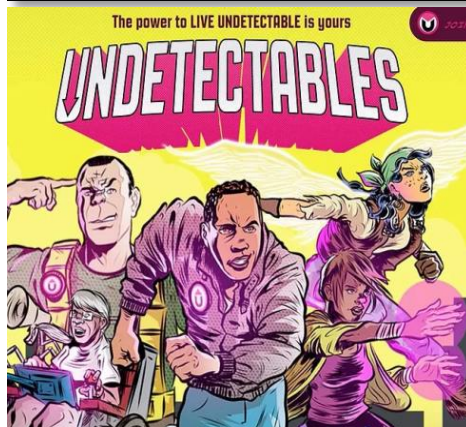


U=U

**UNDETECTABLE
=
UNTRANSMITTABLE**

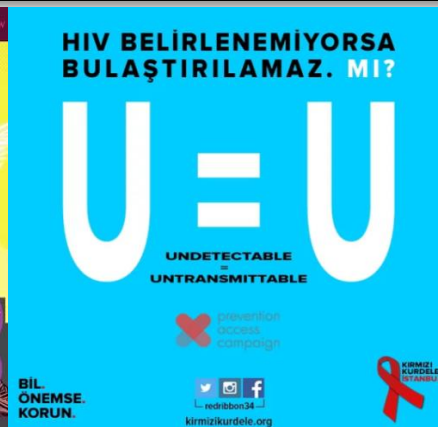
A PERSON LIVING WITH HIV WHO HAS AN UNDETECTABLE VIRAL LOAD DOES NOT TRANSMIT THE VIRUS TO THEIR PARTNERS.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.



The power to LIVE UNDETECTABLE is yours

UNDETECTABLES



**HIV BELİRLENEMİYORSA
BULAŞTIRILAMAZ. Mİ?**

U=U

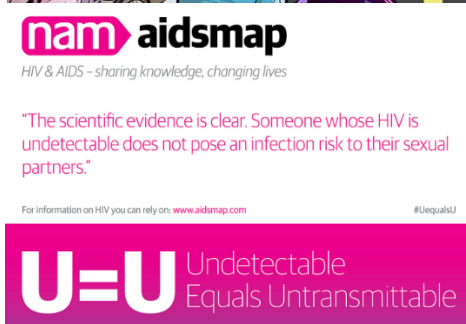
UNDETECTABLE
=
UNTRANSMITTABLE

prevention access campaign

BİL. ONEMSE. KORUN.

redribbon34

kirmizikurdele.org



nam aidsmap

HIV & AIDS - sharing knowledge, changing lives

"The scientific evidence is clear. Someone whose HIV is undetectable does not pose an infection risk to their sexual partners."

For information on HIV you can rely on: www.aidsmap.com

#UequalsU

U=U Undetectable
Equals Untransmittable



It's a fact
U=U

Undetectable equals untransmittable

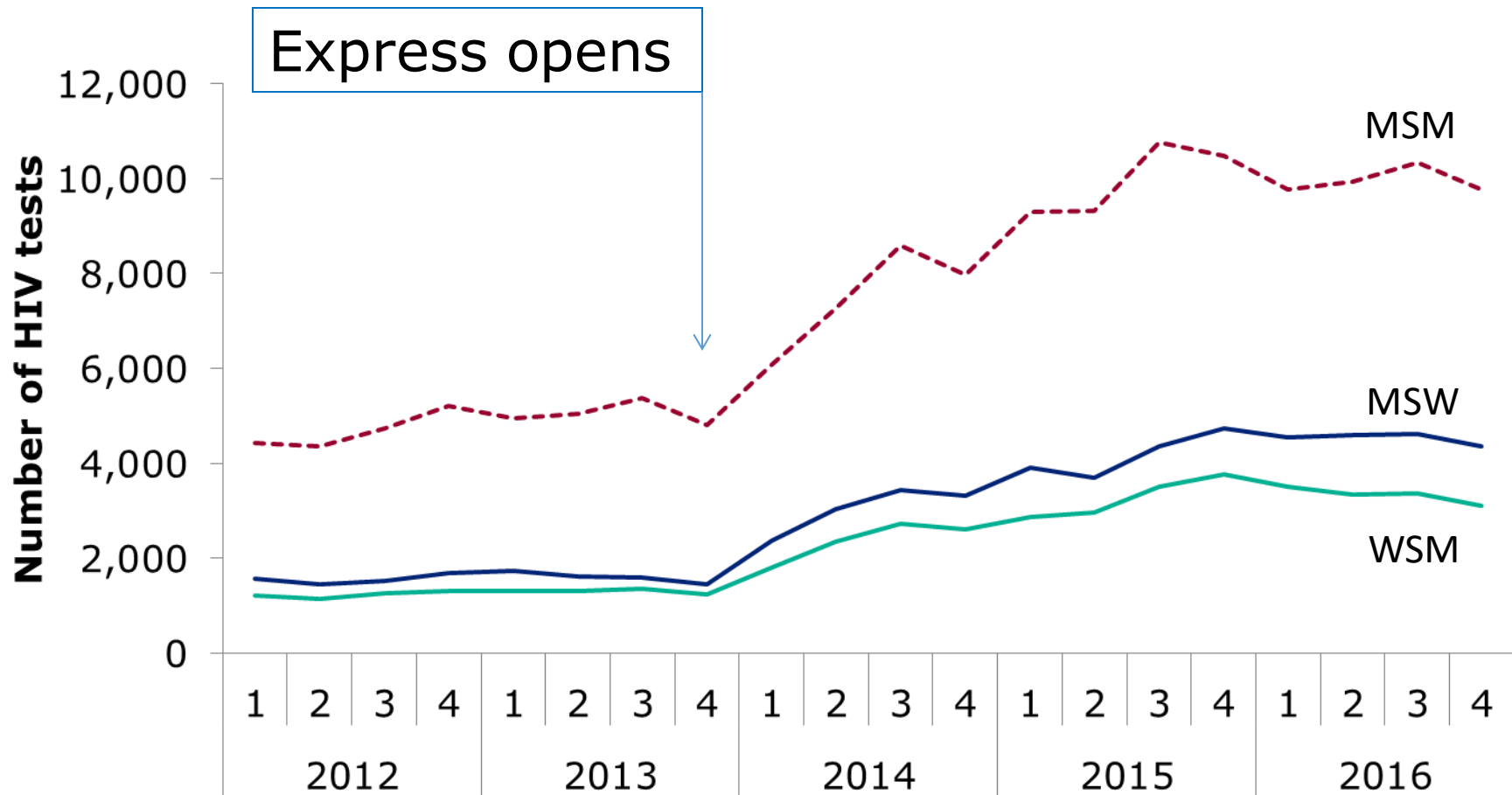
British HIV Association

prevention access campaign

The British HIV Association is proud to support the #UequalsU consensus statement of the Prevention Access Campaign

- Led by Bruce Richman, an advocate living with HIV in the US
- Consensus statement supported by clinicians and researchers
- Launched (on a shoestring) July 2016

- The journey starts with the HIV test



■ Decline through 2017

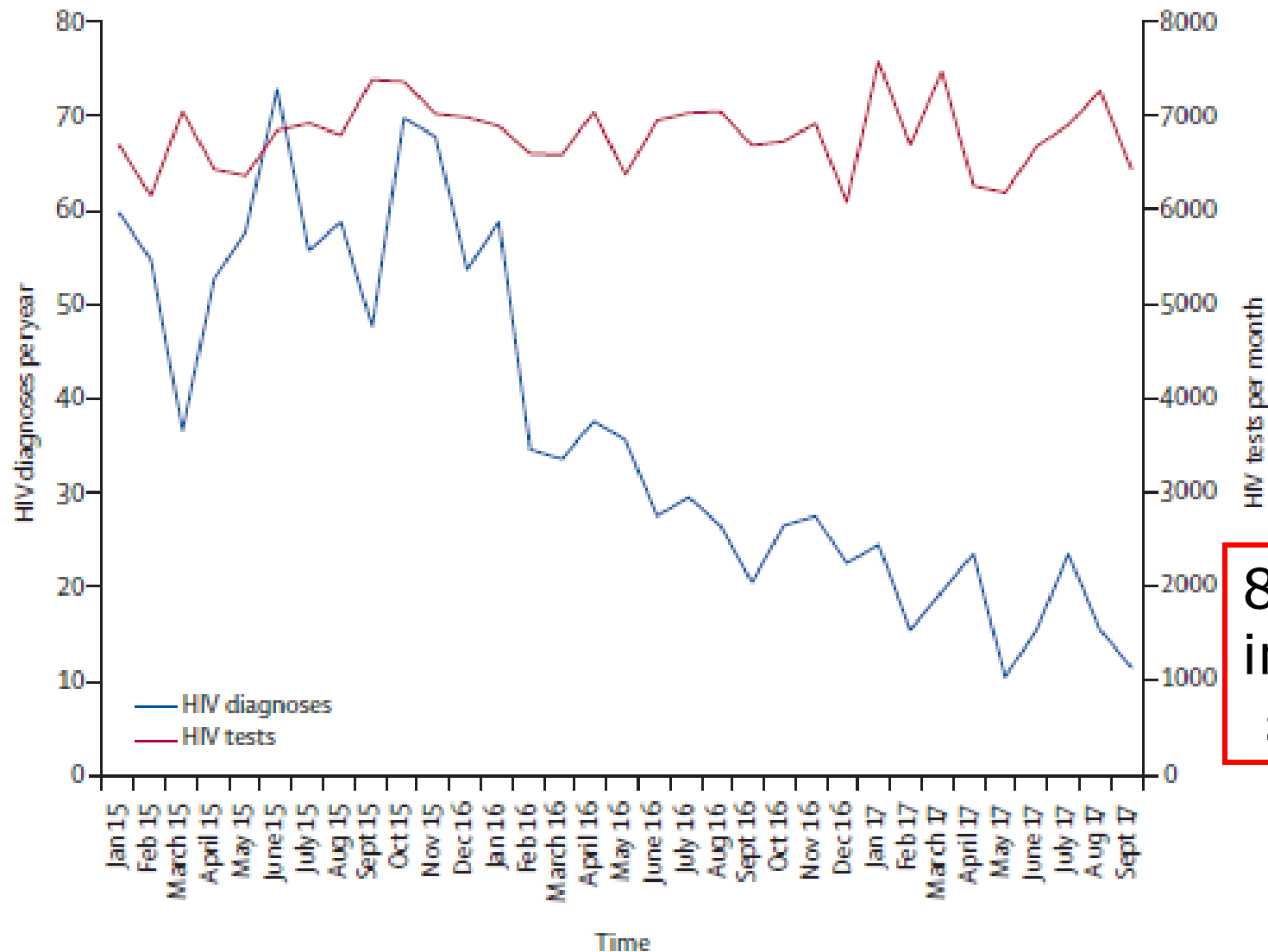
Lancet HIV 2017

Published Online

October 20, 2017

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S2352-3018(17)30181-9)

[S2352-3018\(17\)30181-9](http://dx.doi.org/10.1016/S2352-3018(17)30181-9)



80% decline
in HIV cases
since 2015



SIGN UP



ENDINGHIV.ORG.AU

OUR
COMMITMENT



**BOOK
A TEST**

[Testing](#) [Treating](#) [Safe Sex](#) [Ending HIV](#) [Blog](#) [Toolkit](#)

[INTRODUCTION](#) | [WHAT'S SAFE SEX?](#) | [ALL ABOUT CONDOMS](#) | [KNOW YOUR RISK](#) | [IN A RELATIONSHIP](#) | [PrEP](#) | [EPIC-NSW Study](#) | [PEP](#) | [SAFE SEX PARTIES](#)

EPIC-NSW STUDY

CLICK TO ACCESS YOUR TOOLKIT

■ EPIC quantifies the added value of PrEP

Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study

Andrew E Grulich, Rebecca Guy, Janaki Amin, Fengyi Jin, Christine Selvey, Jo Holden, Heather-Marie A Schmidt, Iryna Zablotska, Karen Price, Bill Whittaker, Kerry Chant, Craig Cooper, Scott McGill, Barbara Telfer, Barbara Yeung, Gesalit Levitt, Erin E Ogilvie, Nila J Dharan, Mohamed A Hammoud, Stefanie Vaccher, Lucy Watchirs-Smith, Anna McNulty, David J Smith, Debra M Allen, David Baker, Mark Bloch, Rohan I Bopage, Katherine Brown, Andrew Carr, Christopher J Carmody, Kym L Collins, Robert Finlayson, Rosalind Foster, Eva Y Jackson, David A Lewis, Josephine Lusk, Catherine C O'Connor, Nathan Ryder, Emanuel Vlahakis, Phillip Read, David A Cooper*, for the Expanded PrEP Implementation in Communities New South Wales (EPIC-NSW) research group

Summary

Background HIV pre-exposure prophylaxis (PrEP) is highly effective in men who have sex with men (MSM) at the individual level, but data on population-level impact are lacking. We examined whether rapid, targeted, and high-coverage roll-out of PrEP in an MSM epidemic would reduce HIV incidence in the cohort prescribed PrEP and state-wide in Australia's most populous state, New South Wales.



Lancet HIV 2018
Published Online
October 17, 2018
[http://dx.doi.org/10.1016/S2352-3018\(18\)30215-7](http://dx.doi.org/10.1016/S2352-3018(18)30215-7)

- 90-90-90 goals met before study began without decline
- 20% of MSM in the study area had initiated PrEP by the end of follow-up
- 25.1% reduction overall
- 31.5% decline in recent infections
- 49% decline in Australia-born
- 52% in gay suburbs of Sydney

■ EPIC identifies gaps

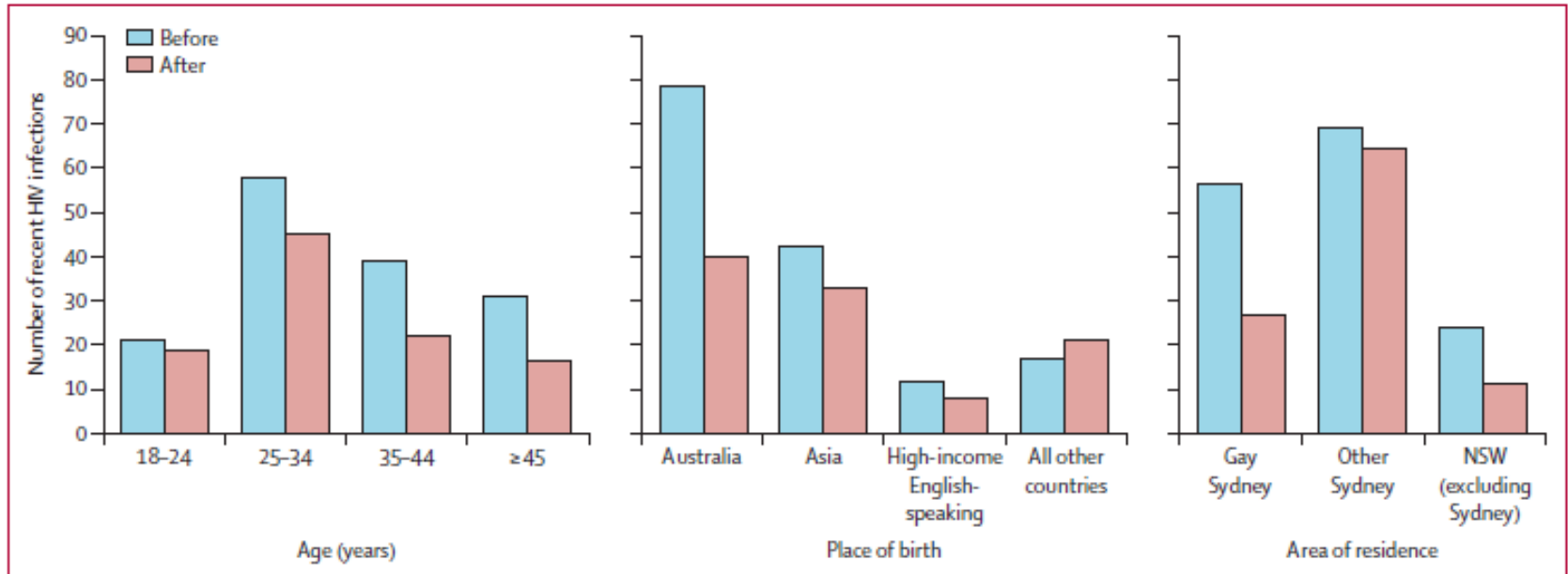


Figure 2: Number of recent HIV infections in New South Wales

Figure shows data for the 12 months before commencement of recruitment to EPIC-NSW (n=149, "before") and the 12 months after the 3700th EPIC-NSW participant was recruited (n=102, "after") by age, country or region of birth, and area of residence. NSW=New South Wales.

Critical gaps

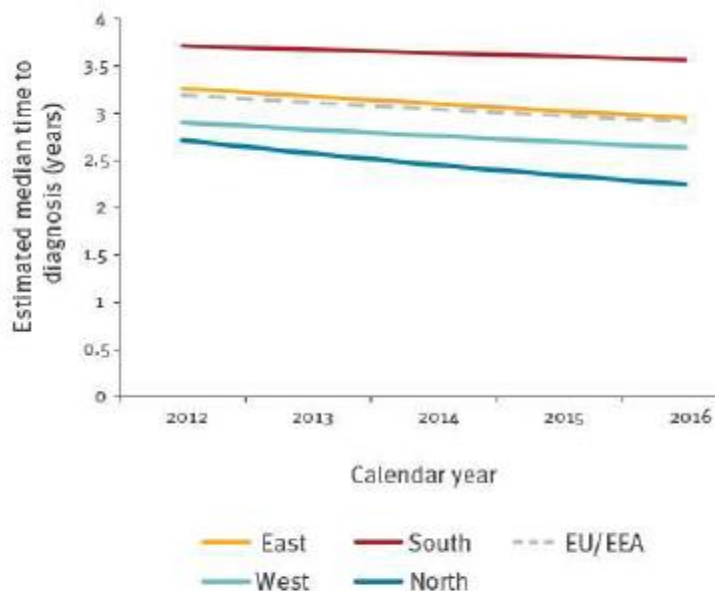
■ Gaps in HIV testing

- Behaviours include not testing at all, and not testing frequently enough
- Stigma a barrier to visiting clinics/GPs/ pharmacies – could self-testing address this?
- Access to clinics decreasing and often inconvenient or time-consuming

Decreasing estimated time from infection to diagnosis in the EU/EEA



Median time from infection to diagnosis is 2.9 years



Source: van Sighem Ard, Pharris Anastasia, Quinten Chantal, Noori Teymur, Amato-Gauci Andrew J. Reduction in undiagnosed HIV infection in the European Union/European Economic Area, 2012 to 2016. Euro Surveill. 2017;22(48):pii=17-00771.

- Gaps in STI services

- Studies plagued by methodological challenges but increasing in all populations this century and especially MSM
- PrEP users in European Hornet survey more likely to be tested for STIs, and likely to be the case for people living with HIV
- U=U and PrEP are opportunities for STI control, but services need to be scaled up

- Gaps in terms of those left behind

- Communities with no or limited access to services especially viral load and HIV/STI tests
- Where external and internal stigma still drive policy and fuel late diagnosis
- Where there are other priorities: security, food, other health issues, others to care for etc

- Recommendation

- Combination prevention is not just combining interventions
- It is **combining forces with community** at the core to bring about sustainable change and this must include
 - making testing easier and more acceptable
 - universal access to STI diagnostics and viral load as well as the necessary drugs

THE GRASS IS ALWAYS GRINDR

A MODERN TALE OF LOVE SEX AND CHEMS

STARRING
DENHOLM SPURR
TAOFIQUE FOLARIN

24TH SEPT, 11PM
LONDON LIVE TV
FREEVIEW 8, SKY 117,
VIRGIN 159, YOUVIEW 8
WATCH NOW ON YOUTUBE

#TGIAG @56DEANSTREET

PRODUCED BY: BROWN BOY PRODUCTIONS AND DRAGONFLIES PRODUCTIONS

WRITTEN BY: PATRICK CASH DIRECTED BY: LUKE DAVIES

