

Get prepared: PrEP from all angles

19-20 May 2017

Dolce La Hulpe, Belgium

Belgian PrEP Guidelines





General considerations

- PrEP should be
 - Delivered by an HIV specialist
 - Used during periods of high risks and should be stopped during periods of low or no risks
- Counseling should play a central role
- Community's help is needed



Eligibility for PrEP

Inclusion criteria

- >18 years-old
- HIV seronegative
- High risk of HIV acquisition
- No suspicion of acute HIV infection

Exclusion criteria

- Suspicion of acute HIV infection
- HIV seropositive or doubtful test
- Estimated creatinine clearance < 60mL/min
- Current use of PEP



Risk factors of HIV acquisition

- Being sexually active in high HIV prevalence population
 - MSM or transgender person
 - Subsaharian population
 - Having an HIV positive sexual partner who has not been on effective therapy for at least 6 months
- **AND** any of the followings
 - Unprotected anal or vaginal intercourse in the past 6 months
 - Past use of PEP
 - Multiple concurrent sex partners
 - History of multiple STIs
 - Use of chemsex
 - Sex workers



Prep is not recommended if

- HIV positive partner on effective HAART with a **sustained undetectable viral load**
- Unprotected heterosexual intercourse not at risk for HIV acquisition



Special situations

- Pregnancy
- Breastfeeding
- Hepatitis B infection
- Recent PEP exposure

Follow-up



	Before PrEP	At start	1month later	3months later
Kidney function	X		X	X then every 6 months
Urine analysis	X			X then every 6 months
HIV screening	X	X if risk of seroconversion	X	X
HBV/HAV screening and immunization	X			
HCV screening or ALT if previous + serology	X			X
Gonococque and Chlamydia screening	X			X
Syphilis screening	X			X
Counseling	X	X	X	X
Pregnancy testing	X then if symptoms			
Side effects			X	X
Medications	X	X	X	X



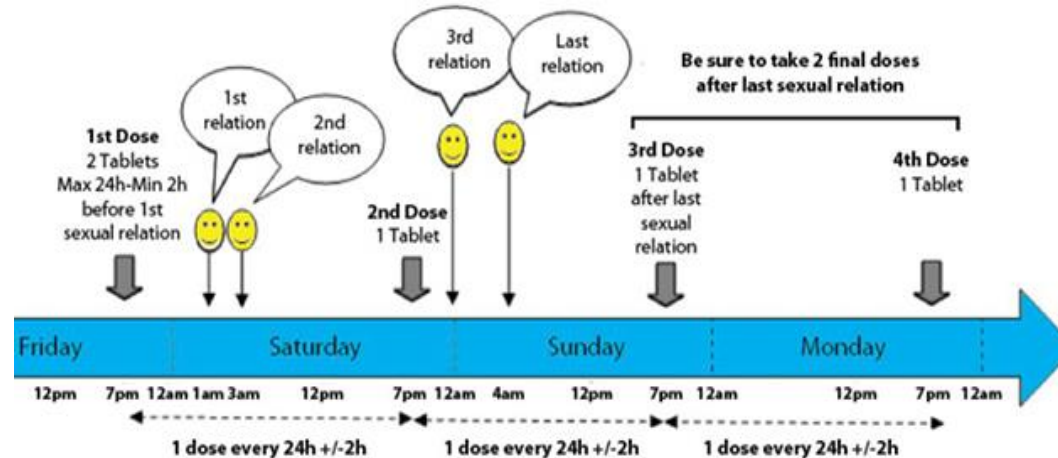
Follow-up

Kidney function	Urea, creatinine, creatinine clearance(CKD-EPI)
Serum electrolytes	Na, Cl, K, HCO ₃ , P
HIV screening	4th generation test
Hepatitis C screening	Ac anti-HCV
Hepatitis A/B screening and immunization	AgHBs, AcHBs, AcHBc, IgG HBA
Syphilis screening	Screening +/- VDRL +/- TPHA
Urine analysis	Glycosuria, proteinuria, phosphaturia
Screening gonococque/chlamydia	PCR (throat, anus and first pass urine)
Pregnancy test	



PrEP regimen

- Emtricitabine 200mg (FTC)+tenofovir (TDF) 245mg (Truvada®)
- Daily is mandatory if:
 - ✓ HBV infection
 - ✓ Women
- On demand/Event driven



IPERGAY TRIAL



Side effects

Very safe, no side effects for 90% of users

- Dizziness, headache, fatigue
- Gastrointestinal: diarrhea, vomiting, flatulence
- Bone density: decrease of 0,5-1,5% in the first 6months, no increase in bone fractures, reversible at stop.

Grant et al. NEJM 2010, Molina et al. NEJM 2015, Baeten et al. NEJM 2012



Renal failure

- Increase of creatinine in 1/200 PrEPers, self limiting and resolve in 80% of cases when a second specimen is tested
- What to do?
 - Test on a second specimen
 - If creat clearance < 60 mL/min: Stop PrEP
 - If creat clearance worsen 20% but > 60 mL/min: control at 4 weeks
 - If glucosuria/proteinuria: Rule out Fanconi syndrome and if confirmed => stop PrEP
 - If Fanconi is ruled out: check for another kidney disease and assess risk/benefit of PrEP

Solomon et al. AIDS 2014, Yacoub et al. Acquis Immune Defic Syndr 2016



Seroconversion and resistance

Seroconversion

- Preexisting HIV infection
- Inconsistent use of PrEP

Resistance

- Only 3% of users developed TDF resistance
- One case of HIV acquisition while using PrEP despite long term adherence: multidrug resistance was reported
- If seroconversion: HAART should be started as soon as possible
- Drug resistance testing should be performed

Donnell et al. Acquis Immune Defic Syndr 2014, Fonner et al. AIDS 2014, Knox et al, NEJM 2017.



Information to prepers

- ✓ PrEP is highly effective against HIV infection if you take it correctly
- ✓ PrEP do not protect against other STIs
- ✓ PrEP has no contraceptive effect
- ✓ PrEP does not affect contraceptive effect
- ✓ If vomiting occurs at least 30 minutes after intake, no need to retake a second tablet. If one tablet is missed, take it as soon as you remember
- ✓ No PrEP interactions with drug use and alcohol



Information to be collected by ARC

- ✓ Number of requests for PrEP
- ✓ Number of effective PrEP users
- ✓ Number of rejected request and reasons
- ✓ Number of seroconversions
- ✓ Number of lost to follow-up
- ✓ Number of PrEP discontinuation and reasons



Information to be collected by ARC

- ✓ Sex, age, origin and sexual orientation, exposure to sex workers
- ✓ Side effects
- ✓ Regimen choice (daily or on demand)
- ✓ Drug and alcohol use
- ✓ Reason for discontinuation

The background of the slide is a photograph of a modern interior space. It features large windows on the left side, looking out onto a cityscape. In the foreground and middle ground, there are several white, egg-shaped armchairs with dark, circular openings. The lighting is bright and even, suggesting a well-lit room.

Any questions?

Thank you for your attention