

# New HIV diagnoses: missed opportunities to prevent transmission?



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## Introduction

- New HIV diagnoses are falling in England, particularly amongst men who have sex with men (MSM)
- HIV testing, treatment-as-prevention and pre-exposure prophylaxis (PrEP) are associated with this decline
- Around a third of individuals newly diagnosed with HIV at our service have previously engaged with us
- We examined the offer and uptake of HIV risk reduction interventions in individuals who had engaged with us prior to HIV diagnosis

## Methods

- Retrospective electronic case-note review of all new HIV diagnoses in 2018 at 56 Dean Street, London
- Patients who visited our service at least once in the year preceding HIV diagnosis were defined as having engaged with our service
- The following information was noted:
  - Baseline characteristics
  - Risk factors for HIV acquisition
  - Risk reduction interventions

## Results

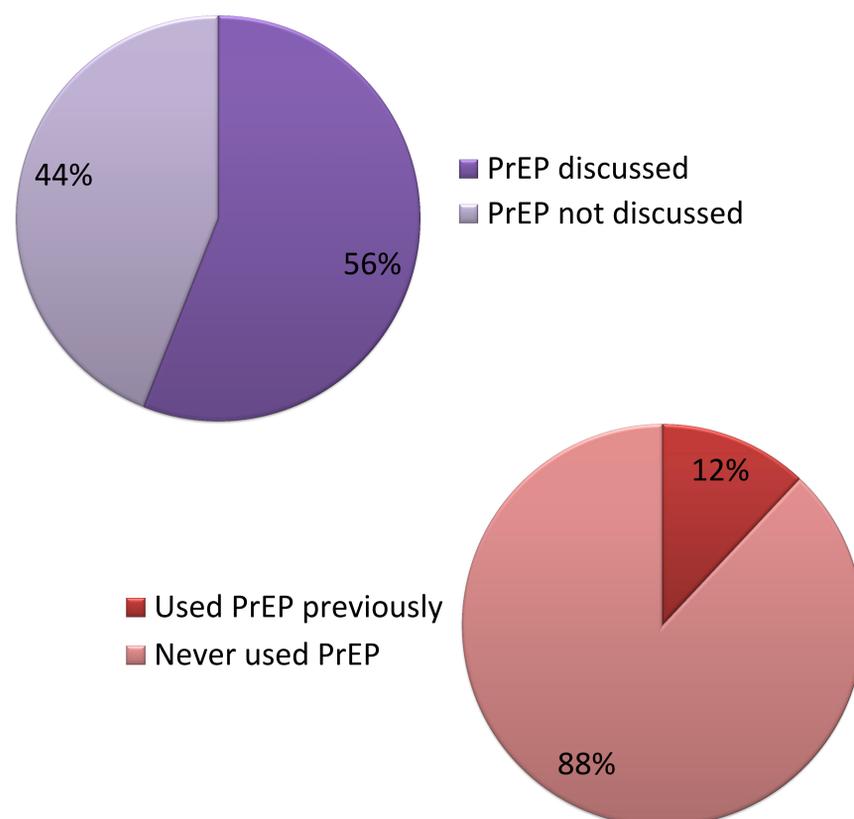
- 177 new HIV diagnoses in 2018 at our service
- 50 (28%) of these had engaged with us prior to their HIV diagnosis:

Demographics	n = 50
Age (median, IQR)	33 (27-37)
Gender (M:F)	49 : 1
MSM	48
Number partners in last 3 months (median, IQR)	3 (2-11)
Number HIV tests in last year (median, IQR)	2 (1-4)

**Table 1.** Demographics of patients diagnosed with HIV who had engaged with our service in the previous year including number of partners in last 3 months and HIV tests in last year

## Results

- 32% had previously accessed PEP from our service
- 38% disclosed previous chemo use, with 10% injecting
- In the year preceding HIV diagnosis:
  - 50% had rectal gonorrhoea or chlamydia
  - 30% had early syphilis
- Risk reduction interventions:
  - 60% were offered PRIME, a web-based risk reduction tool developed by our service
  - 10% using chemo accessed our chemsex support service
  - 56% had ever had a documented PrEP discussion
  - 12% had ever used PrEP



**Figure 1.** PrEP discussions with patients and previous PrEP use

## Discussion

- The majority of newly diagnosed individuals with prior attendance at our service accessed at least one risk-reduction intervention
- PrEP was discussed in more than half of patients, but there were no available IMPACT places for majority of the study period, with only 12% of these users ever using PrEP
- Increasing the availability of PrEP in high risk individuals is crucial in order for new HIV diagnoses to continue to fall