

Post exposure prophylaxis in the era of prep.

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Introduction

Aim - To better evaluate the cohort of patients attending LSH for pepse in the era of prep.

In 2016, the annual cost of HIV treatment was estimated to be £14,000 per case for early diagnosis, compared to £28,000 for late diagnosis. Lifetime costs for treatment of HIV per person is estimated to be around £360,000. These future treatment costs can be avoided by investing in HIV prevention and eventually ending new HIV transmissions. Core strategies for risk reduction include HIV testing and promotion of condom use. Traditionally pepse was used to prevent HIV after exposure, another recent approach for people who do not have HIV and whose condom use is inconsistent is pre-exposure prophylaxis (PrEP), the provision of antiretroviral drugs before HIV exposure to prevent infection. UK based PROUD study evaluated the effectiveness of PrEP in a high-risk group of MSM, daily PrEP reduced the number of HIV infections by 86% in this group.

DEPARTMENT OF HEALTH: AIMS

-ZERO NEW TRANSMISSIONS OF HIV BY 2030

-80% REDUCTION IN TRANSMISSIONS BY 2025

Methodology

We examined the cohort of patients who visited the Leicestershire sexual health services and were prescribed pepse between 1/11/21 -1/11/22.

This was a retrospective review of electronic notes and data was collected using a microsoft excel spreadsheet. This data included demographics, gender and sexual orientation.

The following aspects were assessed-

1. if pepse was indicated
2. evidence of counselling for prep in the future
3. total number of patients who went on to having PrEP after counselling.

Results

- meeting audit standards for appropriate PEPSE prescriptions (standard 90 % vs clinic 90.5%)
- not meeting standards for documented prep counselling (standard 90% vs clinic 55.35%)
- patients eligible for prep with no documentation of counselling were less likely to be established on prep (2/25, 8% not counselled vs 18/31,58% counselled went on to have prep)

Analysis

Eligibility Criteria	pepse between 1/11/21-1/11/22
Total No of pateints who meet the eligibility criteria	73
PEPSE prescription indicated	66 (90.4%)
Documented PrEP discussion	31 (42.4%)
Total no of pateints who meet the eligibility criteria, counselled and went on to have PrEP	18 (24.6%)
Total no of pateints who meet the eligibility criteria, not counselled and went on to have PrEP	2 (2.7%)

Discussion

limitations of the project

1. no access to health care records if the patient subsequently attended another sexual health service leading to an underestimate of patients who proceeded to take up prep
 2. inadequate documentation of counselling provided may lead to an underestimation of the proportion of patient counselled
- prep clearly has more robust evidence in reducing transmission compared to pepse. It also maybe more cost effective than pepse and certainly more than managing patients with HIV. Further cost analayis will be required.

Conclusion

to improve prep uptake amongst patients presenting for pepse, we aim to improve the following options,

- improve counselling re:prep by sending an automated prep link to everyone eligible for prep who presents for pepse.
- creating a video on sexual health website discussing prep and performing a patient survey evaluating barriers to prep uptake

References-

- Hiv commision.
- www.gov.uk/Towards Zero: the HIV Action Plan for England - 2022 to 2025.
- Lancet- Proud Trial
- THT MakePrEP available