

# Results of a UK survey to HIV prevention specialists around PEP management, particularly in the context of PrEP

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On behalf of

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# Background

- Scientific evidence for PrEP is strong (RCTs) but weak for PEP (occupational cohort, pharmacokinetics and macaque models)
- Increasing evidence that starting PEP at 72h is too late<sup>1</sup>, and that a shorter course of PEP will suffice <sup>2</sup>
- There is inconsistencies between PEP guidelines, particularly in advising when PrEP users should start PEP
  - A lack of data is major reason for this.
- In trying to design a large-scale PEP study, we first carried out a survey in sexual health care workers.

# Objective

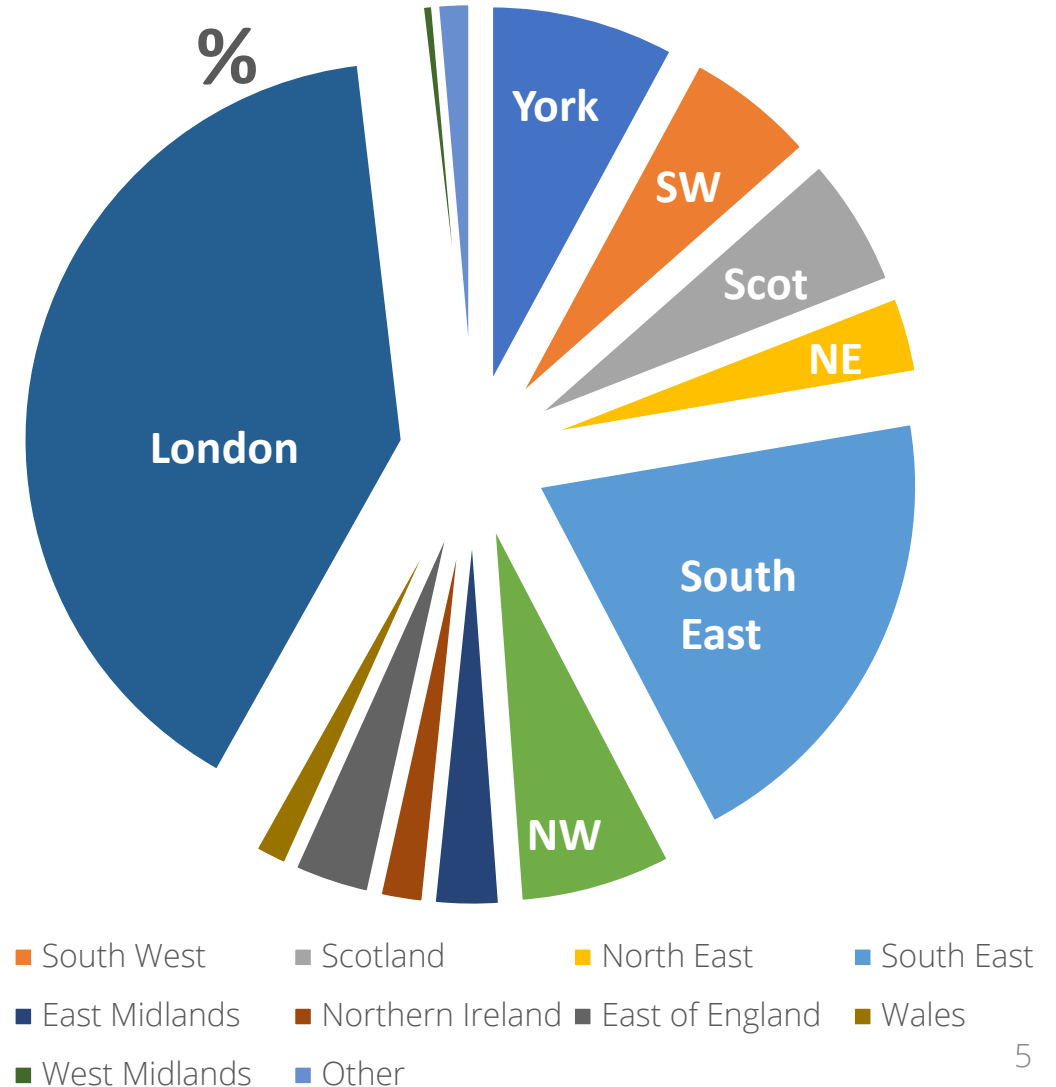
To understand knowledge/attitudes and practices towards PEP and PrEP in those prescribing it, particularly in the context of PrEP use.

# Methods

- **A self-completed online survey** was developed with HIV prevention specialists and advertised through BASHH and BHIVA email circulars April-August 2023.
- Questions comprised demographics, knowledge/attitudes to PEP/PrEP guidelines, clinical scenarios and views on key research questions in PEP (namely 2 versus 3 drugs, and duration of PEP)
- Responders indicated their level of agreement to statements on a 5-point scale from "strongly agree" to "strongly disagree"
- Data was analysed using STATA

# Results: Demographics and self-reported knowledge

- 217 surveys were completed (69% doctors, 20% nurses, 8% health advisors, 3% others)
- 60% London and South- East, similar distribution for rest of UK
- 217/220 (99%) were involved in PEP counselling



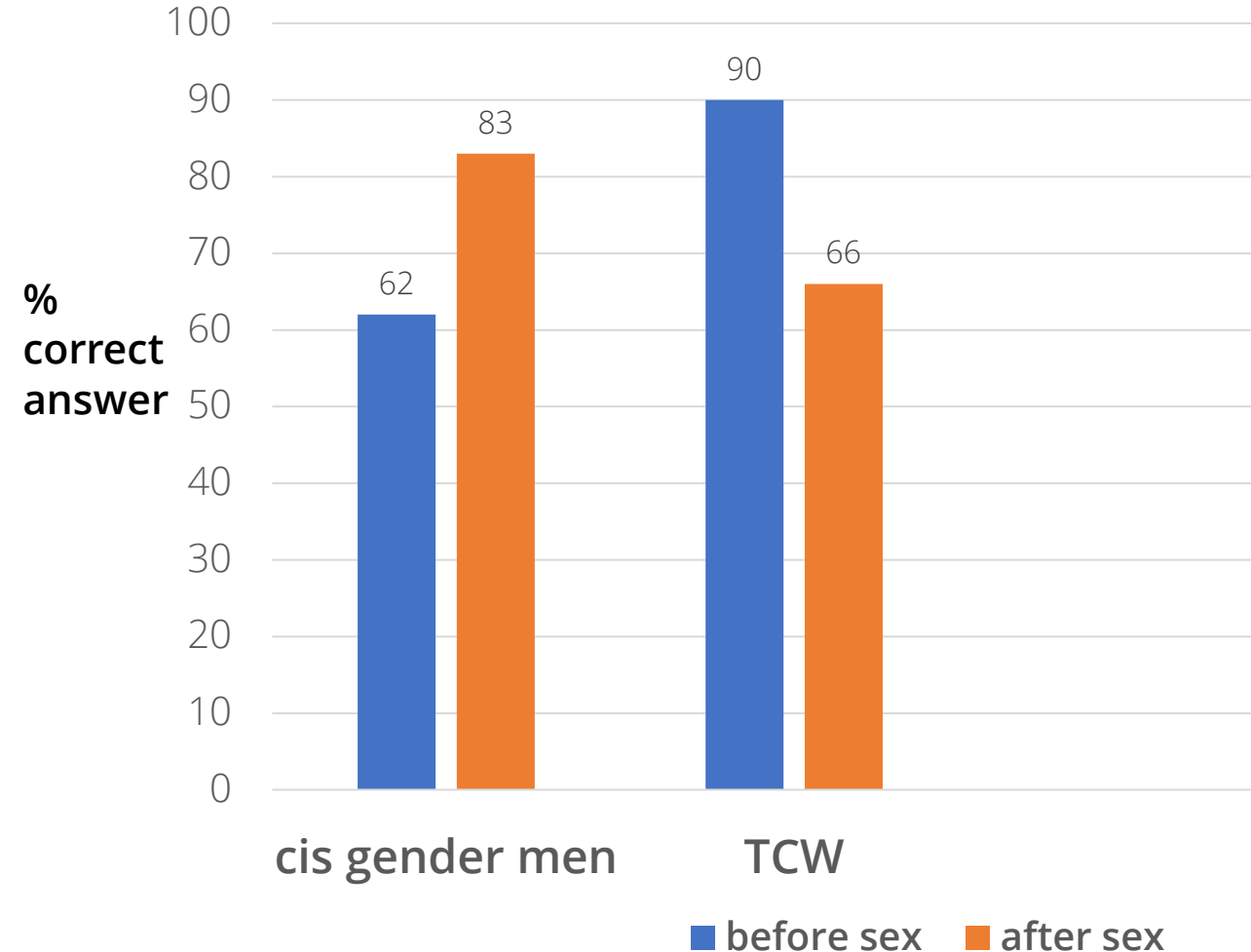
# Results: PEP knowledge

- Approximately two-thirds of participants reported a high knowledge of PEP and PrEP guidelines
- For PEP, 99% knew the 72 hours limit for effective PEP initiation

# PrEP Knowledge

Current UK PrEP guidelines recommend:

- 2 doses before sex & 2 doses after sex for cisgender men (CM)
- 7 doses before sex, 7 doses after sex for trans or cisgender women (TCW)
- For cisgender men, more people knew the correct post-coital PrEP dose.
- Whereas for trans or cisgender women, more people knew pre-coital dose
- Knowledge of PrEP dosing ranged from 62-90%



# Attitudes towards 2-drug PEP

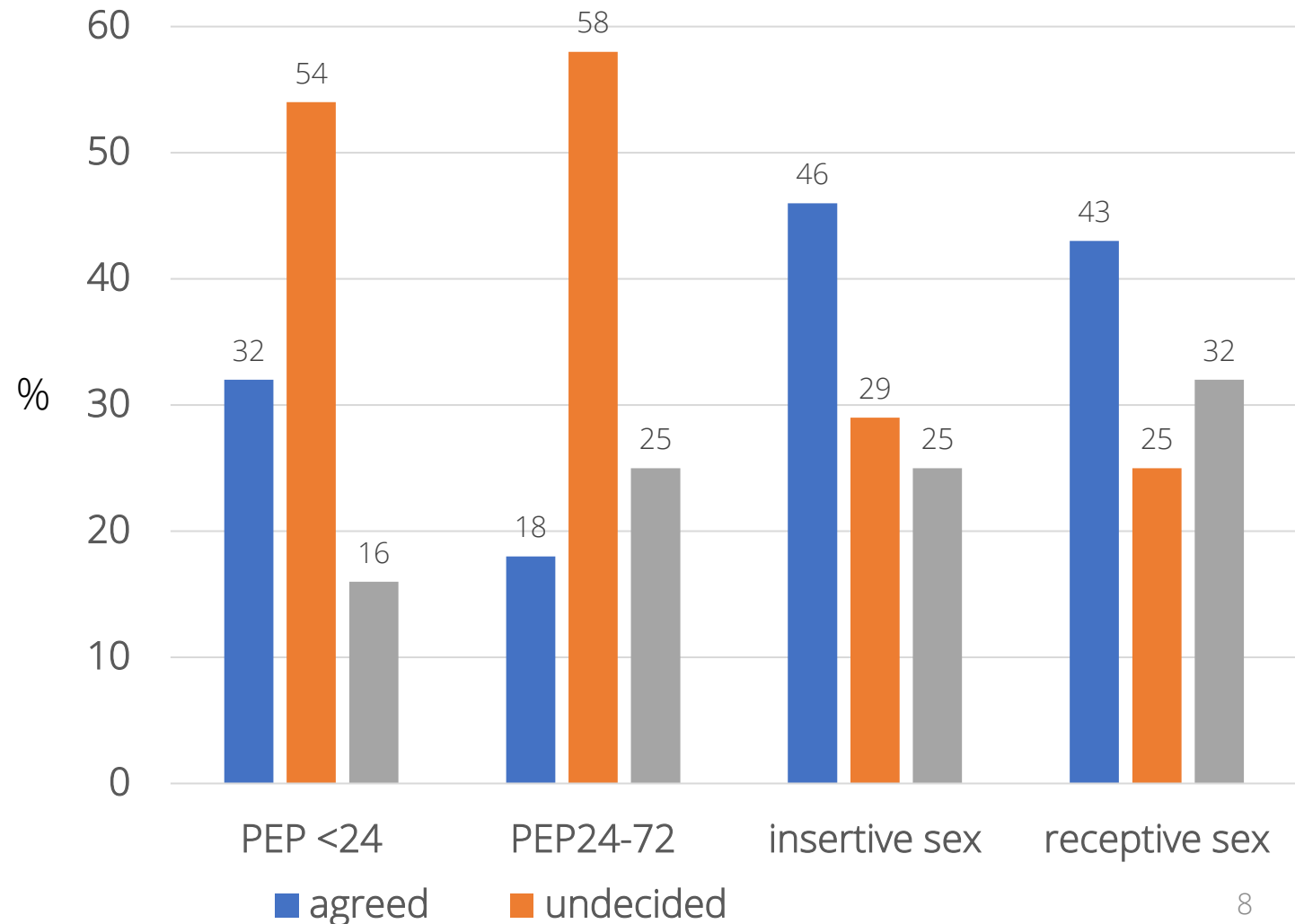
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Large number of people undecided about 2-drug PEP (depicted by orange bar).

Especially for time since sex variable:

More people believed that 2-drug PEP started within 24 hours having sex would be effective than disagreed. The opposite was true if sex was more than 24h

Acceptability of 2 drug PrEP for insertive was slightly higher than for receptive sex



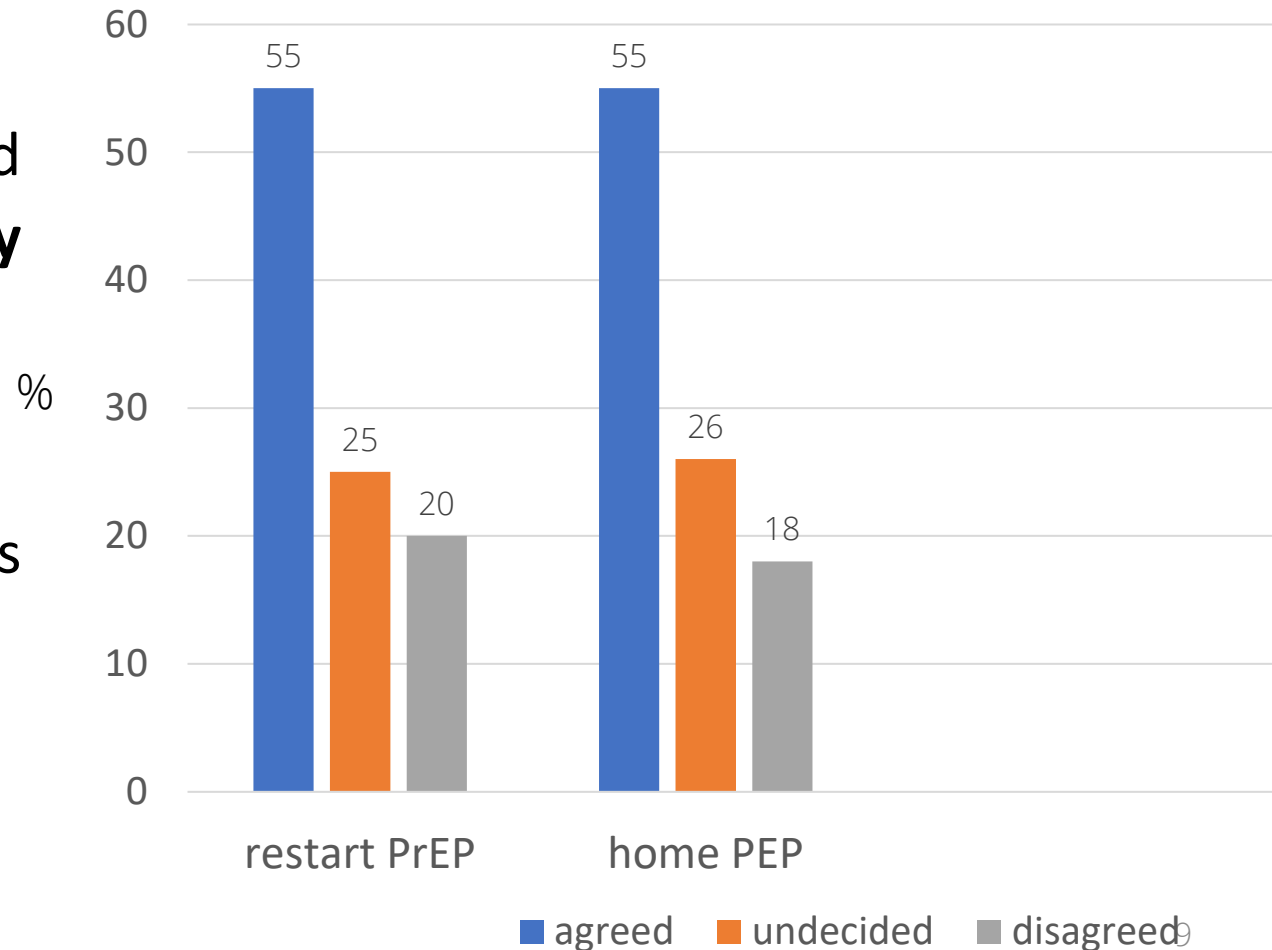


# 2-drug PEP in PrEP users

There was more confidence in 2-drug PEP in PrEP users:

- Particularly for PrEP users who had missed a few PrEP doses, **restarting daily PrEP** instead of starting 3-drug PEP
- People with **PrEP at home**, take PrEP pills before coming in for PEP counselling

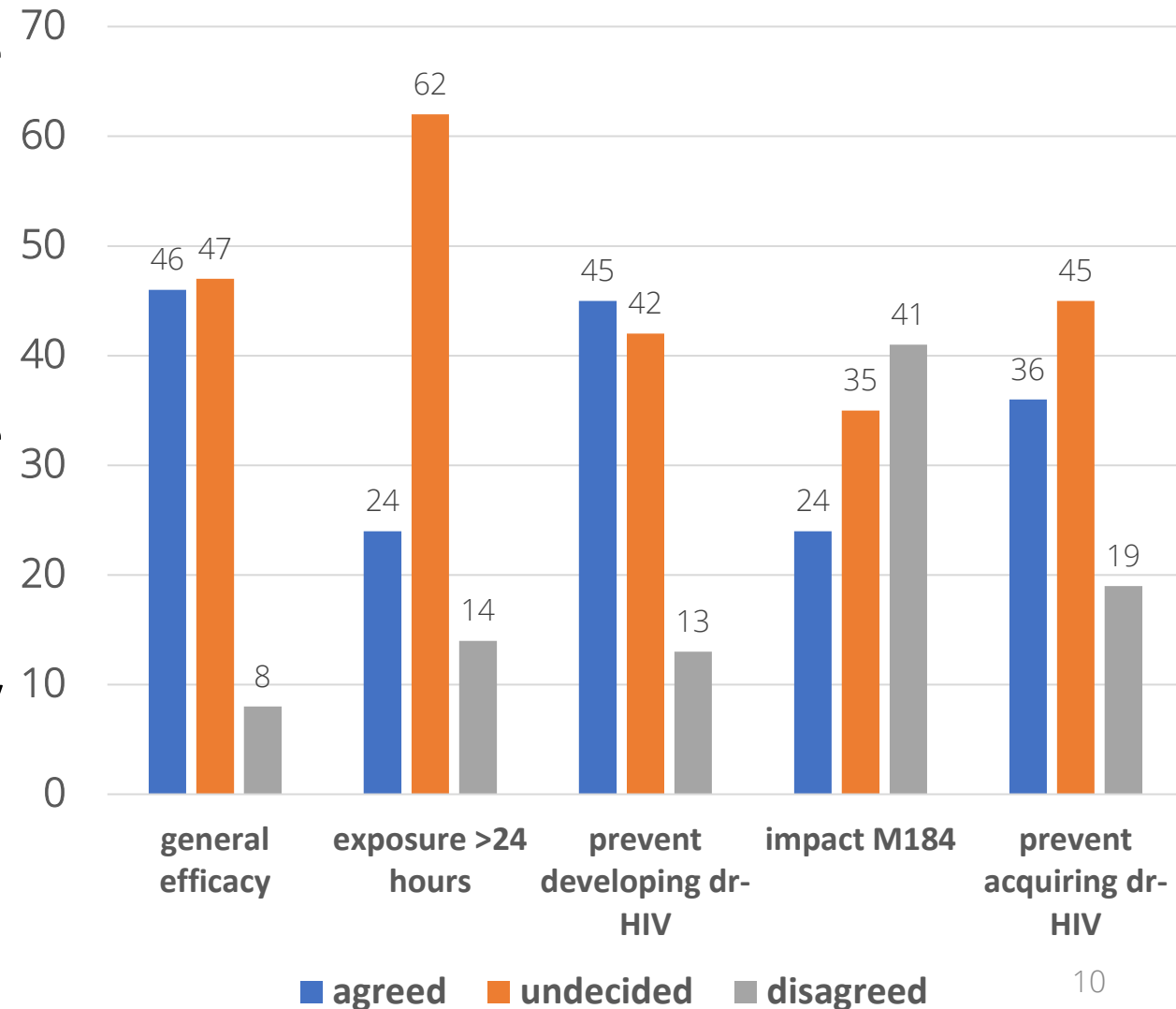
## Restarting PrEP or starting HOME PEP



# Role of 3<sup>rd</sup> drug in PEP

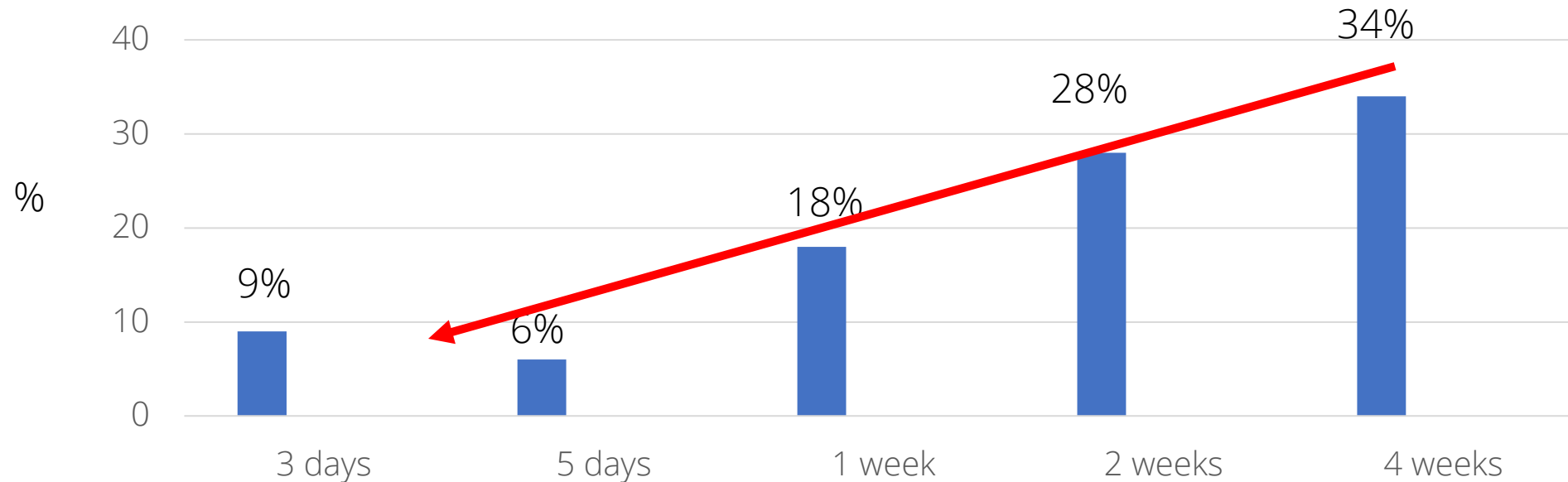
Chart Title

- Large number people undecided about the role of 3<sup>rd</sup> drug in PEP (orange bars)
- Most confidence in 3<sup>rd</sup> drug:
  - increasing PEP efficacy in general
  - preventing HIV resistance developing in people starting PEP with undiagnosed HIV
- Interestingly, 24% believed that having a M184V resistant virus reduces HIV treatment options whereas 41% disagreed



# How long to give PEP in a study

The acceptability of doing a short course PEP study declined as the duration of PEP declined.



Data similar for CM having sex with men, TCW having sex with men, and men having sex with TCW

# Clinical scenarios

- When presented with 5 different clinical scenarios of whether to start PEP or not (2 of which were situations where PEP was not indicated by guidelines)
  - 3 drug, 4-week PEP was given by majority of people

- Comments:

“I recognise my practice is likely conservative, better to be 'safe than sorry'.

“PEP is overused in clinical practice due to either clinician or patient anxiety”

“less than 28 day PEP please”

“ lets stop people having to waste time and queue up in A&E for PEP”

“ I stick to the BHIVA guidelines, as a new HIV infection as the result of diverting would be a medicolegal problem for us and a personal nightmare”

# Discussion

- **Knowledge of PEP and PrEP guidelines was modest:**
  - Possibly reflecting inconsistencies between guidelines and lack of supporting data
- **Majority undecided about 2-drug PEP and for the role of 3<sup>rd</sup> drug**
  - 2 drug PEP was most acceptable if started <24 hours after sex and in those already on PrEP either restarting daily PrEP or as self-start PEP
  - 3 drug PrEP viewed as generally more efficacious and minimising risks around resistant virus
- **Clinical scenarios revealed recognition of current conservative approach to PEP prescribing**
- **Overall, the data shows that more evidence is needed to provide confidence in changing guidelines away from 28 days or including 2-drug PEP as an option**
- **Keen to explore whether an efficacy study could be conducted in UK**

# Thanks

- Thanks to all those who participated in the survey
- Thanks to BHIVA and BASHH for circulating
- Gary Whitlock
- Will Nutland
- Simon Collins
- Annette Colcutt
- Harry Coleman
- Mitsy Gafos

# Any questions?

Please do contact me if interested in a discussing a PEP study

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