ENQUÊTE PDV / PrEP

E Cua, P Puglièse, C Etienne, B Provost Keller, L Fredouille
High Discontinuation of Pre-Exposure Prophylaxis Within Six Months of Initiation
Chelsea L. Shover, PhD, MPH; Marjana Javanbakht, PhD, MPH; Steven Shoptaw, PhD; Robert K. Bolan, MD; Pamina M. Gorbach, MHS, DrPH
1. Department of Epidemiology, Fielding School of Public Health, University of California, Los Angeles; 2. Los Angeles LGBT Center; 3. Department of Family Medicine, UCLA

Outcome definitions

**Active:** Patient was prescribed TDF/FTC at the Center within the past 120 days.

**Discontinued:** Patient was most recently prescribed TDF/FTC at the Center more than 120 days ago, and has had at least one medical visit since receiving last PrEP prescription.

**Lost to Follow-up:** Patient was most recently prescribed TDF/FTC at the Center more than 120 days ago, and has had no medical visits since receiving last PrEP prescription.

**Seroconversion:** Development of HIV antibodies, detectable in blood, after exposure to HIV. Measured as date of first HIV positive test result.

At the end of the analysis period, 47% (n = 809) of patients who started PrEP were active, 37% had discontinued, and 16% were lost to follow-up.

Figure 3. PrEP discontinuation by type of insurance (n=1,715)

FR : jeunes et pas d’assurance
**PrEP Implementation and Persistence in a County Health Department in Atlanta, GA**

Charlotte-Paige Rolle MD MPH; Udodirim Onwubiko MBBS MPH; Jennifer Jo MD; Anandi N. Sheth MD MSc; Colleen F. Kelley MD MPH; David P. Holland MD MHS

**Figure 1.** The PrEP Care Cascade at the Fulton County Health Department (FBCOH) PrEP clinic (October 2015-March 2017)

- As of March 2017, 201 clients started PrEP, 88% were male, 65% were black, 69% were insured, 72% were MSM, 78% reported inconsistent condom use, and 80% had a prior STI
**Figure 1. Individuals Initiating PrEP (N=1258)**

- **Consistent PrEP use**
  - 36% (N=450)
- **Periodic PrEP use**
  - 9% (N=114)
- **Reported PrEP stop**
  - 17% (N=214)
- **Lost to follow-up**
  - 38% (N=480)

**Figure 2. HIV incidence following PrEP discontinuation**

**HIV Incidence details:**
- 203 individuals who stopped PrEP subsequently returned for routine HIV testing
- Time from PrEP stop to most recent HIV test on record totals 75.4 person-years at risk
- 3 individuals seroconverted during this time at 56 days, 107 days and 117 days subsequent to PrEP stops (Table 2)
- Measured HIV incidence is 3.9 cases per 100 person-years at risk following PrEP stop

**Table 2. Participants with HIV infection**

<table>
<thead>
<tr>
<th>Case</th>
<th>Duration on PrEP</th>
<th>Stop reason</th>
<th>Days from PrEP stop to HIV detection</th>
<th>Age at diagnosis</th>
<th>Viral load at diagnosis</th>
<th>CD4 count at diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10 months</td>
<td>Temporary stop due to expiration of health card</td>
<td>56</td>
<td>27 years</td>
<td>247 000 copies/ml³</td>
<td>699 cells/ml³</td>
</tr>
<tr>
<td>2</td>
<td>2 months</td>
<td>Side effects including diarrhea</td>
<td>107</td>
<td>25 years</td>
<td>103 000 copies/ml³</td>
<td>430 cells/ml³</td>
</tr>
<tr>
<td>3</td>
<td>12 months</td>
<td>Personal decision</td>
<td>117</td>
<td>26 years</td>
<td>65 885 copies/ml³</td>
<td>440 cells/ml³</td>
</tr>
</tbody>
</table>

R Thomas, CROI 2018
IPERGAY n=42

CONSULTATION PrEP


N=100

Fév 2018

N=500

The Future
Requête nadis : FA depuis 01/12/2015

• 454 recours pour PrEP
Requête nadis : FA depuis 01/12/2015

1. 454 recours pour PrEP

2. PDV depuis > 6 mois : N = 118 (26%)
   • Relecture des dossiers
Requête nadis : FA depuis 01/12/2015

1. 454 recours pour PrEP

2. PDV depuis > 6 mois : N = 118 (26 %)
   - Relecture des dossiers

3. PDV = 47 (10,3 %)
Requête nadis : FA depuis 01/12/2015

1. 454 recours pour PrEP

2. PDV depuis > 6 mois : N = 118 (26 %)
   - Relecture des dossiers

3. PDV = 47 (10,3 %)

4. PDV après initiation = 20 (4,4 %)
N = 18 / 33 PDV précoces (54 %) considérés à risque « élevé »
Discussion

- Sous ou sur estimation des PDV ?
- PrEPeurs responsables !
- PDV avant M1:
  - Découragés par procédure ?
  - Désintérêt crainte des effets secondaires après consultation initiale ?
- A confirmer sur le long terme
- Développer système d’alerte PDV et « navigateur » pour TASP et PrEP
- Analyser les facteurs de risque des PDVs
- Importance d’un outil de suivi commun