Statement on HIV pre-exposure prophylaxis (PrEP)

Background
Pre-exposure prophylaxis (PrEP) is a novel HIV-prevention strategy using antiretrovirals (ARVs) to protect HIV-negative people from HIV infection. It involves people taking ARVs before being exposed to HIV, in the hope that it would lower their risk of infection. There are currently no published UK national guidelines for the use of PrEP.

There is one study in which efficacy has been demonstrated for PrEP, the iPrEx (Pre-exposure Prophylaxis Initiative) study.\(^1\) This found that
- the HIV infection rate in HIV-negative gay men who were given a daily pill containing two HIV drugs (Tuvada; tenofovir and emtricitabine) was reduced by 44%, compared with men given a placebo.
- the efficacy in subjects who, by self-report and pill count, took the drugs more than 90% of the time, was 73%.
- however while 93% of trial subjects reported taking the pills correctly, on the basis of drug-level monitoring only 51% actually did so.

Arguments for PrEP
It is argued that it is better to prevent a potentially fatal disease than treat it after it is contracted. PrEP has a number of advantages as a prevention method:
- It could be more discreet and user-controlled than either a condom or a microbiocide;
- It could be taken well in advance of any sex (or continuously);
- It could prevent HIV infection acquired through injecting drug use as well as through sex.
- It could be used to allow discordant couples (HIV positive male) to conceive naturally (PrEP for conception; PrEP-C).

Arguments against PrEP
There are concerns that
- It would be simpler and more effective (and cost-effective) to give the ARVs to HIV-positive people to prevent onward transmission of the infection.
- There is no funding for PrEP, and it could divert resources away from access to ARVs for treatment.
- There is no evidence of long-term safety of PrEP.
- PrEP could be given to patients who already have HIV, especially acute HIV infection that does not yet show up on antibody tests. This happened to ten people in the iPrEx study, and one or two of them appear to have developed drug resistance as a result.
- Availability of PrEP could increase risk-taking behaviour and the risk of acquiring another sexually transmitted infection.

Wessex statement
PrEP was discussed at the Wessex HIV Clinical group meeting on 4/5/2011. The consensus was that
- GUM and sexual health clinics in Wessex would not offer PrEP to prevent HIV acquisition through exposure by repeated risky behaviour, until and unless recommended by national UK guidelines.
- If PrEP is recommended in future national guidelines, it should not be provided unless it is commissioned and funded.
- Requests for PrEP-C should be considered on an individual basis and discussed at an MDT meeting. If it is felt appropriate, prior approval from the commissioners should be sought, and patients should be discussed with Dr Yvonne Gileece at Brighton, one of the few consultants in the UK with any experience of PrEP-C.\(^2\)


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