

More participants prefer daily PrEP to event-driven PrEP: baseline characteristics in a Dutch PrEP Demonstration Project

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Disclosure of speaker's interests

Potentially relevant company relationships in connection with event	Company name
<ul style="list-style-type: none">• <i>financial compensation for one advisory board meeting, paid to GGD Amsterdam</i>• <i>Providing of medication and drug level measurements for AMPREP project. Not involved in design, data analyses, or decision whether to publish or not</i>	<p><i>Gilead sciences</i></p> <p><i>Gilead sciences</i></p>

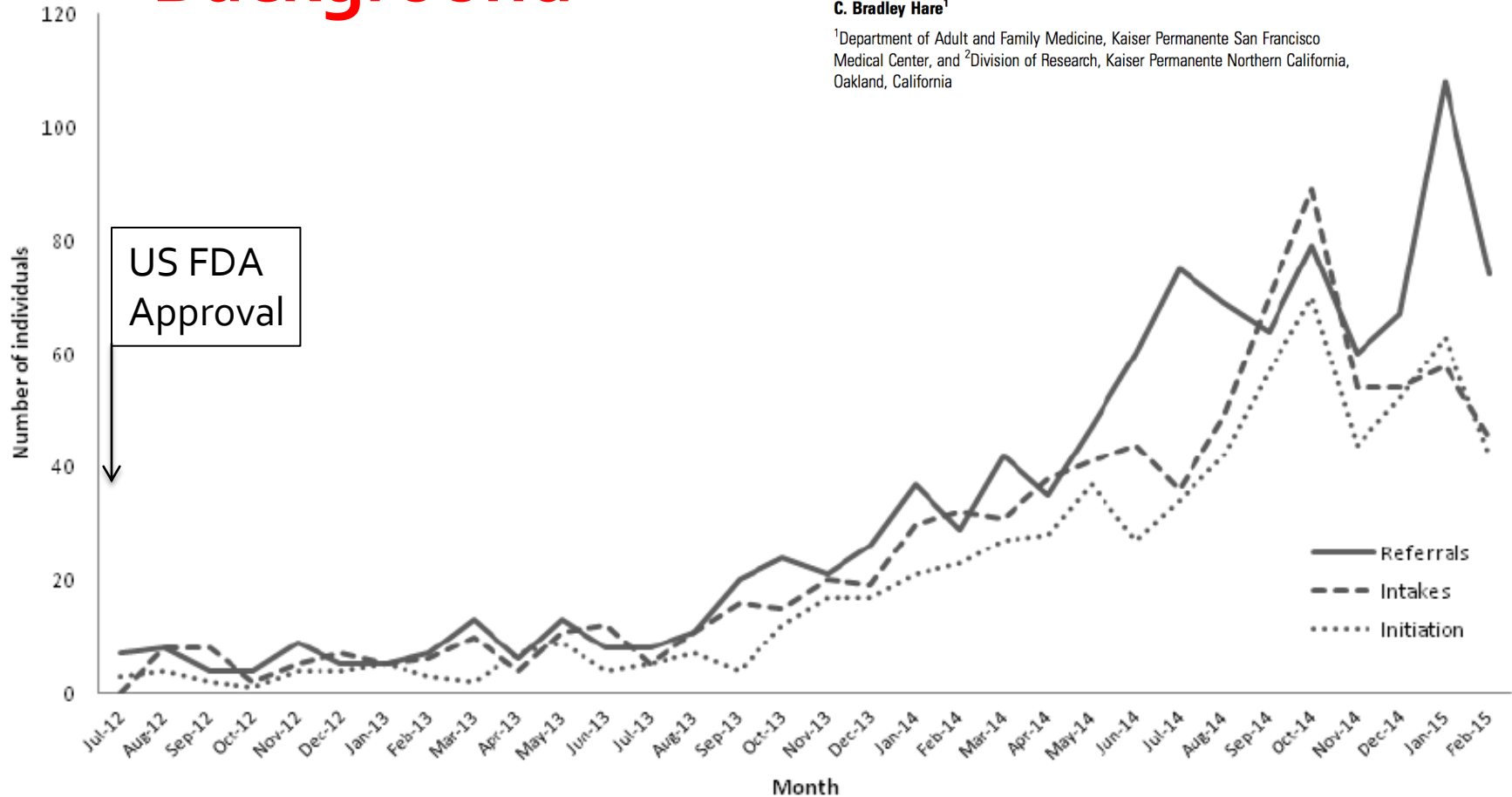


Background

No New HIV Infections With Increasing Use of HIV Preexposure Prophylaxis in a Clinical Practice Setting

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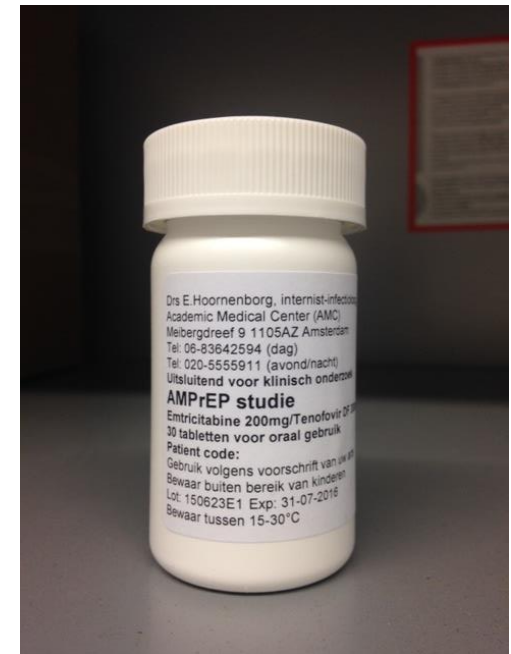


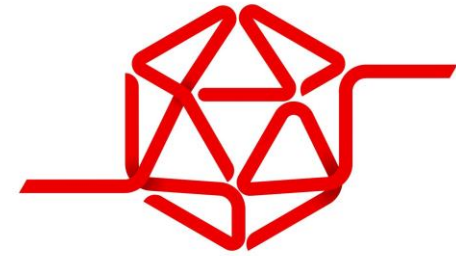


Amsterdam PrEP project (AMPrEP)

- A demonstration project
- Choice of daily or event-driven PrEP
- For MSM and transgender people
- August 2015 - June 2018

Primary endpoints	Uptake, acceptability, usability
Secondary endpoints	Adherence, hiv infection, resistance, risk behaviour, side effects





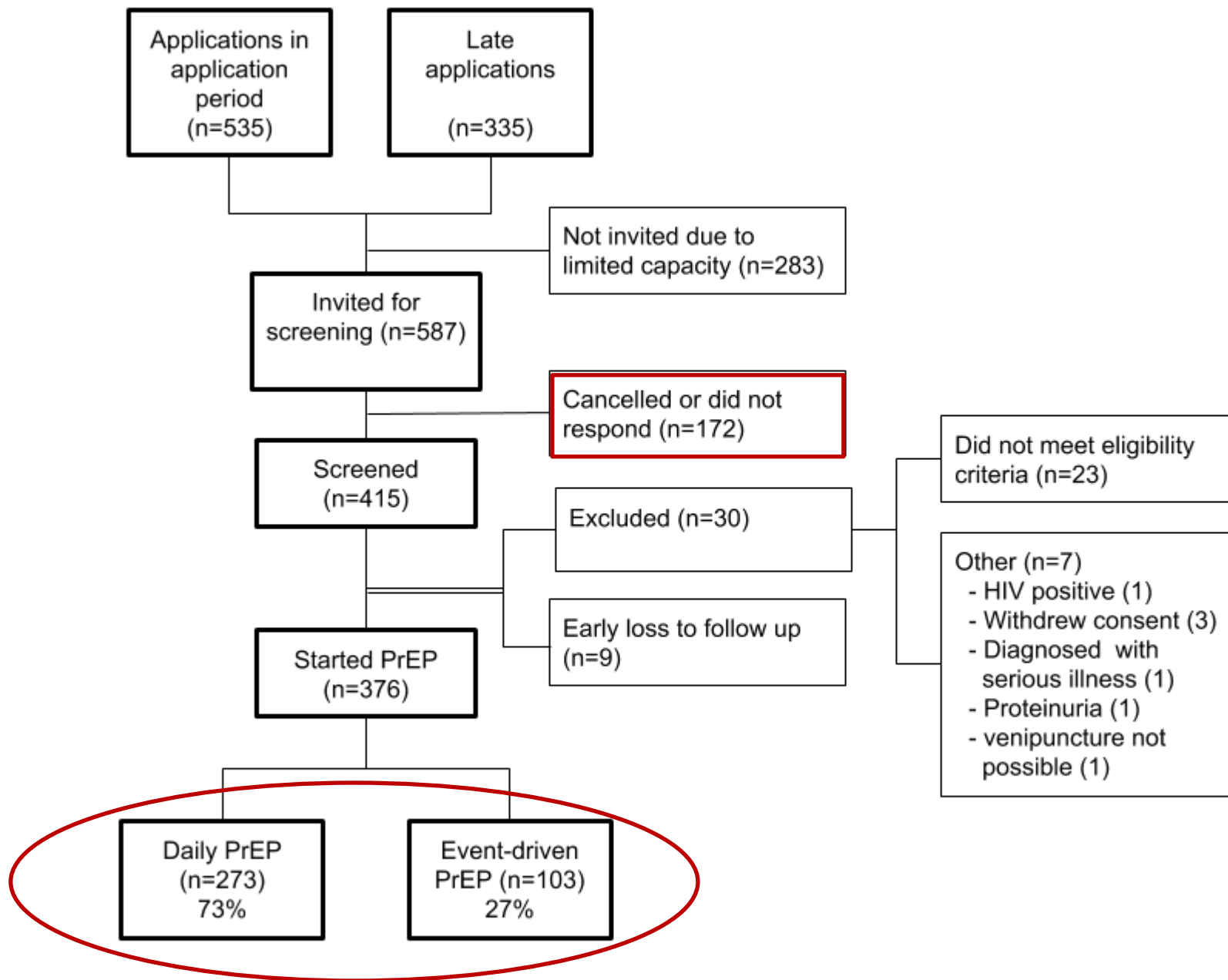
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Inclusion criteria AMPPrEP

- MSM or transgender person, HIV negative,

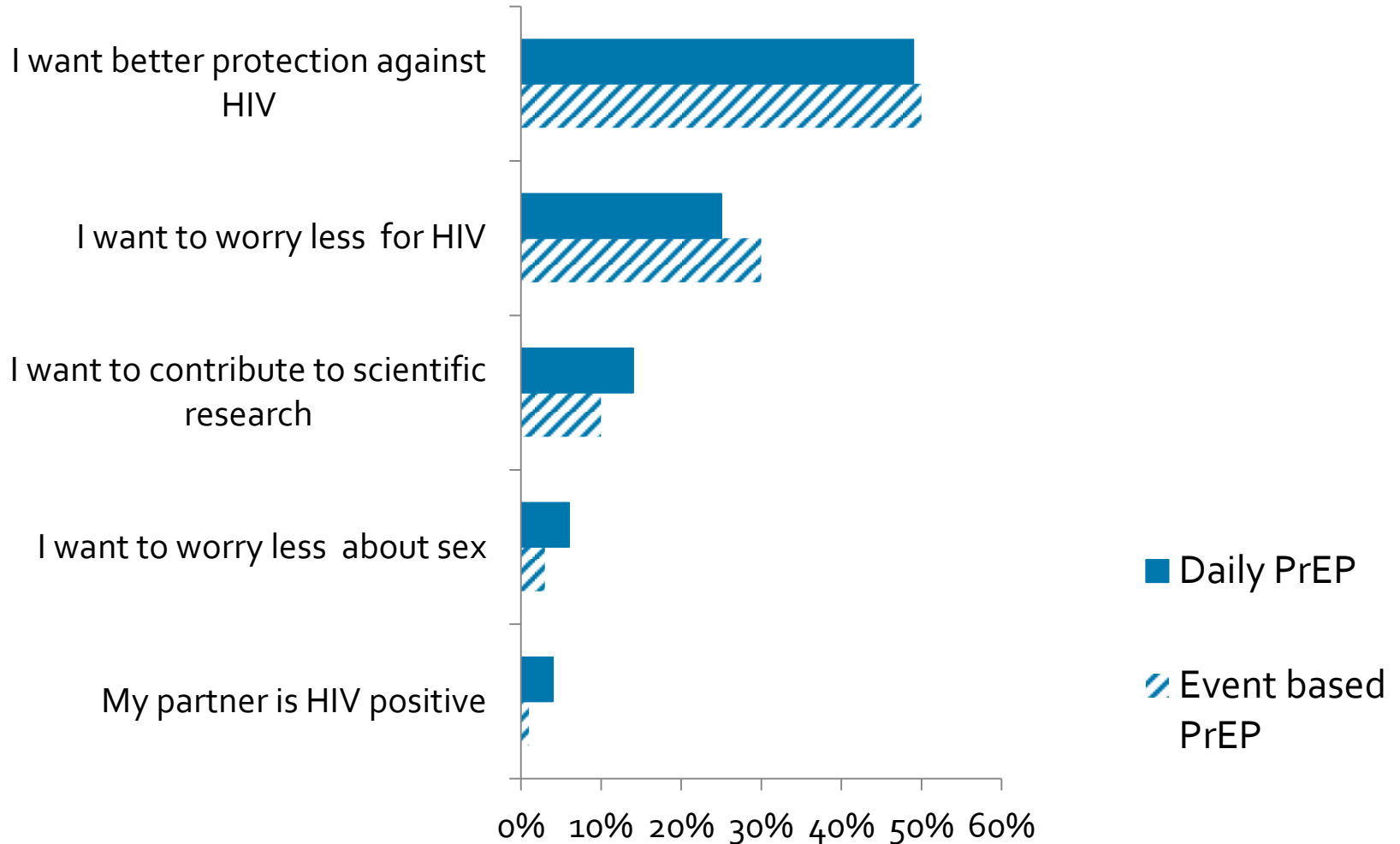
AND at least one of the following in the preceding 6 months :

1. Documented STI
2. Condomless anal sex with casual partners
3. Post-exposure prophylaxis
4. HIV positive partner with a detectable viral load





Motivations for joining AMPrEP





Two cases of HIV infection

- Case 1
 - Started daily PrEP.
 - Stopped a few weeks later
 - Few months later: both he and his partner fell ill
 - antibody test negative, HIV antigen and RNA positive
 - Wild type virus



Case 2

- Daily PrEP user
- Adherence was excellent
- Months after PrEP start: ill → HIV test positive
- Immediate referral for HIV care
- Wild-type virus
- One month after cART was started: undetectable viral load



Concluding remarks

- In AMPrEP: older white highly educated MSM, who want better protection and less worries about HIV
- PrEP protected almost all participants against HIV
- Future data from AMPrEP: sexual risk behaviour and STI; cost-effectiveness



Acknowledgements



H-TEAM

Team Onderzoek and STI clinic GGD Amsterdam

All AMPrEP participants

Maria Prins and Henry de Vries (PI)
Roel Achterbergh, Kees de Jong, Ilya Peters,
Princella Felipe, Myra van Leeuwen,
Maarten Schim van der Loeff, Udi Davidovich
Jannie van der Helm, Yvonne van Duijnhoven
Arjan Hogewoning, Gerard Sonder
Alfons Hendriks, Lia Peters, Anne-wiek Ferweda
Dieke Martini, Titia Heijman, Adriaan Tempert
Menne Bartelsman and Jeroen Laverge
Kim Visser en Roelien Prins
Gerben Rienk en Linda May
Sanne van Meeteren

All H-team colleagues
All H-team funders



Laboratory

Paul Oostvogel
Sylvia Bruisten
Ineke Linde
Karin Adams
Dewi Usmany
Homeyra Amir
Khosravi Agchay
All analysts

Sanquin

Thijs van de Laar

RIVM

Ardine de Wit
Maria Xiridou
Silke David

ZonMW grant nr 522002003
AIDS fonds, grant nr 2013169