



## **Results of iPrEx Pre-Exposure Prophylaxis (PrEP) Trial - Important Information for Gay Men**

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A large study in gay men, men who have sex with men, and transgendered women, has shown that a daily treatment of an HIV medication (Truvada) can reduce the risk of HIV transmission among these populations, providing – on average – 44% additional protection against HIV infection. While this is great news for HIV prevention - perhaps the most exciting and hopeful to come for a long time - there are a number of cautious factors to consider about this trial and about the medication used:

1. The level of protection shown varied widely depending on how consistently participants used PrEP. Among those who took the pill on 90% or more days, HIV risk was reduced by roughly 73%, while among those whose adherence was less than 90%, HIV risk was reduced by only 21%. These results indicate that even under clinical trial conditions it will be difficult to achieve the adherence levels required to ensure high efficacy.
2. Safe sex counselling and the provision of condoms was also used. During the trial the average number of sexual partners (within a three month period) declined to 2 (down from an average of 18 at screening, and down from 7 at study entry enrolment). The benefit of PrEP was regarded as additive to reduced risk, NOT alternative to condoms or partner number reduction (currently well-established cornerstone HIV-prevention strategies). The trial results indicate that, at best, pre-exposure prophylaxis with Truvada may complement the consistent use of condoms and other risk reduction strategies, rather than replacing them. PrEP should NOT be considered, based on this trial result, to be a single intervention strategy for HIV prevention.
3. There is no data regarding the potential benefits of PrEP in other populations, such as heterosexuals or IDU.
4. There is no data whether other HIV medications or different dosing strategies and drug combinations may work better or worse. More research is needed.
5. The drug studied – Truvada – is not currently available or indicated in Australia for HIV uninfected individuals. Other HIV drugs are also not available to people without HIV.
6. Truvada, and all HIV antiretroviral drugs, carry short term and long term side effects.

Although the initial analysis of the iPrEx trial suggests that Truvada may be suitable prophylaxis for some individuals or groups at very high-risk of HIV infection, QPP cautions the reader to consider that this strategy requires considerably more detailed analysis, and possibly further longer term confirmatory studies along with the testing of different dosing strategies, before HIV medications may be considered to fit within the repertoire of HIV transmission prevention strategies.

Meantime, men who have sex with men, and other people at risk of HIV, should continue to:

§ Use condoms consistently and correctly (especially with casual partners). If this fails for any reason (e.g. condom break, etc), emergency treatment called Post Exposure Prophylaxis (PEP) is available from any Sexual Health Clinic in Queensland or the Emergency Department of all state major hospitals. PEP must be accessed within 72 hours (preferably 24 hours) of suspected exposure to HIV. For information about PEP call 13-HEALTH 24 hour help line or visit the Queensland Health Sexual Health website: [www.health.qld.gov.au/sexhealth](http://www.health.qld.gov.au/sexhealth) (click on “Emergency Help” menu).

§ Get tested regularly to know their HIV status and that of their partner (s). Early HIV treatment preserves the immune system, contributes to long-term survival from HIV, and reduces (not eliminates) the likelihood of HIV transmission by having an undetectable viral load (which is achieved by taking HIV treatments daily).

§ Get tested – and treated if needed – for other sexually transmitted infections (STIs). STI’s can facilitate HIV transmission, such as syphilis and gonorrhoea.