Preparing for the impact of PrEP and the diversification of gay men’s sex practices in WA: insights from local and national behavioural data

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PrEP in Australia: some history

- PrEP initially shown to be effective in 2010 (Grant et al, 2010)
- Multiple studies have found >90% effectiveness in preventing HIV acquisition, particularly for gay and bisexual men, if users are adherent (Fonner et al, 2016)
- Debate began in Australia in 2011 about how to introduce PrEP
- In the absence of access, some GBM began personally importing
- Small demo projects ‘over East’ in 2014-15, followed by larger studies in 2016 e.g. EPÍC-NSW, PrEPX, QPrEPD
- PrEPIT-WA opened in late 2017 (>700 enrolled)
- PBS listing of PrEP in April 2018
Now PrEP is here, what should we expect?

• Experience in eastern States shows introducing PrEP ‘at scale’ with GBM has had a variety of effects:
  – demand on health systems/services
  – engaging GBM at risk of HIV
  – prevention of HIV among users
  – increased STI diagnoses among users
  – rapidly changing norms and sexual behaviour among GBM
  – debate about who has been missed in early rollout

• PrEP roll out is experimental, and its effects (good and bad) will depend on local epidemic context (Holt & Murphy, 2017)
Gay Community Periodic Survey: Perth 2017

Changing attitudes to and engagement with biomedical HIV prevention by gay and bisexual men: key findings from the PrEPARE Project 2017

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HIV testing (Perth GCPS)

Proportion who have ever been tested for HIV has increased since 2010.

Among non-HIV-positive men, proportion who have been tested in last year has stabilised since 2010.

Source: Perth Gay Community Periodic Survey, CSRH
Community-based services (i.e. M Clinic) have become more popular over time.

Source: Perth Gay Community Periodic Survey, CSRH
HIV status (Perth GCPS 2017)

- HIV-positive: 4.9%
- HIV-negative: 82.4%
- No results: 1.7%
- Untested: 10.9%

Source: Perth Gay Community Periodic Survey, CSRH
HIV-positive men (Perth GCPS)

Proportion on treatment has increased.

Proportion of men on ART with an undetectable viral load has varied, but reached highest level in 2016.

Source: [Perth Gay Community Periodic Survey](https://www.csrh.org.au/), CSRH
Sex with casual male partners (last 6 mths)

Condomless sex has become more common during 2012-17.

Source: Perth Gay Community Periodic Survey, CSRH
CAIC by HIV status (Perth GCPS)

Source: Perth Gay Community Periodic Survey, CSRH; CAIC = condomless anal intercourse with casual partners.
Frequently used risk reduction strategies during CAIC

HIV-positive men

HIV-negative men

Source: Perth Gay Community Periodic Survey, CSRH; CAIC = condomless anal intercourse with casual partners
PEP and PrEP awareness have significantly increased. Low levels of recent use of PEP and PrEP.

Of the 26 men receiving PrEP in 2017, most (69%) were

Source: Perth Gay Community Periodic Survey, CSRH
Attitudes to PrEP (PrEPARE, national data)

Concerned about using PrEP

Willing to use PrEP

%  
0 20 40 60 80 100

2011 2013 2015 2017

27.9 23.0 30.0 36.1

52.1 58.1 41.0 36.5
The beginning of PrEP uptake in Perth

Source: Perth Gay Community Periodic Survey, CSRH
What has happened elsewhere? (GCPS)

Source: Gay Community Periodic Surveys, CSRH
Summary

- PrEP is being introduced to GBM in Perth against a backdrop of:
  - High levels of HIV testing
  - HIV prevalence of ~5%
  - High levels of treatment and viral suppression among HIV-positive men
  - Gradually increasing condomless sex between casual partners
  - HIV-positive men increasingly relying on undetectable viral load
  - HIV-negative men relying on serosorting for condomless sex
  - Increasing awareness of and willingness to use PrEP

- 2017 data from Perth GCPS show low uptake (<5%) & impact of PrEP, before PrEPIT-WA and PBS listing
- National GCPS data suggests large-scale PrEP uptake is likely to disrupt condom use
Questions & considerations

- It remains unclear whether declining condom use will impede population impact of PrEP (Holt et al, in press)
- If sustaining condom use is important, it remains unclear how to maintain it among GBM who don’t use PrEP
- Lower levels of condom use and higher levels of testing = more STI diagnoses and treatment
- Survey (& qualitative) data suggest rapid changes in experiences of GBM negotiating sex due to PrEP (good and not so good)
- Encouraging effective and supportive negotiation while new norms are being established is likely to be critical to long-term success.
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