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BACKGROUND

- In the UK, HIV post-exposure prophylaxis following sexual exposure (PEPSE) with 28-day course of raltegravir 1.2g and co-formulated tenofovir disoproxil fumarate 245g/emtricitabine 200mg is available free-of-charge from sexual health clinics (SHC) and emergency rooms [1]
- PrEP medication and monitoring is also available free-of-charge from SHC as oral co-formulated tenofovir DF-emtricitabine
- In 2022, 56 Dean Street (56DS), Chelsea & Westminster Hospital, London, UK dispensed 24% (2006/8477) of England's PEPSE [2]
- From January 2021, individuals attending 56DS who receive PEPSE are offered quick-start opt-out oral PrEP with a 1-month supply to initiate immediately following PEP completion, PEP2PrEP, as per British HIV Association guidance [1,3,4]
- Individuals on PEP2PrEP undergo the following HIV tests free-of-charge [3]:
 - Baseline
 - 3rd-generation finger-prick point-of-care
 - 4th-generation serology (result in 8 hours)
 - 4-6 weeks later & 3-monthly
 - 4th-generation serology
- We present the uptake of PrEP in GBMSM and transwomen attending 56 Dean Street for PEPSE and their subsequent PrEP follow-up

METHODS

- We performed a case-note review of PEPSE recipients at our service from 1st March – 30th April 2022
- We collected demographics, characteristic of the PEPSE risk, previous PrEP use and follow-up consultations up to 31st August 2023
- Statistical analysis was done using chi-square and Mann-Whitney U tests

Uptake of PrEP following PEPSE is high with a majority reattending for PrEP subsequently

RESULTS

- 282 GBMSM and 6 transwomen received PEPSE
- Of 126 (44%) with previous PrEP use, reasons given for not using PrEP: no supply (38,30%) on break (31, 25%), spontaneous sex (19,15%), incorrect dose (16,13%), unknown (22,17%)

	Total	PEP2PrEP	PEP only	P-value
Number, n	288	212	76	-
Age, median y (IQR)	29 (25-37)	29 (24-37)	30 (26-36)	0.61
Male, n (%)	282 (98)	207 (98)	75 (99)	0.59
Ethnicity, n (%)				0.68
White	180 (63)	134 (63)	46 (61)	
Other ethnic group	108 (38)	78 (37)	30 (39)	
UK-born, n (%)	126 (44)	88 (42)	38 (50)	0.20
Previous attendance at 56DS, n (%)	168 (58)	131 (62)	37 (49)	<0.05
Previous PrEP, n (%)	126 (44)	106 (50)	20 (26)	<0.05
PEP exposure, n (%)				
Highest risk exposure				0.89
Receptive anal	244 (85)	180 (85)	64 (84)	
Insertive anal	43 (15)	31 (15)	12 (16)	
Receptive vaginal	1 (0.3)	1 (0.5)	0 (0)	
Number of individuals in exposure				<0.05
1	224 (78)	159 (75)	65 (86)	
>1	63 (22)	53 (25)	10 (13)	
Unsure	1 (0.3)	0 (0)	1 (1)	

RESULTS

- 212 (74%) subsequently started PrEP
- Of these, 142 started immediately after PEPSE and 41 within 60 days of PEP consultation (i.e. at post-PEPSE follow-up)
- Of 212 PrEP users, 114 (54%) re-attended 56DS for subsequent PrEP consultation up to 31st August 2023
- PEPSE users who subsequently started PrEP were more likely to have used PrEP previously, been to 56DS before and to have sex with multiple individuals during PEPSE exposure

CONCLUSIONS

PEP2PrEP

- Subsequent PrEP uptake following PEPSE is high with a majority re-attending for PrEP subsequently
- Historically, in those newly diagnosed with HIV infection at 56DS, there was a large gap between PrEP awareness (86%) and PrEP uptake (34%) [3]
- Discussing PrEP provides an opportunity to start quick-start PrEP but also inform about prevention options

PEPSE

- 44% of PEPSE recipients had previously used PrEP
- The most common reason for not using PrEP was having no supply
- PEPSE is an important service for HIV prevention, especially among PrEP users

REFERENCES

- BASHH/BHIVA UK guideline for the use of HIV post-exposure 2021
- UKHSA GUMCAD STI Surveillance system 2024
- Cockbain B & Whitlock G. Immediate PrEP when accessing PEP: a service evaluation. *HIV Medicine* 2021
- Gregson S et al. Towards no missed opportunities: the experience of 56 Dean Street, *Lancet HIV* 2021

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