Prior PrEP Use and Discontinuation in Individuals Newly Diagnosed with HIV Infection

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BACKGROUND

- At 56 Dean Street (56DS), a combined sexual health and HIV service in London, UK, the proportion of individuals newly diagnosed with HIV with prior PrEP use has risen
- The number of PrEP users at 56DS rose from 170 in 2017 to 24,487 in 2024
- Various factors cause inconsistent PrEP use including adherence, side-effects, formulation and availability; all reducing the effectiveness of HIV combination prevention
- We present data on prior PrEP use in individuals newly diagnosed with HIV including patterns of PrEP use, adherence and discontinuation

METHODS

- We performed a retrospective case-note review of individuals newly diagnosed with HIV at 56DS from 1st January 2017 to 31st December 2024, collecting demographics, prior PrEP use, adherence and reasons for PrEP discontinuation
- Sub-optimal use was defined as having discontinued PrEP or having continued PrEP up to HIV diagnosis with self-reported poor adherence
- Recently acquired HIV was defined as a negative test within 1 year or according to avidity testing.
- Statistical analysis was done using chi-square (discrete data) and Mann-Whitney U tests (continuous data)

Most individuals newly diagnosed with HIV with prior PrEP use report poor adherence or discontinuation

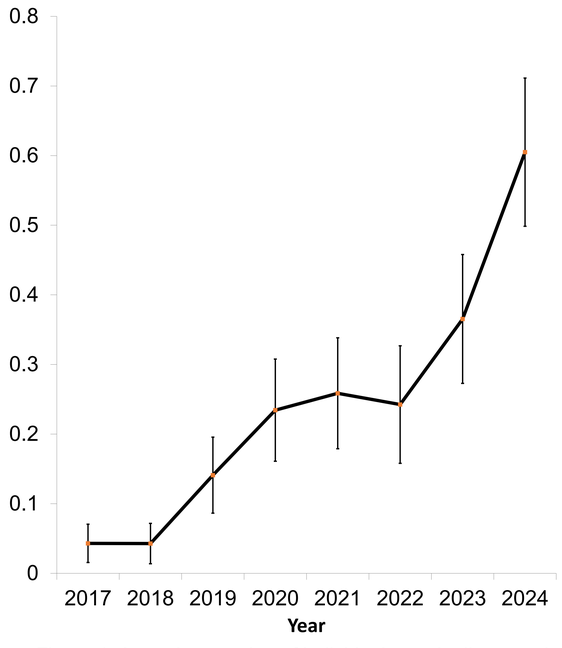


Figure 1. Annual proportion of individuals newly diagnosed with HIV at 56 Dean Street who had prior PrEP use (with 95% confidence intervals)

	Prior PrEP (n=210)
Last PrEP regimen	
Daily	98 (47)
Event-based	96 (46)
Unknown	16 (8)
Last PrEP pill(s) taken	
Day of confirmed diagnosis	29 (14)
Day of diagnosis to 1 month	46 (22)
1-3 months	44 (21)
3-6 months	28 (13)
6-12 months	24 (11)
>1 year	27 (13)
Unknown	12 (6)
PrEP discontinued?	
Yes	76 (36)
No	102 (49)
Unknown	32 (15)
Reasons for PrEP discontinuation	
No supply	34 (45)
Monogamy	18 (24)
Abstinence	4 (5)
Gastro-intestinal side-effects	7 (9)
Mental Health	4 (5)
Other	9 (12)

Table 1 Characteristics of individuals newly diagnosed with HIV at 56 Dean Street who had prior PrEP use

RESULTS

- Of 1080 individuals newly diagnosed with HIV, 210 (19%) had prior PrEP use: 200, cisgender GBMSM, 9 transgender women, 1 cisgender heterosexual man
- Proportion of individuals newly diagnosed with HIV with prior PrEP use rose from 0.043 in 2017 to 0.60 in 2024 (Figure 1)
- Compared with 'never PrEP users', those with prior PrEP use were more likely to have recently acquired HIV (86% vs 58%) and previously attended 56DS (70% vs 38%) (both p<0.00001)
- There were no differences in age, ethnicity or country of birth
- All 210 prior PrEP users used oral PrEP (Table 1)
- 76 (36%) discontinued PrEP prior to their HIV diagnosis
- Main reasons for PrEP discontinuation were having run out of PrEP (34, 45%) & monogamy (18, 24%)
- Of 102 who continued PrEP, 75 (74%) reported poor adherence
- Sub-optimal use was reported in 151 (72%) users: 76, discontinued & 75, poor adherence

CONCLUSIONS

- A rising proportion of individuals newly diagnosed with HIV report prior PrEP use with most reporting sub-optimal adherence or discontinuation
- This suggests the need for improved ways to address barriers including consistent PrEP access and support PrEP persistence
- Wider availability of long-acting formulations may offer a more clinically effective option to address this

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