Changes in Sexually Transmitted Infections among Gay and Bisexual Men after Enrolling in the PrEPX Implementation Study

M Traeger, J. Asselin, B. Price, V. Cornelisse, N. Roth, J. Willcox, B.K. Tee, C. Fairley, C. Chang, J. Armishaw, O. Vujovic, M. Penn, P. Cundill, G. Forgan-Smith, J. Gall, C. Pickett, L. Lal, A. Mak , T. Spelman, L. Nguyen, D. Murphy, K. Ryan, C. El-Hayek, S. Ruth, C. Batrouney, J. Lockwood, J. Hoy, R. Grant, M. Hellard, M. Stoové* , E. Wright*, on behalf of the PrEPX Study Team

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Australasian HIV & AIDS Conference, Sydney, September 2018



The PrEPX Study

Victoria, Australia

- Multi-site implementation study More than 10 metropolitan, regional and rural clinics
- Study duration July 2016 March 2018 4,275 participants, mostly gay and bisexual men 1000 enrolled in first 3 weeks 2000 enrolled in first 10 weeks
- Participants returned every 3 months HIV and comprehensive STI testing Electronic behavioural survey



















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- Primary outcome: Reduction in population-level HIV incidence
- Secondary outcome: Sexually transmissible infections among PrEP users















STIs in PrEP Users

Evidence suggests STIs increase among MSM using PrEP

Meta-analysis of 8 PrEP studies found increase in STIs, especially rectal infections Effect was greatest in more recent studies¹















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- Most studies lack pre-PrEP STI incidence data
- · High screening in PrEP users introduces detection bias Australian PrEP guidelines recommend quarterly STI screening²



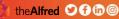












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 - Meta-analysis of 8 PrEP studies found increase in STIs, especially rectal infections Effect was greatest in more recent studies¹
- Most studies lack pre-PrEP STI incidence data
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 - Meta-analysis of 8 PrEP studies found increase in STIs, especially rectal infections Effect was greatest in more recent studies¹
- Most studies lack pre-PrEP STI incidence data
- High screening in PrEP users introduces detection bias Australian PrEP guidelines recommend quarterly STI screening²
- STI rates were increasing prior to the introduction of PrEP STIs increasing among Australian GBM since 2010³
- Consistent condom use has been decreasing Condomless sex among Australian GBM increased from 27% to 39%, 2000 to 2015⁴















Aims

- 1. Calculate STI incidence and distribution among PrEPX participants
- 2. Explore behavioural characteristics associated with STI risk
- 3. Identify changes in STI incidence before and after using PrEP



Data Collection

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance

A national STI and BBV sentinel surveillance system

Over 100 sites nationally



Majority of participants enrolled in PrEPX at ACCESS clinics

Track participant movement between clinics Include tests performed between study visits



Participant characteristics

Participants enrolled at ACCESS sites	n=2,981
Age (median, range)	34 (18-72)
Gay or bisexual	2,922 (98%)
Transgender Female	4 (0.1%)
Transgender Male	11 (0.4%)
Used PrEP before enrolment	834 (28%)
CRAI in 3 months prior to baseline	1430 (48%)
STI diagnosed in 3 months prior to enrolment	484 (16%)
STI diagnosed at enrolment	407 (13%)















1. STIs during PrEPX follow-up

STI Incidence

- Study period July 2016 March 2018
- Total follow-up: 3180 person-years (median, 14.4 months)
- Total STIs diagnosed: 2,982

	Incidence rate (per 100 person-years)
Any STI	91.9
Chlamydia	44.8
Gonorrhea	38.6
Syphilis	8.0
Any rectal infection	56.6
Any urethral infection	22.4
Any pharyngeal infection	23.5



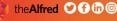




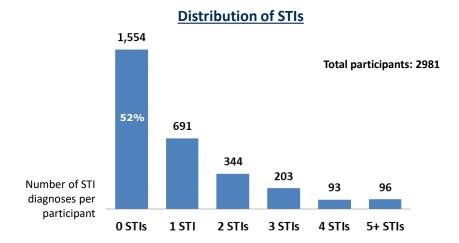








1. STIs during PrEPX follow-up





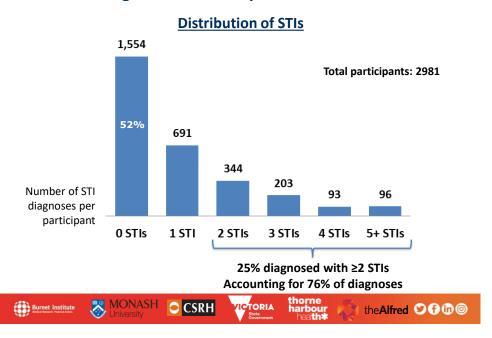
1. STIs during PrEPX follow-up

Distribution of STIs 1,554 **Total participants: 2981** 52% 691 344 203 Number of STI 93 96 diagnoses per participant 0 STIs 1 STI 2 STIs 3 STIs 4 STIs 5+ STIs

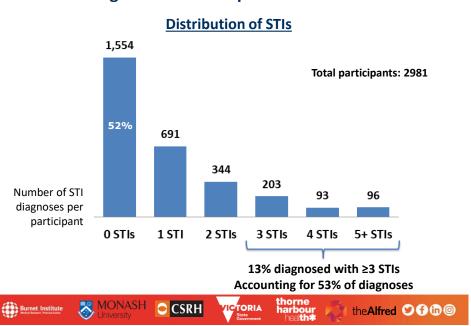
48% diagnosed with ≥1 STI



1. STIs during PrEPX follow-up



1. STIs during PrEPX follow-up



Methods

Behavioural survey completed at baseline and every three months

Condom use, number of partners, drug use, participation in group sex

Cox proportional hazards regression model

Demographic and behavioural covariates

Time-varying behavioural covariates were updated at each visit

Outcome was diagnosis of chlamydia, gonorrhea or syphilis

Allowed for multiple diagnoses















2. Behavioural predictors of STIs

	Adjusted Hazard Ratio (95% CI)	р
Age (5 year increase)	0.94 (0.90 – 0.97)	0.001
Diagnosed with an STI 3 months prior to enrolment	1.24 (1.05 – 1.45)	0.010
CRAI w/ casual partner 3 months prior to enrolment	1.15 (1.01 – 1.32)	0.039
Reporting PrEP use before PrEPX	1.10 (0.96 – 1.27)	0.161
GHB use during sex in last 6 months	1.24 (1.02 – 1.51)	0.027















Cox proportional hazards model

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Number of anal sex partners in last 6 months	-	
2-5	-reference-	
6-10	1.27 (1.04 - 1.57)	0.020
11-20	1.88 (1.46 - 2.41)	< 0.001
21 - 50	2.13 (1.54 - 2.95)	< 0.001
more than 50	2.55 (1.59 - 4.09)	< 0.001
Group sex in last 6 months		
None	-reference-	
Once / a few times	1.28 (1.10 - 1.50)	0.002
At least monthly	1.47 (1.16 - 1.85)	0.001
At least weekly	1.67 (1.16 - 2.41)	0.006
Condom use with casual partners in last 6 months		
Always	-reference-	
Usually (>50%)	1.38 (0.96 - 1.97)	0.081
Sometimes (<50%)	1.38 (0.96 - 1.99)	0.080
Never	1.31 (0.88 - 1.97)	0.183















Cox proportional hazards model

COX Proportional naza		
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3. Change in STIs before and after PrEPX

Methods

• Subgroup analysis (n=1,378)

Participants who had been visiting ACCESS clinics before enrolment ≥1 STI test at least 6 months before PrEPX enrolment



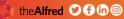












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Disaggregated by previous PrEP use

541 previous PrEP-users (39%) 837 PrEP-naïve participants (61%)















3. Change in STIs before and after PrEPX

Incidence rates before and after PrEPX

Incidence rate (per 100 person-years)				
	1 year before PrEPX	During PrEPX	IRR (95% CI)	P-value
Any STI	69.5	98.4	1.42 (1.29 – 1.56)	<0.001















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Gonorrhea	30.1	42.3	1.38 (1.21 – 1.57)	0.003
Syphilis	6.8	8.7	1.28 (0.98 – 1.68)	0.065















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Rectal Infections	45.0	62.3	1.39 (1.22 – 1.57)	<0.001		
Pharyngeal Infections	16.3	23.3	1.43 (1.20 – 1.70)	<0.001		
Urethral Infections	17.6	25.9	1.47 (1.21 – 1.77)	<0.001		















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Previous PrEP users	92.4	104.1	1.13 (0.98 – 1.28)	0.072		
PrEP-naïve participants	55.1	94.2	1.71 (1.49 – 1.98)	<0.001		















3. Change in STIs before and after PrEPX

Change in testing rate

	Mean number of visits			Mean number of tests		
	1 year before PrEPX	During PrEPX	Change	1 year before PrEPX	During PrEPX	Change
Previous PrEP users	4.4	4.7	+7%	11.7	13.0	+10%
PrEP-naïve participants	3.2	4.7	+48%	8.5	12.9	+51%















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Adjusted negative binomial model

	Unadjust	ed	Adjusted*		
	IRR (95% CI)	p-value	aIRR (95% CI)	p-value	
Previous PrEP users					
Any STI	1.13 (0.99 – 1.28)	0.072	1.05 (0.92 – 1.19)	0.490	

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Any STI	1.71 (1.49 – 1.98)	<0.001	1.21 (1.06 – 1.39)	0.006	
Chlamydia	1.84 (1.55 – 2.20)	<0.001	1.38 (1.13 – 1.66)	0.001	
Gonorrhea	1.69 (1.42 – 2.01)	0.003	1.11 (0.92 – 1.34)	0.263	
Syphilis	1.24 (0.87 – 1.78)	0.065	0.93 (0.62 – 1.40)	0.744	

*Adjusted for differential testing frequency















Summary

1. STIs during PrEPX follow-up

- Overall STI incidence of 91/100 person-years
- Over half of participants (52%) were not diagnosed with an STI
- STIs were highly concentrated among PrEP users experiencing repeat infections















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2. Behavioural predictors of STI risk

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Behavioural predictors of STI risk

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Before and after PrEP

- STI incidence increased among GBM after enrolling in PrEPX, especially among those starting PrEP for the first time
- Partly explained by increase in testing frequency
- After adjusting for testing frequency, GBM using PrEP for the first time experienced a moderate but significant increase for any STI diagnosis and chlamydia infection















Implications

- STIs increased at the individual-level after initiating PrEP
 - However, high screening rates reduce duration of infection
 - Modeling indicates that increased screening among PrEP users may lead to an overall decrease in population-level STI incidence⁵















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- PrEP as a program PrEP use must be combined with regular STI testing Supports current Australian guidelines for 3 monthly STI testing
- Strategies targeted towards PrEP users experiencing high rates of reinfection could have a significant community-level impact
- Community involvement critical to success of future measures to reduce STIs















Acknowledgements

PrEPX Study Team

Edwina Wright - Principal Investigator

Brian Price Anne Mak Luxi Lal Dean Murphy Jude Armishaw Timmy Lockwood Olga Vujovic

Christina Chang Vincent Cornelisse

Burnet Institute

Mark Stoové

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Prahran Market Clinic: Norm Roth

Pharmacies

John Silverii's Pharmacy: John Silverii Newton and Leung Pharmacy: Johnny Phu Melbourne Sexual Health: Anne Mak Alfred Clinical Trials Pharmacy: Anne Mak Healthsmart: Joseph Tesoriero Central Pharmacy: Manoj Vassan, Kie Lim Russell Frajman Pharmacy: Russell Frajman

ACCESS

Burnet Institute, Kirby Institute & NRL

Community Organisations

VAC: Simon Ruth, Colin Batrouney, Jeremy Wiggins PrEP'DForChange: Chris Williams PrEPaccessNOW: Jeff Montgomery & Michael

Living Positive Victoria: Brent Allen

Victorian Aboriginal Controlled Community Health Organisation: Kat Byron Centre for Culture Ethnicity and Health: Alison

Harm Reduction Victoria: Jenny Kelsall

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Research Participants

PrEPX participants Participants in previous PrEP research Animals in PrEP efficacy studies















References

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