

EARLY ADOPTERS “ON PREP”: 12 MONTHS FOLLOW-UP OF ADHERENCE, BEHAVIOURS AND STIS

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Aim: HIV pre-exposure prophylaxis (PrEP) is funded in New Zealand for individuals most at risk. However, there are no local data on continuation, adherence, behaviour change or sexually transmitted infection (STI) incidence. We report the first New Zealand findings from early PrEP adopters.

Methods: We analysed 12 months follow-up from participants in the NZPrEP demonstration project, an open label, single arm treatment evaluation study conducted in Auckland sexual health clinics (n=150). We ensured a 50:50 European/non-European quota. Every 3 months participants attended a clinic for STI screening, received a daily PrEP prescription and completed an anonymous online survey using a unique study identifier. We examine clinical and behavioural indicators overall and by ethnicity.

Results: Study retention was 83% at 12 months. Most (98%) were “on PrEP” (≤ 3 missed doses < 7 days). However 26.6% and 57.6% missed 1+ dose < 7 days and < 30 days respectively; adherence being lower in non-Europeans. A third (34.3%) reported side-effects at 3 months, reducing to 11.3% at 12 months. PrEP breaks increased from 3.8% to 14.2% and were significantly higher for non-Europeans at 12 months (23.1% vs 5.6%) ($p=0.01$). The number of sexual partners < 3 months declined and the number of condomless receptive anal intercourse partners was stable from baseline to 12 months (median=3, 3; 10%, 13.9% reported 10+). STI incidence at 3,6,9 & 12 month intervals was: 24%, 32%, 32%, 21% (any STI); 17%, 16% 23%, 14% (rectal STI); 9%, 13%, 13%, 10% (gonorrhoea).

Conclusion: PrEP policy and delivery challenges include long-term adherence, high STI incidence and ethnic inequalities.