Providing Same-Day PrEP Is Feasible in Latin America

Researchers provided an initial Truvada prescription to eligible gay and bi men and trans women at their first appointment.

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A recent study found that a program that provided an initial prescription for Truvada (tenofovir disoproxil fumarate/emtricitabine) as pre-exposure prophylaxis (PrEP) to men who have sex with men (MSM) and transgender women on the same day as their first visit was feasible in Brazil, Mexico and Peru.

Valdilea Veloso, MD, PhD, of the National Institute for Infectious Diseases Evandro Chagas in Rio de Janeiro presented findings from the ImPrEP demonstration project at the 10th International AIDS Society Conference on HIV Science (IAS 2019) in Mexico City.

HIV-negative MSM and trans women were eligible to participate in the study if they were at least 18 years old and reported one or more criteria associated with risk of the virus. After screening, if they qualified, they would receive a 30-day supply of Truvada with instructions to take it daily and return at the end of that monthlong period. Then they were instructed to return every three months.

The study defined early discontinuation of PrEP as not making two follow-up appointments within 120 days of first receiving Truvada. It defined PrEP adherence as filling an average of 16 days of Truvada per 30-day period.

Taking four tablets of Truvada per week still confers maximum protection against acquiring HIV through anal sex. So taking at least 16 pills monthly may also provide a high level of benefit, depending on how the pills are spread out over time.

A total of 5,354 people were enrolled, between February 2018 and April 2019. Twenty-six percent were 18 to 24 years old, 46% were 25 to 34 years old and 29% were 35 years old or older. The median age was 29 years old. Twenty-six percent had no more than a secondary education. Sixty-five percent were nonwhite. Ninety-four percent were MSM, and 6% were trans women. One percent had an eGFR below 60 milliliters per minute upon enrolling in the study, indicating reduced kidney function. (The tenofovir disoproxil fumarate component of Truvada is associated with a modest decline in kidney function.)

Upon enrolling in the study, the participants reported a median of five sexual partners during the previous three months and a range of two to 15 partners. Ninety-one percent reported condomless anal sex, with 21% reporting doing so with HIV-positive partners. Fourteen percent reported engaging in sex work. At enrollment, 12% were diagnosed with rectal chlamydia, 7% with rectal gonorrhea and 10% with syphilis.

Six percent of the participants did not return after being enrolled in the study.

During 2,069 cumulative years of follow-up, 71% of the participants achieved early continuation of PrEP by making the two appointments within the first 120 days. Ninety-seven percent adhered to the PrEP regimen. Among trans women, 56% achieved early continuation, and 89% adhered to PrEP. Among 18- to 24-year-olds, a respective 70% and 96% achieved these benchmarks. Early continuation was substantially lower in Peru (53%) than in Brazil (85%) and Mexico (84%).

Overall, the HIV diagnosis rate during the study was 0.6 cases per 100 cumulative years of follow-up. The infection rate among those in Peru was much higher, at 2.4 cases per 100 cumulative years of follow-up.

The study authors concluded that same-day initiation of PrEP in Latin America is feasible and safe.

To read the study abstract, click here.

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