

Has the introduction of HIV Pre-Exposure Prophylaxis (PrEP) impacted on HIV Post-Exposure Prophylaxis for Sexual Exposure (PEPSE) prescriptions in men who have sex with men (MSM) in Greater Glasgow & Clyde?

Laura Gillespie^{1*}, Monica Lowrie², Rebecca Metcalfe¹

1. Sandyford Sexual Health Service, NHS Greater Glasgow & Clyde, UK; 2. School of Medicine, University of Glasgow

*lgillespie1@nhs.net

Background

On 10/4/17, the Scottish Medicine Consortium approved emtricitabine/tenofovir disoproxil for use as HIV PrEP, in combination with safer sex practices. [1]. Greater Glasgow and Clyde (GG&C) health board is the largest health board in the UK, providing healthcare to over 1.2 million people. [2] The prevalence of HIV in MSM in GG&C is 5.4%. [3] PEPSE is available at Sexual Health clinics and Emergency Departments. From July 2017, NHS funded HIV PrEP has been available from sexual health clinics. Between 1/7/17 and 31/12/17, there had been 924 PrEP prescriptions, to 435 MSM.

Aim

To assess whether the provision of NHS funded HIV PrEP has reduced the number of prescriptions of HIV PEPSE in GG&C.

Objectives

1. Assess number of PEPSE prescriptions before introduction of PrEP
2. Assess number of PEPSE prescriptions after introduction of PrEP
3. Assess proportion of PEPSE prescriptions started in Emergency Dept before introduction of PrEP
4. Assess proportion of PEPSE prescriptions started in Emergency Dept after introduction of PrEP

Methods

A case note review of MSM prescribed PEPSE and meeting the national criteria [4], between 1st September and 31st December 2017, was performed and the number of prescriptions was compared to a previous audit cycle before the introduction of PrEP (between 1/11/16-28/2/17).

Results

Prior to PrEP provision, there were 56 PEPSE prescriptions to 55 individuals meeting the criteria. 9/56 (16%) cases initially presented to ED. After the introduction of PrEP, there were 71 PEPSE prescriptions to 70 individuals. 14/71 (20%) cases initially presented to ED. (See Table 1). 7 patients had been prescribed PrEP previously but not started, or were non-adherent.

| PEPSE prescriptions | Overall | Started in Emergency Dept | Started in Sexual Health Clinic |
|-----------------------------|---------|---------------------------|---------------------------------|
| Before introduction of PrEP | 56 | 9 (16%) | 47 (84%) |
| After introduction of PrEP | 71 | 14 (20%) | 57 (80%) |

Table 1

Conclusions

Despite a comprehensive, accessible, free of charge HIV PrEP service in NHS GG&C, we have seen an increase in PEPSE prescriptions. This includes an increase in presentations to Emergency Departments. HIV PrEP has received media attention. Third sector organisations, who lobbied for NHS funded PrEP in Scotland, [5] have also been paramount in raising the profile of PrEP and sexual health services. MSM education, awareness of HIV risk, and prior discussion/prescription of PrEP could have prompted the patient to present for PEPSE in the future. This information contributes to the literature as being the first home nation to provide NHS funded PrEP. It shows that despite this, numbers of patients presenting for PEPSE increased, highlighting the importance of using PrEP in combination with other risk reduction methods.

Future plans:

Plan to reaudit
Continued education delivery at local Emergency Departments

References:

1. www.scottishmedicines.org/SMC_Advice/Advice/1225_17_emtricitabine_tenofovir_disoproxil_truvada
2. <http://www.nhsggc.org.uk/about-us/>
3. Blood borne viruses and sexually transmitted infections. Health Protection Scotland 2017. <http://www.hps.scot.nhs.uk/resourcedocument.aspx?resourceid=3398>.
4. BASHH UK guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure, 2015
5. <http://www.hivscotland.com/our-work/prep-in-scotland/>