

Are PrEP and other HIV prevention methods used by people experiencing homelessness in London?

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Background:

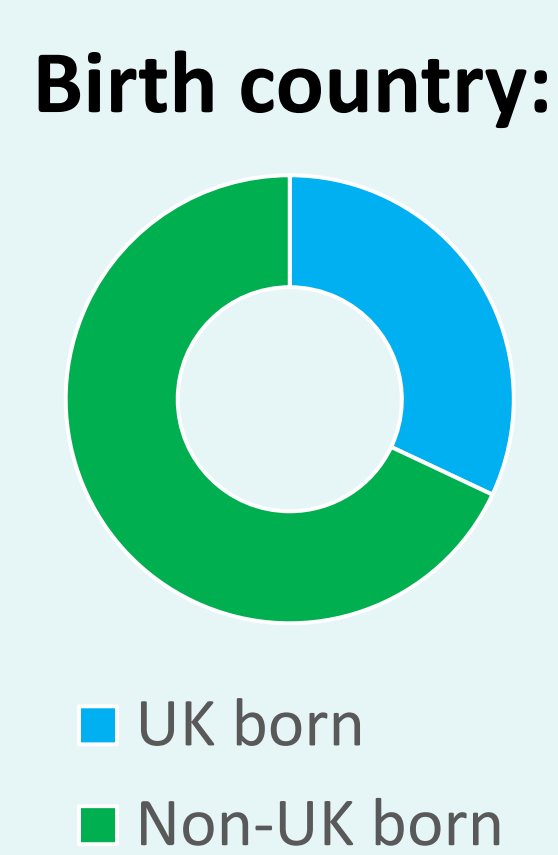
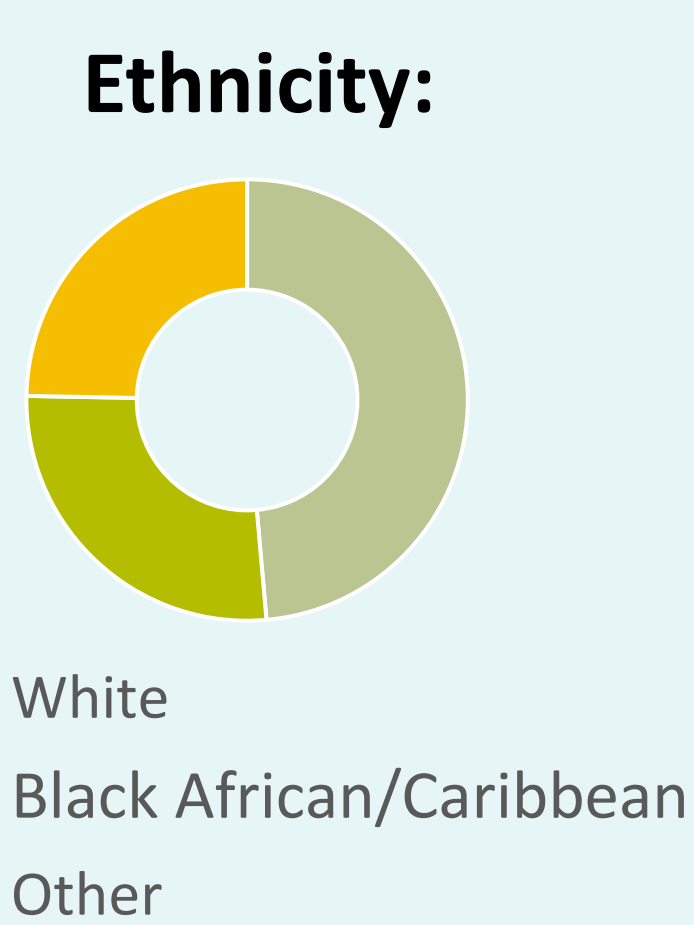
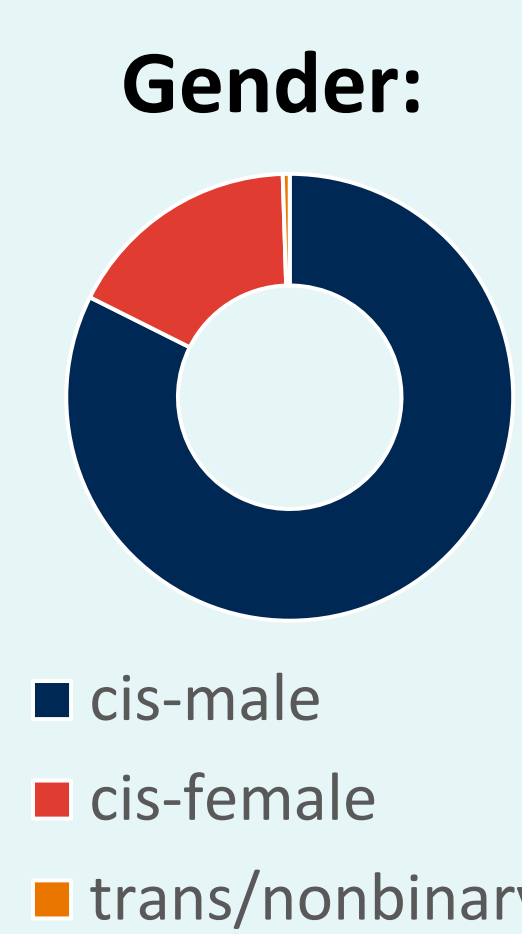
- The prevalence of HIV in people who experience homelessness (PWEH) is eight times higher than the general population in London 3.2% vs 0.4% [1,2].
- There are many effective ways to prevent HIV; regular HIV testing, pre-exposure prophylaxis (PrEP), condoms, needle exchange, post-exposure prophylaxis (PEP) and treatment as prevention.
- PrEP is highly effective as HIV prevention but requires regular healthcare access, and is often underutilised by marginalised groups [3].
- During the first two waves of COVID-19, the 'everyone in' policy was initiated and PWEH were temporarily accommodated in hotels.
- In London, the COVID-19 Homeless Rapid Integrated Screening Protocol (CHRISP) health assessment was undertaken for PWEH temporarily accommodated in hotels.
- Using CHRISP baseline data, we aim to investigate whether PrEP and other HIV prevention methods were used by PWEH.

Methods:

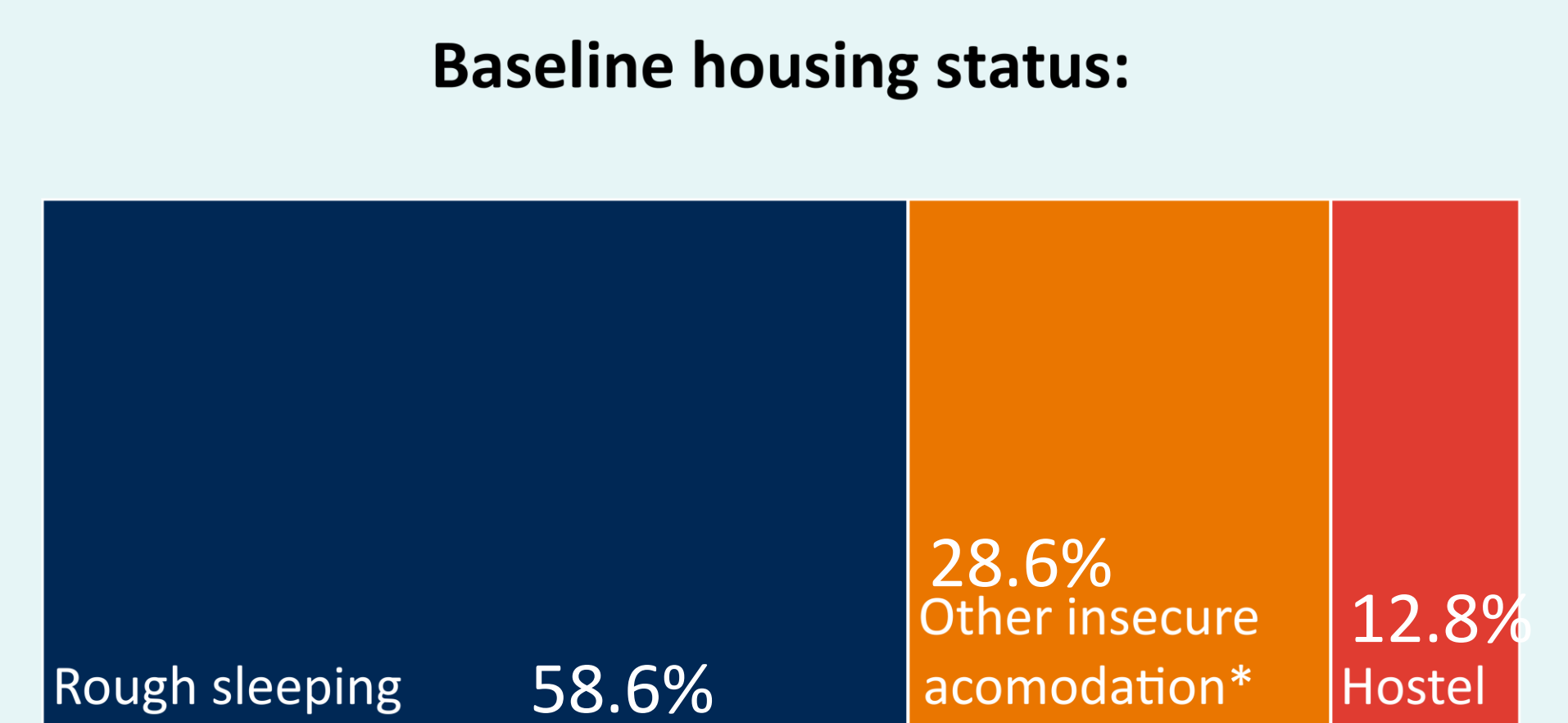
- Data were collected on demographics, housing, health status and blood borne virus risk factors.
- For this analysis people living with HIV were excluded as they were not eligible for HIV prevention interventions
- Descriptive statistics were completed in STATA

Results:

Between May and November 2020 data were collected at 19 venues across London. 1241 HIV negative people were identified

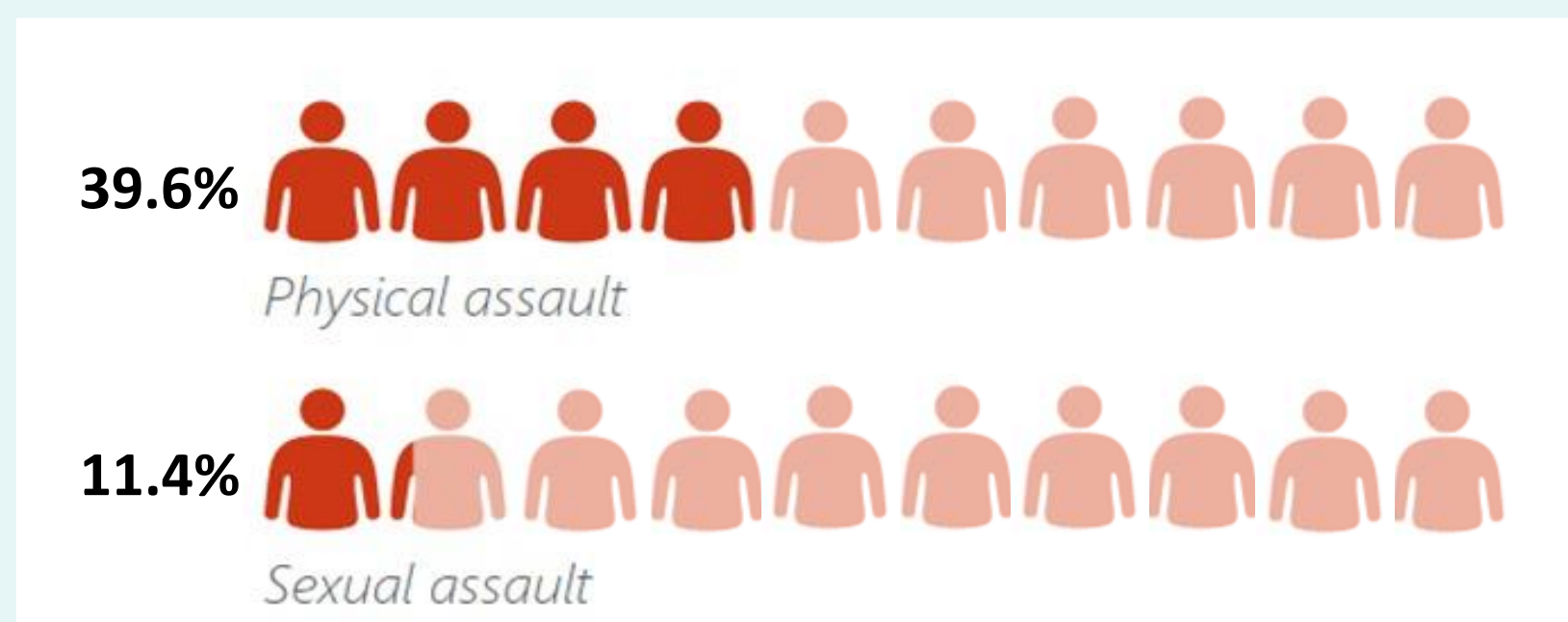


Age:
40.9 years,
Median



*E.g. prison, sofa surfing, etc.

Proportion who have experienced assault:

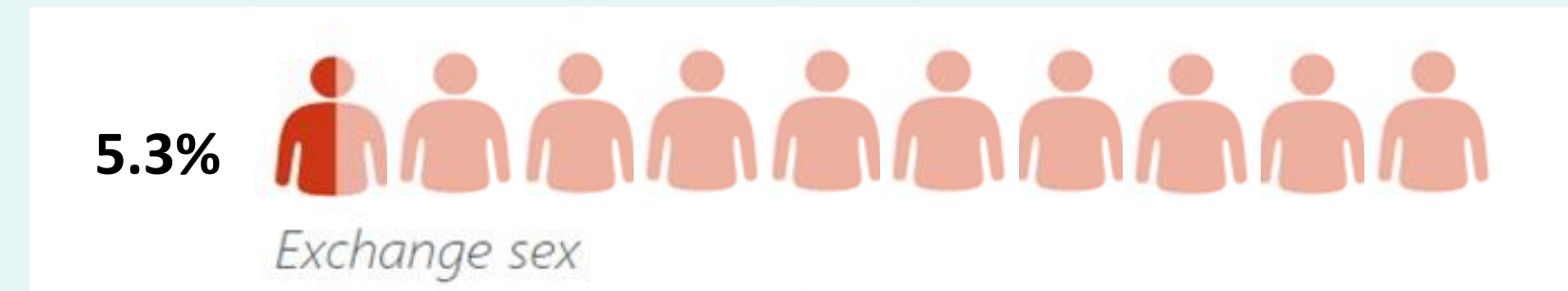


Despite significant likelihood of HIV acquisition among people experiencing homelessness, we found high unmet need for all forms of HIV prevention, particularly PrEP.

Proportion who have injected drugs

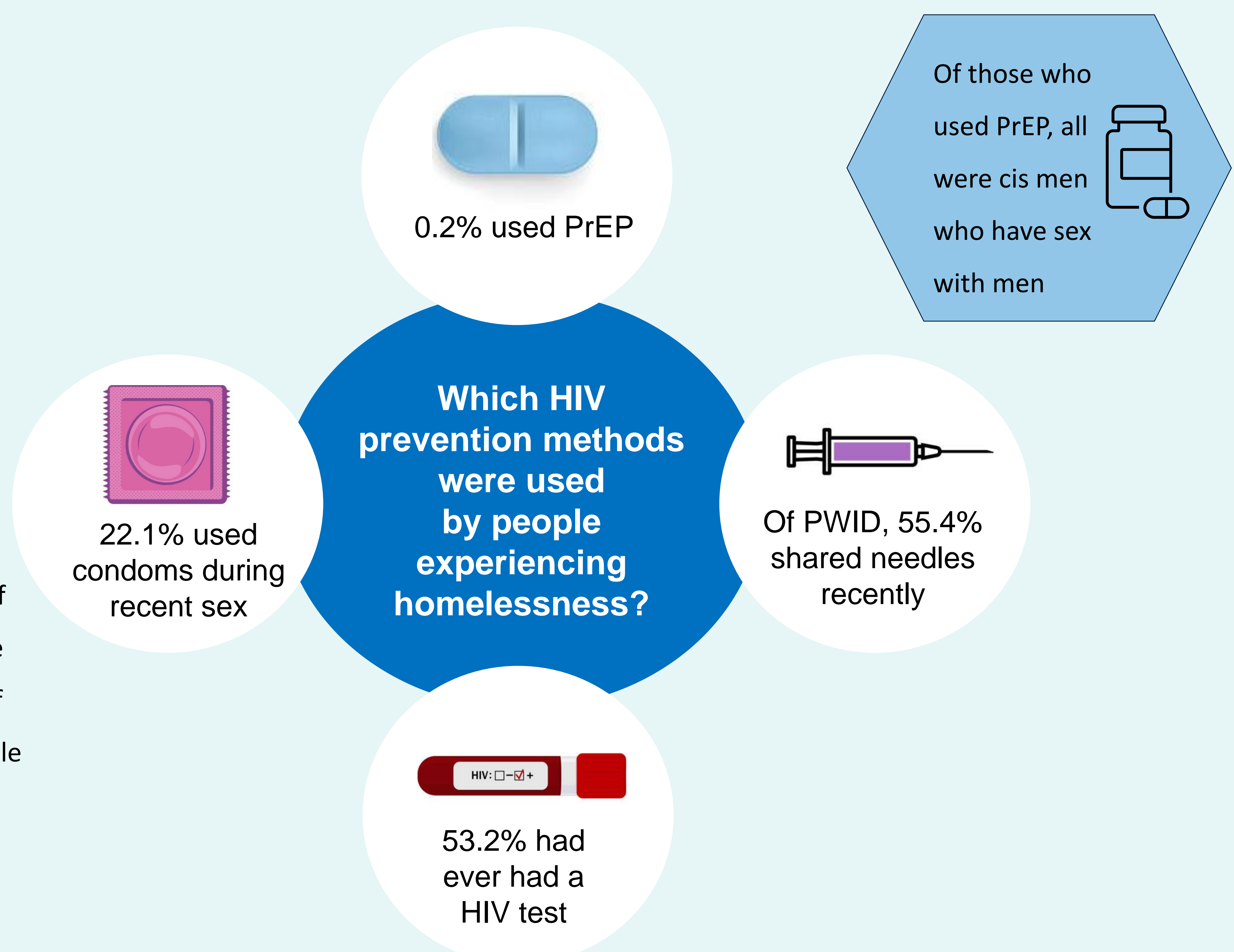


Proportion who have exchanged sex for money, accommodation, or to meet basic needs



Conclusion:

There is significant unmet need for PrEP and all HIV prevention measure in PWEH. Despite a high prevalence of HIV and risk factors for HIV acquisition, <1% of PWEH were using PrEP. There is room for improvement in all aspects of HIV prevention including PrEP, condoms, testing, and needle exchange. There might be a role for long-acting injectable PrEP as adhering to daily oral tablets can be difficult in the context of other challenges such as homelessness. More research is needed to identify the barriers and facilitators and to ensure equity of access to all HIV prevention services for PWEH.



References:

- Sultan B et al. High prevalence of HIV among people who experience homelessness in London: results of an innovative peer-centred outreach blood-borne virus testing service initiated at the start of the COVID epidemic. BHIVA BASHH 2021. 2. UKHSA. 2021. Country and region HIV data tables. 3. Witzel TC, et al. What are the motivations and barriers to pre-exposure prophylaxis (PrEP) use among black men who have sex with men aged 18-45 in London? Sex Transm Infect. 2019 Jun;95(4):262-266. doi: 10.1136/sextrans-2018-053773.