

HIV R4P Abstract

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On behalf of the PROUD study

Title: Sexual Behaviour Profile of Gay and Other Men Who Have Sex with Men Enrolled in the PROUD Pre-Exposure Prophylaxis Open-Label Pilot Study in England

The public health benefit of PrEP will depend on effective targeting of higher risk individuals. We report the baseline sexual behaviour of men enrolled in England's PROUD pilot study.

In PROUD, eligible HIV negative gay/MSM, aged 18+, who report recent and intended condomless anal sex, are randomized to receive Truvada as PrEP immediately or after 12 months.

The PROUD cohort of 470 men are a median age of 35 (IQR 34-36), 79% white, 58% UK born, 60% university educated, 82% employed, 47% in a relationship and 96% self-identify as gay. Anal sex was reported with a median of 10 (IQR 5-20) partners total, and 7 (IQR 2-15) new partners in the last 90 days. Condoms were not used with a median of 2 (IQR 1-5) partners for receptive sex and 3 (IQR 1-6) for insertive. Reasons for no condom at last condomless sex were: 66% less pleasure, 51% don't like condoms, 33% partner didn't like condoms, 27% condoms not discussed, 23% and 22% under influence of drugs or alcohol (68% consumed alcohol weekly and 73% used recreational drugs in the last 90 days). At last condomless sex, 45% assumed partner to be HIV-, 27% HIV+ on ART, 23% HIV unknown, 5% HIV+ not on/unknown ART. When having condomless anal sex, 29% felt at little or no risk, 47% somewhat at risk, 23% at high risk. Risk reduction strategies reported were: 39% use condoms, 26% ask partner to use condom, 38% chose HIV- partners, 29% use strategic positioning, 23% seek partners on ART; only 16% reported no strategy. In the last year 39% had used PEP (19% ≥ 2 times); 87% had visited a clinic ≥ 2 times for HIV and 82% for STI testing. 37% reported a bacterial rectal STI, which was associated with higher numbers of condomless sex partners (OR 1.09 receptive $p < 0.001$, 1.04 insertive $p = 0.011$).

PROUD is enrolling gay men who are selective condom users with high rates of STIs, who despite regular clinic attendance and use of risk reduction strategies, including sero-sorting and PEP, are likely to be at high risk of HIV acquisition.