

HIV pre-exposure prophylaxis (PrEP): Lessons from implementation in an Australian general practice.

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INTRODUCTION

Prahran Market Clinic (PMC) is a general practice located in an inner suburb of Melbourne that specialises in sexual health and healthcare for people of diverse sexualities and gender identities, and people living with HIV and/or viral hepatitis.

In January 2015, PMC introduced a protocol to provide HIV pre-exposure prophylaxis (PrEP) to patients at risk of HIV. The protocol aimed to maximise patient safety for patients importing generic tenofovir/emtricitabine.

The PrEP programme was not advertised. Instead, clinicians would recommend PrEP to patients who were at risk of HIV, and some patients had heard about PrEP through word-of-mouth.

AIM

To evaluate the introduction of a HIV PrEP delivery programme in an Australian General Practice.

METHODS

We conducted a review of the first 100 patients who started PrEP at PMC in 2015, to assess rates of STIs at baseline, rates of follow-up, and HIV diagnoses.

We also compared the total number of new HIV diagnoses at PMC in 2015 as compared to 2014, not including people previously diagnosed elsewhere.

We describe some of the operational difficulties encountered during implementation the PrEP program. We excluded any patients that were part of a formal clinical trial of PrEP.

Ethics approval for this audit was obtained from the Alfred Hospital Ethics Committee (550/15)

QUALITATIVE FINDINGS

PrEP posed some operational challenges:

- Initial PrEP consultations often exceeded standard appointment duration. Doctors preferred 30 min appointments for PrEP initiation, but this proved difficult to communicate to patients.
- Workload for nursing staff increased significantly, mainly to follow-up results and recalling patients for treatment of STIs.
- Overseas pharmacies would continue supplying repeats of PrEP on a single script without repeats. This meant that we could not rely on script expiration to encourage regular follow-up and testing.
- There were some difficulties with importing PrEP, which resulted in some PrEP interruptions that necessitated the use of NPEP.

QUANTITATIVE RESULTS

During 2015, 236 patients commenced PrEP at PMC. The median age at commencement was 35 (IQR 29-42; range 18-72).

Of the first 100 patients started on PrEP:

- 19 started NPEP before starting PrEP.
- 89 were screened for STIs at the time of starting PrEP, of whom 30 (34%) had an STI.
- 82 returned for follow-up within 4 months.
- 43 had higher HIV risk, as indicated by having an STI at baseline or needing NPEP at baseline. Of these, 41 (95%) returned for follow-up within 4 months.
- 39 patients were new to the clinic, of whom 31 were screened for STIs and 12 (39%) had an STI. 5 (13%) required NPEP.
- Of the 39 new patients, 28 (72%) returned for follow-up within 4 months.

PMC diagnosed 24 new HIV cases in 2014. After the introduction of PrEP, this dropped to 11 new HIV diagnoses in 2015.

No HIV diagnoses occurred during PrEP use.

LESSONS LEARNED

- The rate of bacterial STIs at baseline was very high, at 34%, highlighting that those who started PrEP were patients who needed additional HIV protection.
- Despite the use of a recall system, the 4-month follow-up rate was quite low, at 82% overall, and 72% for new patients. However, those patients at highest risk of HIV had a higher follow-up rate at 95%.

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