



Update on PrEP in Latin American countries

Dr. Omar Sued

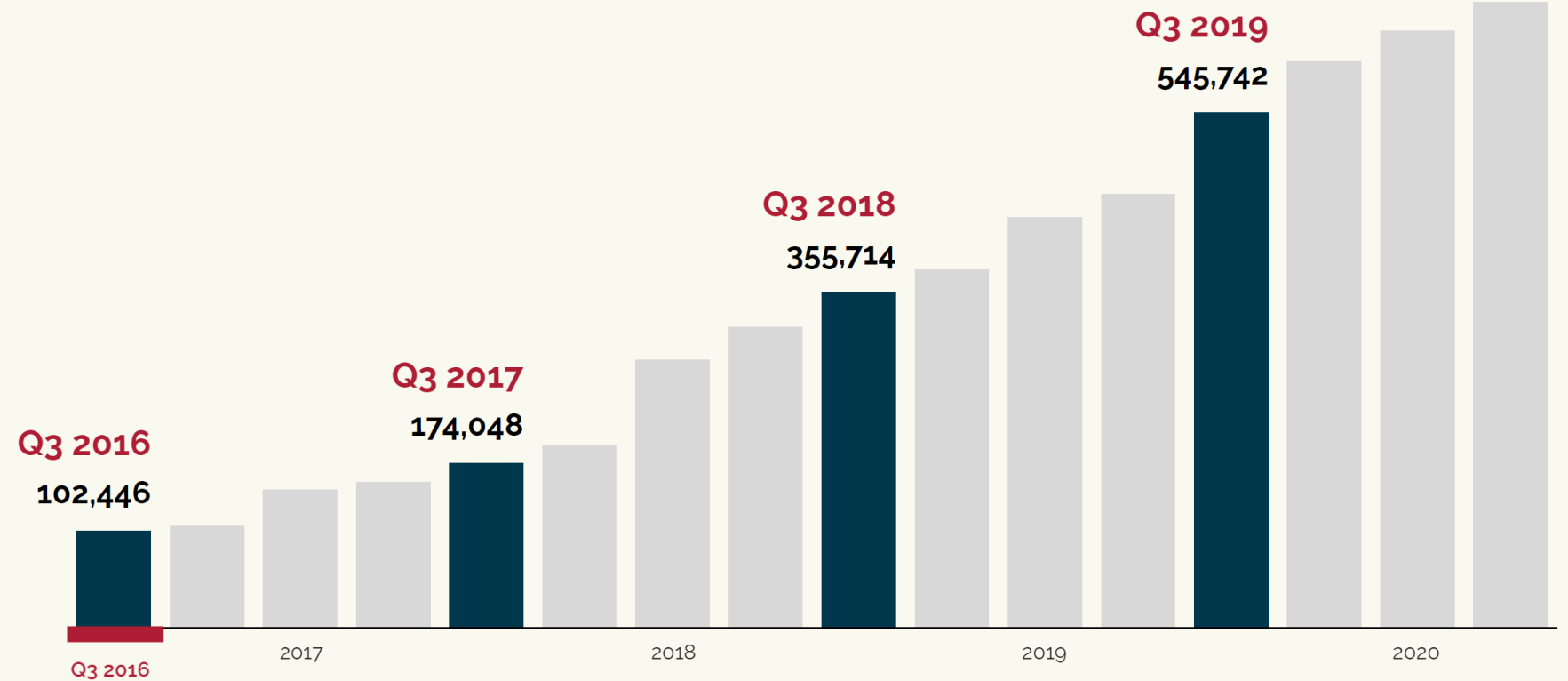


FUNDACIÓN HUÉSPED

The scaling up of PrEP continues being slow

The Global PrEP Tracker

Number of PrEP Initiations

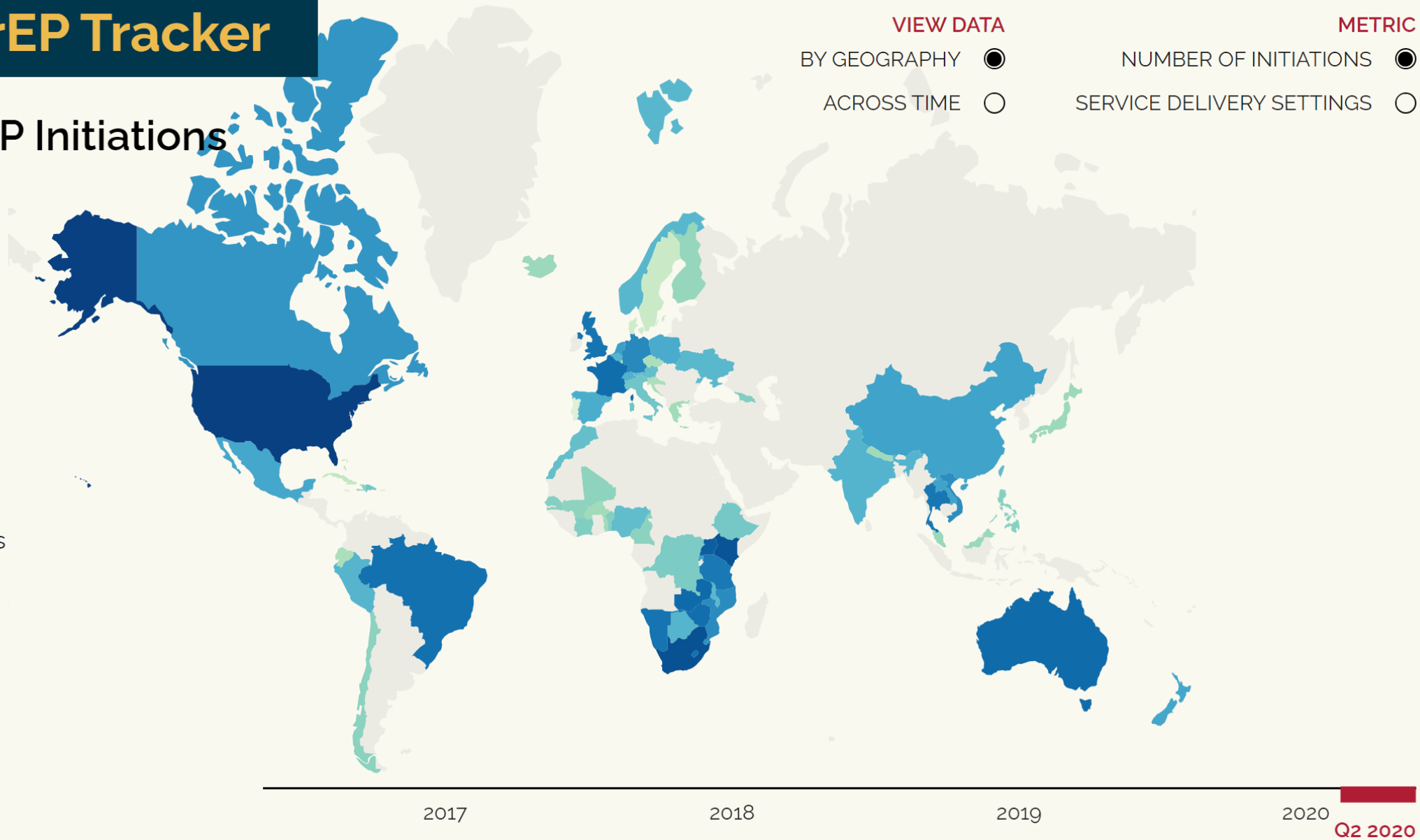
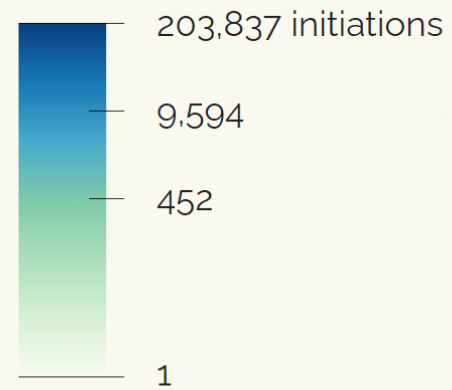


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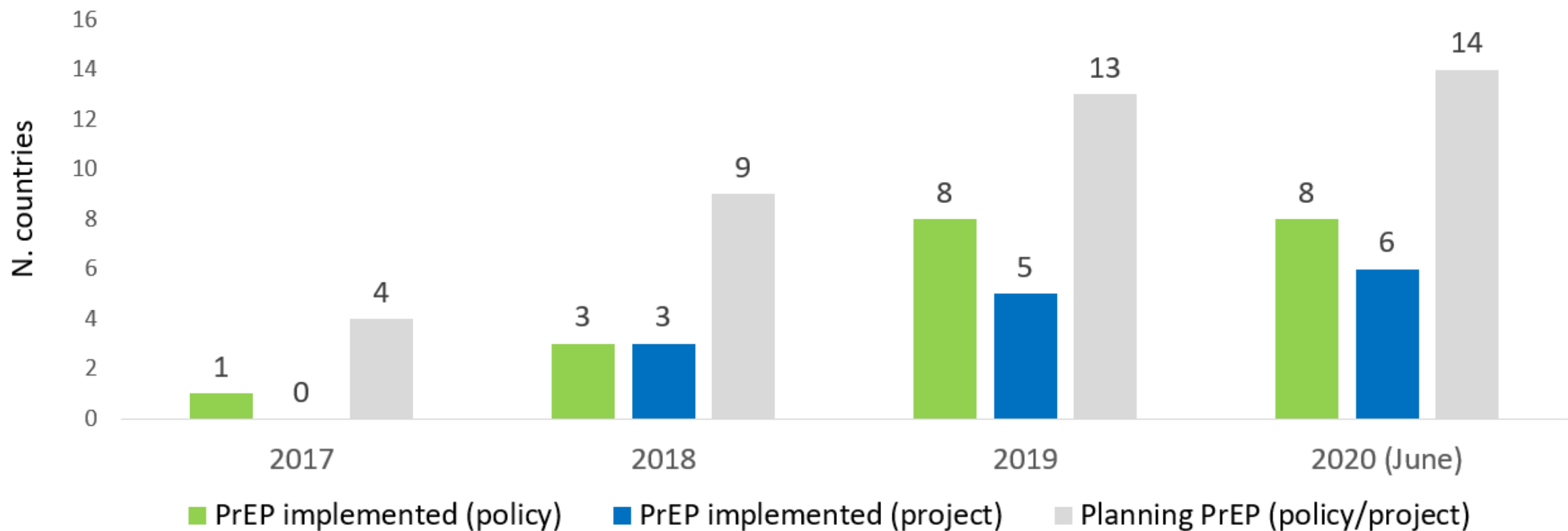
Q2 2020

662,706 total



PrEP policy uptake and implementation, LAC (2017 to mid-2020)

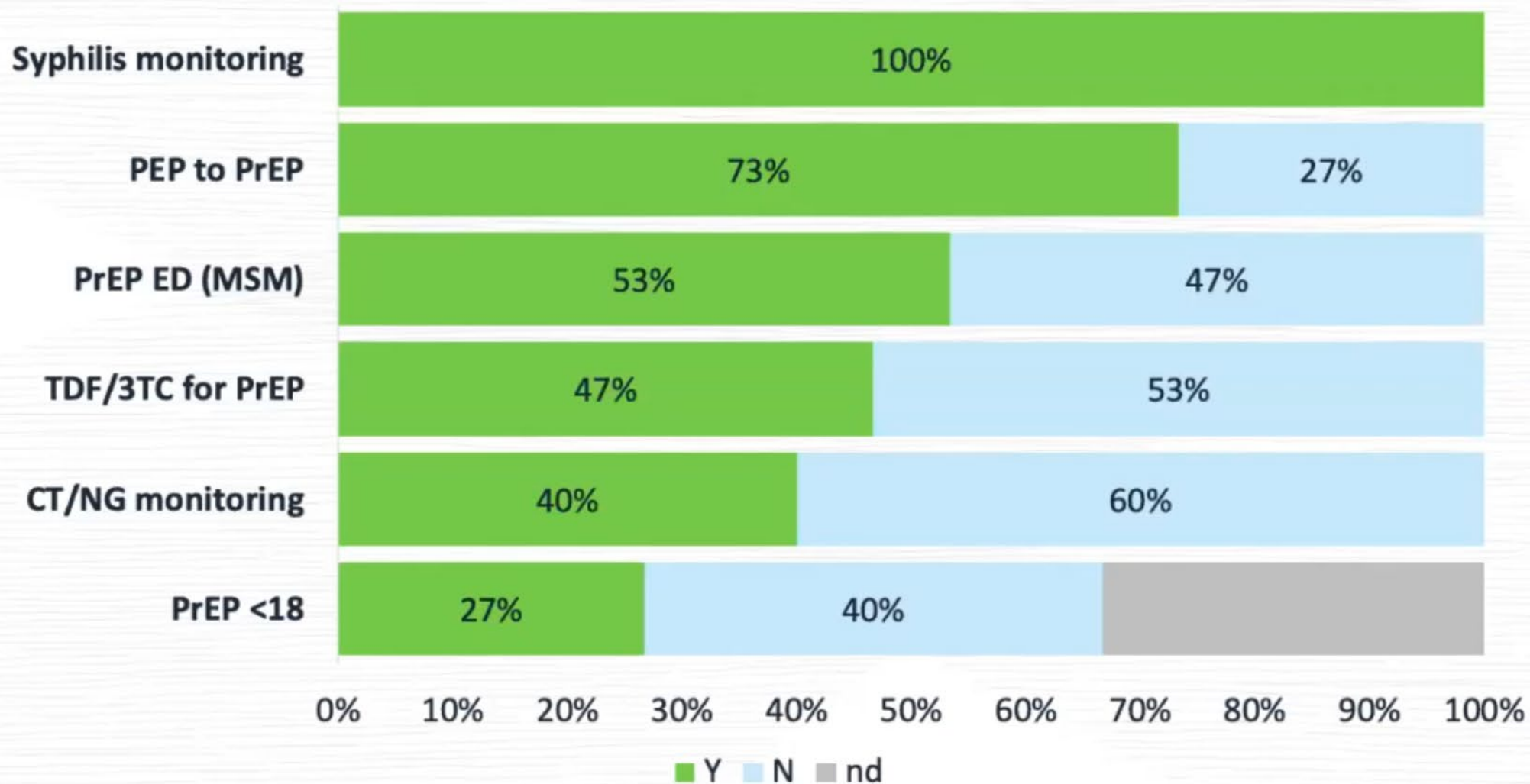
N. LAC countries planning and implementing PrEP



N. persons on PrEP

	2017	2018	2019	2020
	40	6,500	20,000	Nd

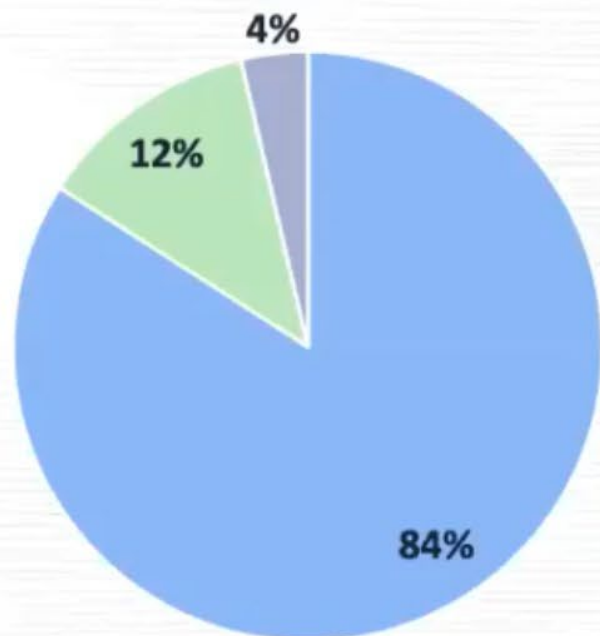
PrEP Guidelines in LAC – key elements



Source: PAHO desk review 2020; 15 documents (9 policies, 4 drafts, 2 project guidelines)

Demographics of people on PrEP in LAC (2019)

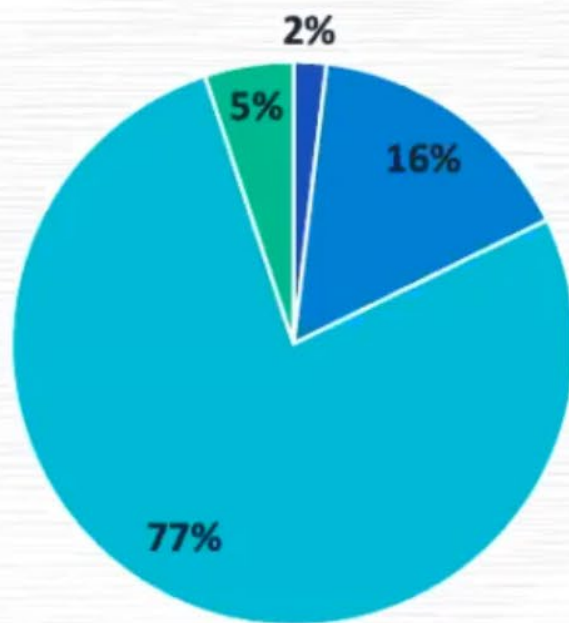
% people on PrEP by gender



■ Male ■ Female ■ Trans

8 countries (BRB, BRA, DOR, HTI, CHI, COL, GTM, MEX)
represents 92% of persons on PrEP in LAC

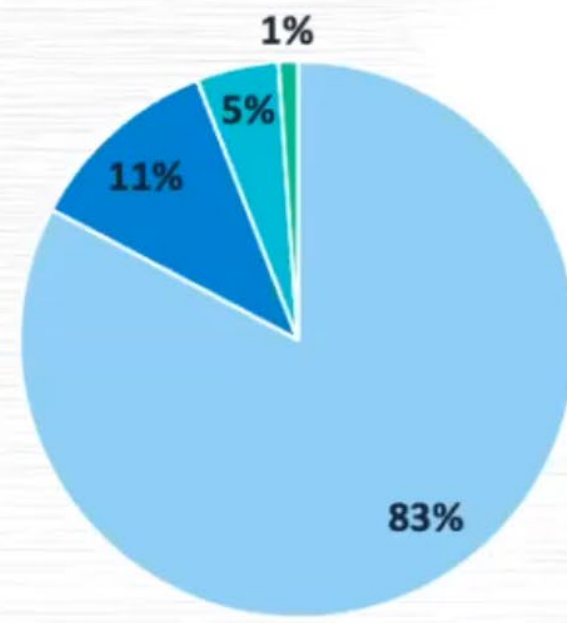
% people on PrEP by age



■ 15-19 ■ 20-24 ■ 25-49 ■ 50+

7 countries (BRB, BRA, CHI, COL, GTM, MEX, PER)
represents 97% persons on PrEP in LAC

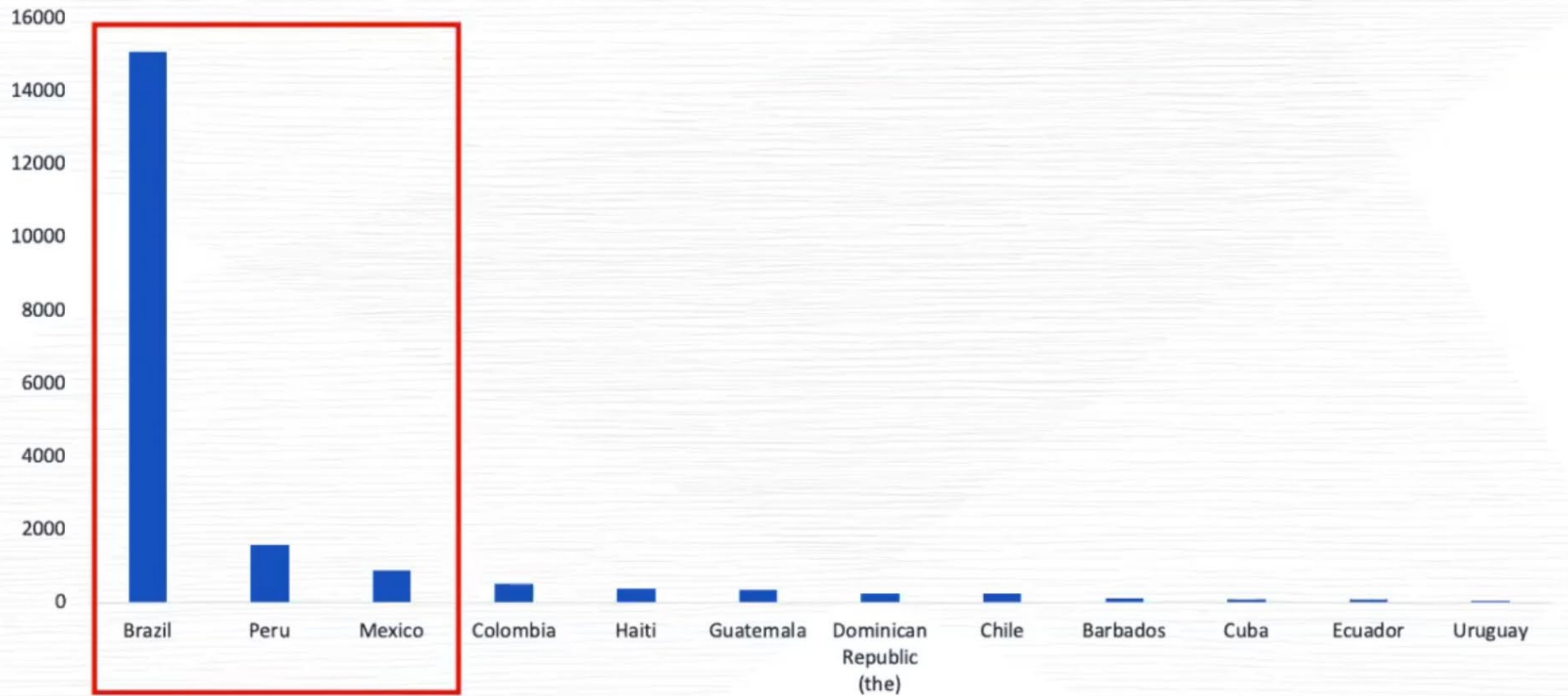
% people on PrEP by KP



■ MSM ■ SW ■ TGW ■ IVDU

7 countries (BRA, DOM, CHI, COL, GTM, MEX, PER)
92% of persons on PrEP

People on PrEP in LAC by country (2019)



Source: Global AIDS Monitoring 2020, preliminary data



IAS 2019

10TH IAS CONFERENCE ON HIV SCIENCE
Mexico City, Mexico 21-24 July 2019



Safety, early continuation and adherence of same day PrEP initiation among MSM and TGW in Brazil, Mexico and Peru The ImPrEP Study

V. G Veloso; E.H. Vega-Ramírez; B. Hoagland; K. A. Konda; S. Bautista-Arredondo; J. V. Guanira; R. Leyva-Flores; C. Pimenta; M. Benedetti; P. Luz; I. C. Leite; R. I. Moreira; B. Grinsztejn; C. Cáceres, for the ImPrEP Study Team

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PrEParedness for the Rollout of Effective HIV Prevention among Key Affected Populations in Brazil, Peru and Mexico

- **Objective:** assess uptake, acceptability and feasibility of **same day PrEP (TDF/FTC orally once a day)** for MSM and TGW in the context of HIV combination prevention.
- **Design:** multi-site prospective, open-label demonstration study.
- **Countries:** Brazil (Fiocruz - Coordination), Peru and Mexico.
- **Population:** 7500 MSM/TGW (Brazil: 3,000; Mexico: 3,000; Peru: 1,500).
- **Sites:** Public Health services and NGOs.



Brazil: 14 sites in 12 cities

Mexico: 5 sites in 4 cities

Peru: 10 sites in 6 cities





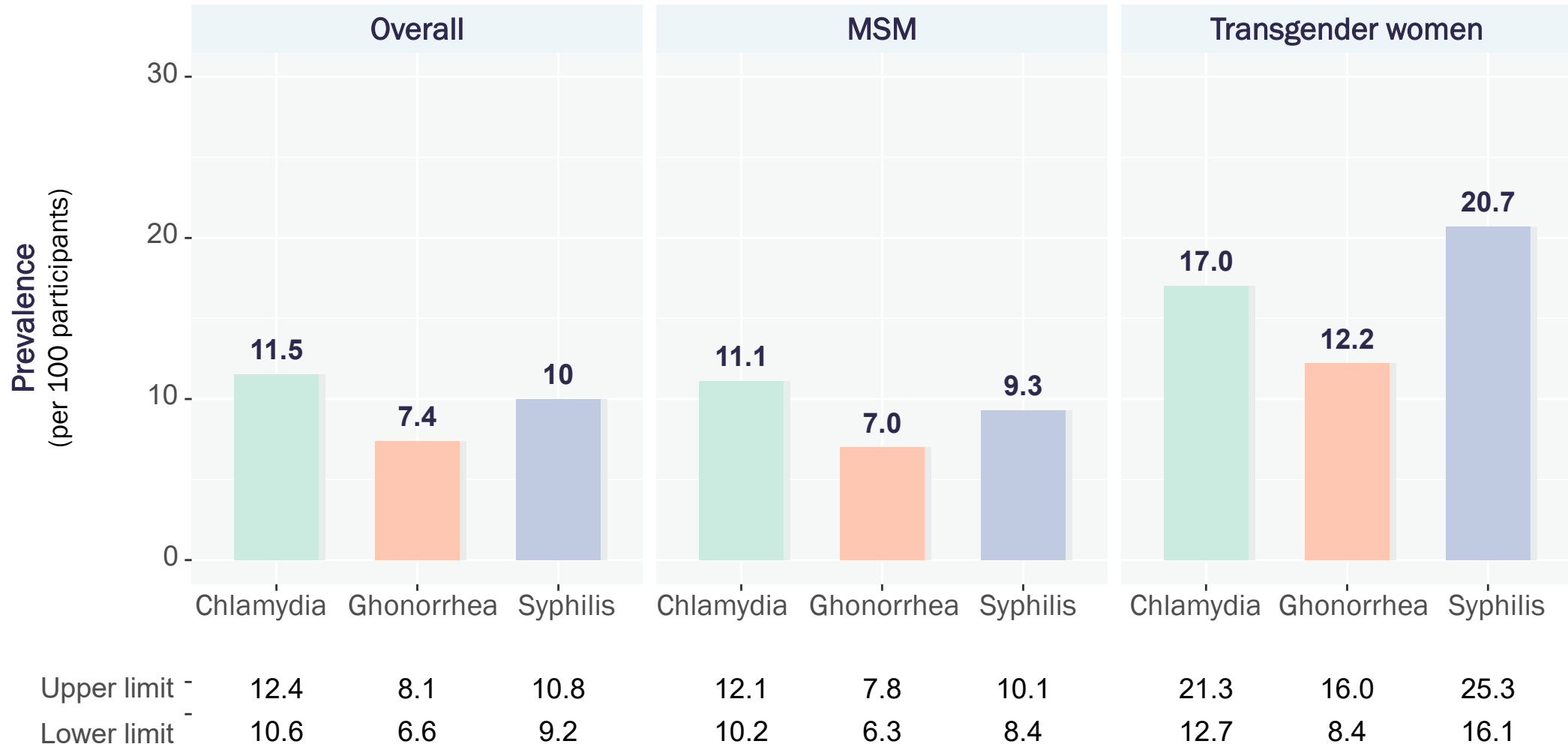
ImPrEP

Study procedures

- At the screening/enrollment visit, a behavior assessment was performed to evaluate PrEP eligibility.
- Participants were screened and enrolled on the same day and received a 30 days' supply of TDF/FTC.
- HIV rapid test, Creatinine, Hepatitis B, C
- STI testing: syphilis, Rectal Chlamydia and Gonococcus PCR testing
- A follow up visit was scheduled for 30 days after the initial visit when baseline lab assessments were reviewed. Participants were followed quarterly thereafter.



Sexually Transmitted Infections at enrollment

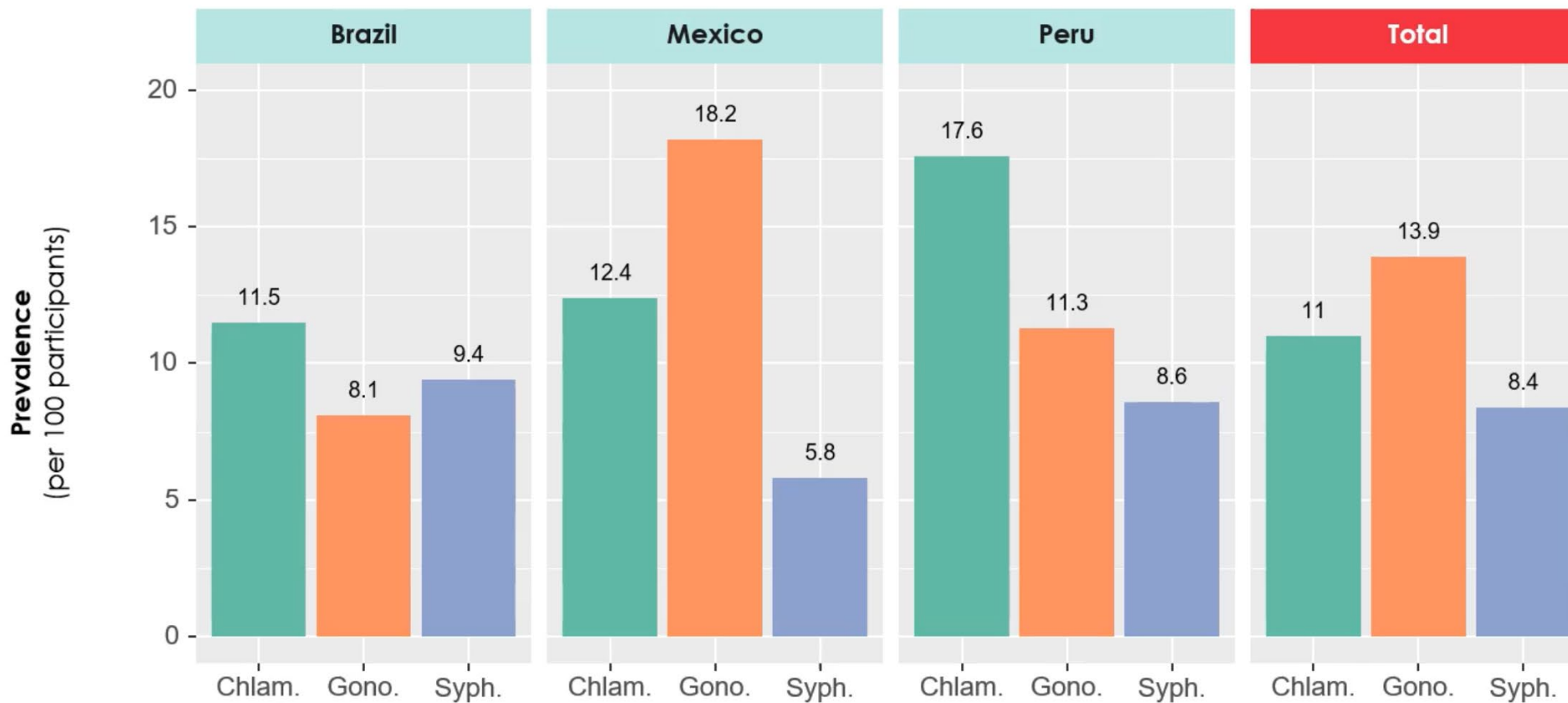


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ImPrEP

STI prevalence at baseline - YMSM



Upper limit	-	13.8	10.0	11.2	16.2	22.6	8.1	20.6	13.7	10.8	12.5	15.6	9.6
Lower limit	-	9.3	6.1	7.5	8.6	13.8	3.4	14.6	8.8	6.4	9.5	12.3	7.2

p=0.7 p<0.0001 p=0,03 p=0.001 p=0.04 p=0.6



IMPREP lessons

- Same day PrEP initiation is feasible in LAC
- Retention is heterogenous, and lower among people:
 - Younger
 - Living in Peru
 - Lower education
 - No white race
 - TGW
- STD are highly prevalent, and screening should be offered in all the PrEP programs
- Community engagement and participation in key

PrEP persistence

Publication	Location	PrEP Persistence
<i>Hevey, AIDS Educ and Prev 2018</i>	Milwaukee, WI	81% (median PrEP use 11 mo)
<i>Hojilla, AIDS and Behavior 2016</i>	San Francisco, CA	79% at 7 mo; 62% at 13 mo
<i>Montgomery, PLOS One 2016</i>	Providence, RI	70% at 6 mo
<i>Marcus, JAIDS 2016</i>	Northern CA (Kaiser)	70% (mean f/u 0.9 yrs)
<i>Krakower, JIAS 2019</i>	Boston, MA	64% (median f/u 1.2 yrs)
<i>Chan, JIAS 2016</i>	RI, MS, MO	60% at 6 mo
<i>Van Epps, JAIDS 2018</i>	US (VA)	56% at 12 mo
<i>Rusie, CID 2018</i>	Chicago, IL	43% at 12 mo
<i>Blackstock, AIDS Care 2017</i>	Bronx, NY	42% at 6 mo
<i>Zucker, JAIDS 2019</i>	New York, NY	42% at 6 mo
<i>Dombrowski, STD 2018</i>	Seattle/King Co, WA	40% at 12 mo
<i>Spinelli, OFID 2019</i>	San Francisco, CA	38% (median f/u 1 year)

PrEP ROLL-OUT IN LATIN AMERICA SHOULD AIM TO INCREASE AWARENESS AMONG ELIGIBLE INDIVIDUALS TO PREVENT REFUSAL, AND PROVIDE SUPPORT TO NEW USERS TO PREVENT EARLY DISCONTINUATION

C. Cáceres¹, K. Konda¹, G. Calvo Moreno¹, O.A. Elorreaga¹, J.P. Jirón¹, J. Guanira¹, H. Vega², C. Benites³, V. Veloso⁴, ImPrEP Study Group,

¹Universidad Peruana Cayetano Heredia, Centro de Investigación Interdisciplinaria en Sexualidad, Sida y Sociedad, Lima, Perú; ²Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Mexico City, Mexico; ³Ministry of Health, Division of Prevention and Control of VIH, STIs and Hepatitis; Lima, Peru; ⁴Fundacao Oswaldo Cruz, Instituto Nacional de Infectologia Evandro Chagas, Rio de Janeiro, Brasil

Figure 3: Why participants do not want to enroll?

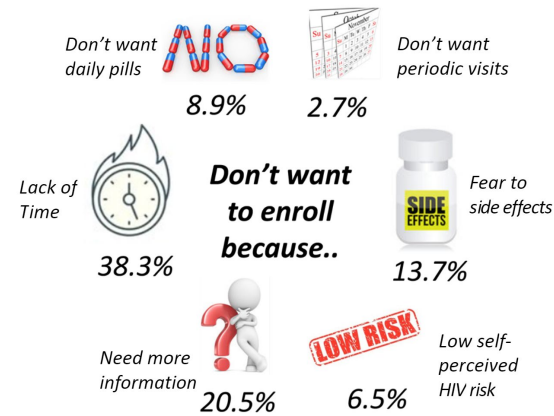
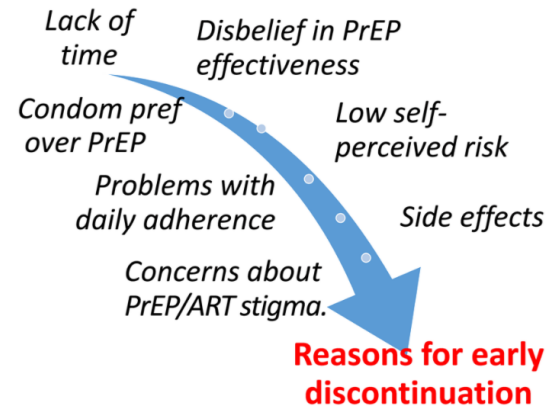


Figure 4: Why did participants discontinue PrEP early?



It is critical to provide more information to all participants, including those refusing PrEP, and those enrolled to prevent loss of FU.



High-risk MSM from Latin America prefer long-acting injectable PrEP

I.S. Torres,¹ L.E. Coelho,¹ K.A. Konda,² E.H. Vega-Ramirez,³ O.A. Elorreaga,² D. Diaz-Sosa,³ B. Hoagland,¹ J.V. Guanira,² C. Pimenta,⁴ M. Benedetti,¹ B. Grinsztejn,¹ C. Cáceres,² V. Veloso,¹ ImPrEP Study Team

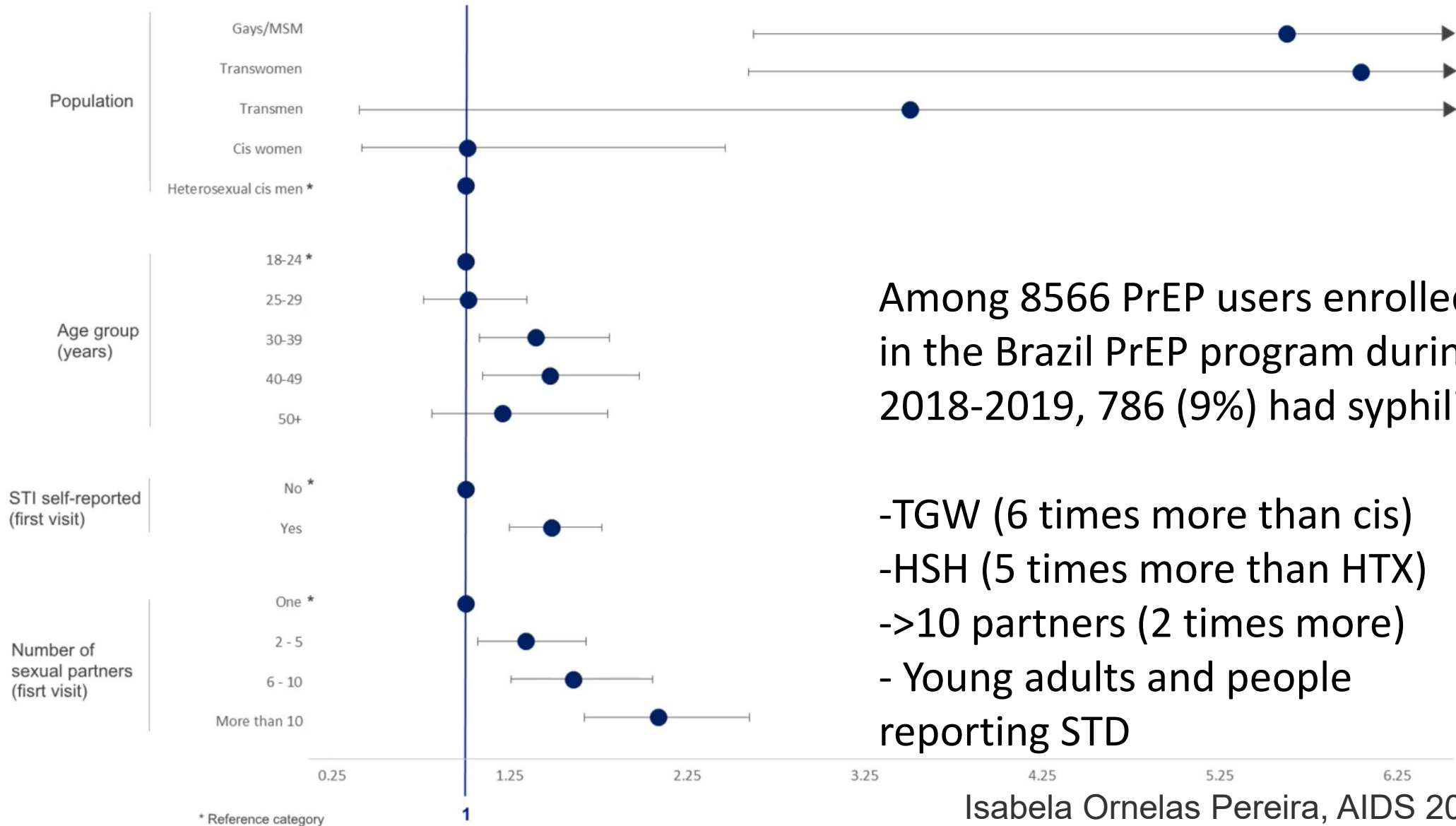
Instituto Nacional de Infectologia Evandro Chagas, Fundação Oswaldo Cruz, Rio de Janeiro, Brazil, Universidad Peruana Cayetano Heredia, Lima, Peru, National Institute of Psychiatry Ramon de la Fuente Muñiz, Mexico City, Mexico, Ministry of Health, Brasilia, Brazil



CONCLUSIONS: Long-acting injectable PrEP was preferred by MSM at high HIV risk in Latin America, while individuals with fewer sexual partners and unaware of PrEP preferred Event Driven-PrEP. Interventions to increase literacy about PrEP modalities in the region are necessary especially among young, lower income and less educated MSM.



LIKELIHOOD OF SYPHYLIS DIAGNOSIS WHILE IN PREP



Among 8566 PrEP users enrolled in the Brazil PrEP program during 2018-2019, 786 (9%) had syphilis

- TGW (6 times more than cis)
- HSH (5 times more than HTX)
- >10 partners (2 times more)
- Young adults and people reporting STD



Community engagement in the ImPrEP Project

Community mobilization: Demand Creation allied with Communication strategies

Brazil - Peru - Mexico





JMIR PUBLIC HEALTH AND SURVEILLANCE

Torres et al

Original Paper

Factors Associated With Willingness to Use Pre-Exposure Prophylaxis in Brazil, Mexico, and Peru: Web-Based Survey Among Men Who Have Sex With Men

Thiago Silva Torres^{1*}, PhD; Kelika A Konda^{2*}, PhD; E Hamid Vega-Ramirez^{3,4*}, MD, MSc; Oliver A Elorreaga², MSc; Dulce Diaz-Sosa^{3,4}, PsyD; Brenda Hoagland¹, MD, PhD; Steven Diaz⁵, MD; Cristina Pimenta⁶, PhD; Marcos Benedetti¹, MSc; Hugo Lopez-Gatell⁷, PhD; Rebeca Robles-Garcia⁴, PhD; Beatriz Grinsztejn¹, MD, PhD; Carlos Caceres², MD, PhD; Valdilea G Veloso¹, MD, PhD; ImPrEP Study Group^{1,2,3}



Ministerio de Salud
@ministeriosalud

El PrEP es un antiretroviral que reduce el riesgo de adquirir VIH.

Conoce cuáles son los grupos de personas a los que va dirigido. Recuerda que es gratuito en 9 Hospitales en todo Chile y #CuídateDelVIH

Profilaxis Pre Exposición Sexual - PrEP

¿Qué es PrEP? El PrEP es un antiretroviral que reduce el riesgo de adquirir VIH.

¿A quién está dirigido? A grupos de personas con mayor riesgo de exposición al VIH:

- Trabajadores sexuales
- Personas trans
- Hombres que tienen sexo con hombres

Chile FONOSIDA 1800 378 800 600-360-7777

11:38 a. m. · 2 ago. 2019 · Twitter Web App

Other experiences in LAC



Quién quiere PrEP?

Una pastilla al día te protege del VIH ven a CAS para más información



9:41 AM 100%

EQUIS

El mejor sexo

Todo sobre ITS y VIH

Testeo gratis ya!

Turno Médico

Red GAYLATINO ¿Qué es y porqué es tan importante?

Sabías qué? Una Pastilla al día, todos los días, puede protegerte del VIH

PrEP

Yo decido!

CAS

Granma

ÓRGANO OFICIAL DEL COMITÉ CENTRAL DEL PARTIDO COMUNISTA DE CUBA

CUBA

Inicia por Cárdenas uso de terapia preventiva del VIH

El medicamento es capaz de reducir en más de un 90 % el riesgo de contagio en personas expuestas a infectarse y que tomen el fármaco invariablemente todos los días

Proyecto piloto de implementación de centros de




Prevención combinada y PrEP en la República Argentina

Guía de directrices clínicas para equipos de salud

Organización Panamericana de la Salud Organización Mundial de la Salud Dirección de Sida, ETS, Hepatitis y TBC Secretaría de Gobierno de Salud Ministerio de Salud y Desarrollo Social Presidencia de la Nación

VIEWPOINT

The HIV epidemic in Latin America: a time to reflect on the history of success and the challenges ahead

Brenda Crabtree-Ramírez^{1,5*} , Pablo F Belaunzarán-Zamudio^{1*} , Claudia P Cortes², Miguel Morales³, Omar Sued⁴, Juan Sierra-Madero¹, Pedro Cahn⁴, Anton Pozniak⁵  and Beatriz Grinsztejn⁶

Furthermore, pre-exposure prophylaxis (PrEP) is unacceptably scarce across the region. Programmes must be rapidly expanded as PrEP has been shown to control HIV transmission in concentrated epidemics elsewhere [27]. A multinational implementation project (ImPrEP), funded by Unitaid, national governments and other partners, is ongoing and is providing PrEP services to 7500 vulnerable gay men and transgender women in Brazil, Mexico and Peru with encouraging results, such as high retention and adherence (above 80% and 90%

respectively) [28,29]. Nevertheless, successful implementation of large-scale PrEP programmes urgently needs political commitment, leadership, civil society advocates and the involvement of scientific and academic communities to move them forward.

HIV postexposure prophylaxis during COVID-19

56 Dean Street, a sexual health clinic in Soho (London, UK) provides free-of-charge HIV postexposure prophylaxis (PEPSE) by face-to-face assessment, in accordance with UK guidance.¹ In 2018, 56 Dean Street accounted for a quarter of the 12 000 PEPSE prescriptions given nationally.²

On March 23, 2020, the UK Government introduced lockdown measures to reduce the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), advocating for home isolation and physical distancing of 2 m when individuals have to leave their homes, such as for

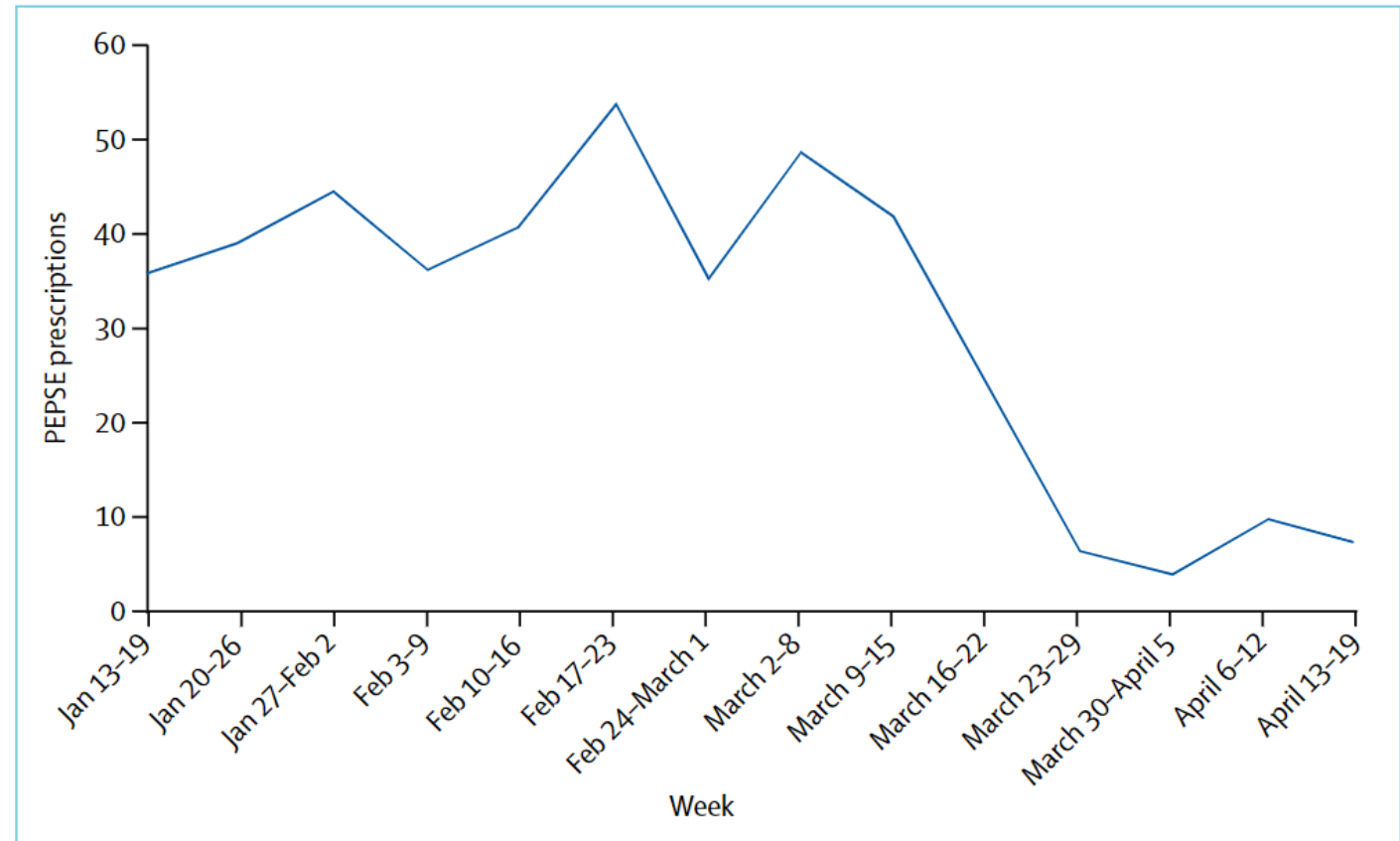


Figure: Weekly prescriptions for HIV PEPSE at 56 Dean Street, London, UK, in 2020
PEPSE=postexposure prophylaxis following sexual exposure.

anal intercourse. The median age of those receiving prescriptions was 22 years (IQR 27-29) in the

continuing to provide access to PEPSE for those who need it, is important. As of the beginning of May 2020,

Potential impact of the COVID-19 pandemic on HIV, tuberculosis, and malaria in low-income and middle-income countries: a modelling study



Alexandra B Hogan, Britta L Jewell*, Ellie Sherrard-Smith*, Juan F Vesga*, Oliver J Watson*, Charles Whittaker*, Arran Hamlet, Jennifer A Smith, Peter Winskill, Robert Verity, Marc Baguelin, John A Lees, Lilith K Whittles, Kylie E C Ainslie, Samir Bhatt, Adhiratha Boonyasiri, Nicholas F Brazeau, Lorenzo Cattarino, Laura V Cooper, Helen Coupland, Gina Cuomo-Dannenburg, Amy Dighe, Bimandra A Djaafara, Christl A Donnelly, Jeff W Eaton, Sabine L van Elsland, Richard G FitzJohn, Han Fu, Katy A M Gaythorpe, William Green, David J Haw, Sarah Hayes, Wes Hinsley, Natsuko Imai, Daniel J Laydon, Tara D Mangal, Thomas A Mellan, Swapnil Mishra, Gemma Nedjati-Gilani, Kris V Parag, Hayley A Thompson, H Juliette T Unwin, Michaela A C Vollmer, Caroline E Walters, Haowei Wang, Yuanrong Wang, Xiaoyue Xi, Neil M Ferguson, Lucy C Okell, Thomas S Churcher, Nimalan Arinaminpathy, Azra C Ghani, Patrick G T Walker, Timothy B Hallett*



Summary

Background COVID-19 has the potential to cause substantial disruptions to health services, due to cases overburdening the health system or response measures limiting usual programmatic activities. We aimed to quantify the extent to which disruptions to services for HIV, tuberculosis, and malaria in low-income and middle-income countries with high burdens of these diseases could lead to additional loss of life over the next 5 years.

Lancet Glob Health 2020

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July 13, 2020
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See Online/Comment
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* Contributed equally

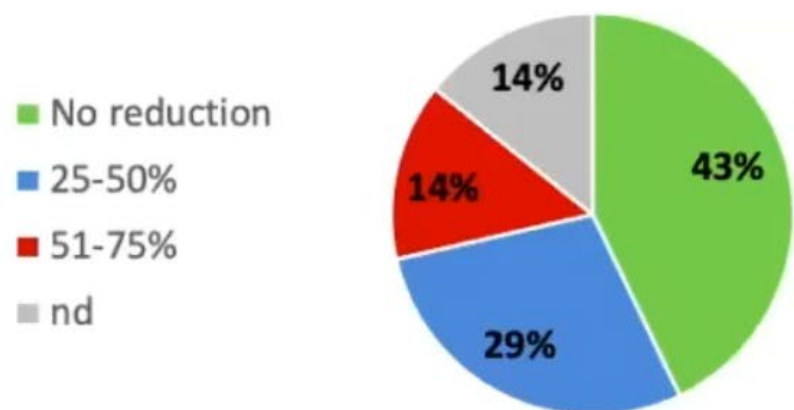
In high-burden settings, deaths due to HIV, tuberculosis, and malaria over 5 years could increase by up to 10%, 20%, and 36%, respectively, compared with if there was no COVID-19 pandemic

What HIV services is COVID affecting?

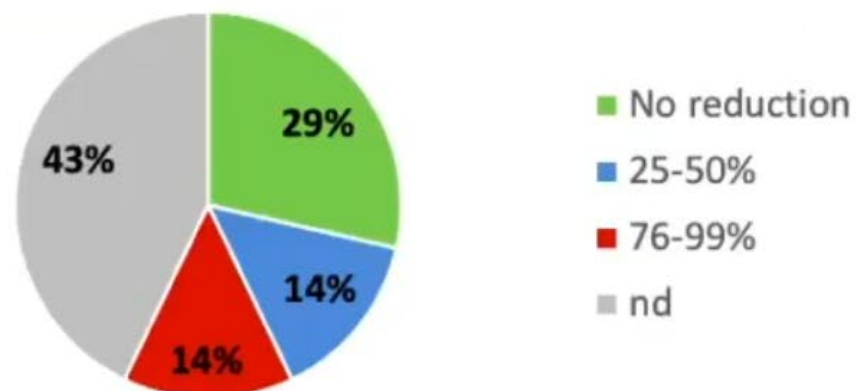
- Demand for diagnosis and prevention
- Availability of services for HIV testing, prevention and care
- The production and distribution of condoms
- The regular provision of ART
- The production and distribution of ART
- The scaling up plans
- The mother to child prevention programs
- The control of OI, in particular STD and TB

PAHO Quick Assessment of HIV/STI service disruption (2020, ongoing)

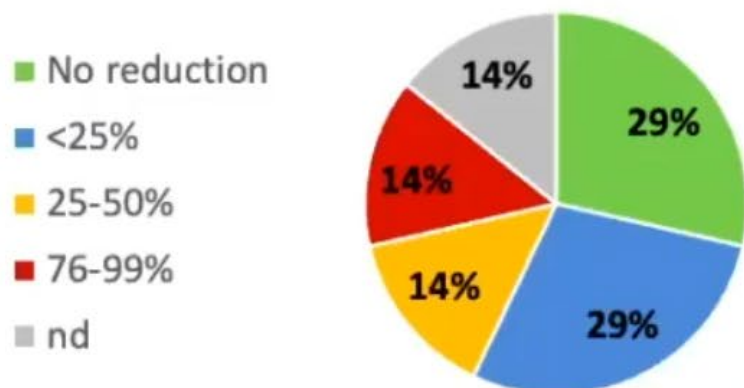
% Reduction in facility-based HTS (% countries)



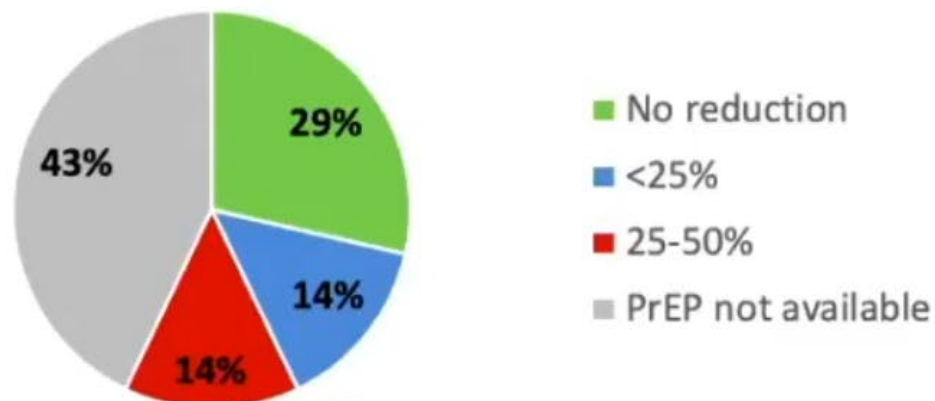
% Reduction in condom distribution (% countries)







% Reduction in community-based HTS (% countries)

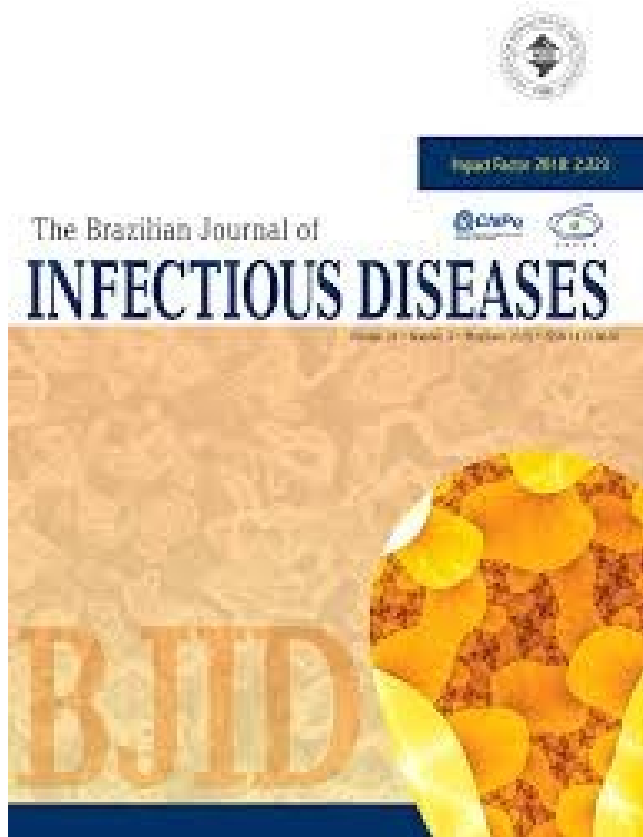


% Reduction in PrEP services (% countries)



What we can do?








Service	Short term	Medium/Long term
	<p>Implement HIV self test. If not: Use adequate PPE Prioritize testing for high risk individuals Simplify procedures and requirements</p>	<p>Boost HIV ST campaign, with focus to those starting PrEP, key populations, its partners and peers Plan for a catch-up strategy</p>
	<p>Expand home based diagnosis Implement telemedicine, syndromic treatment and expedite partner therapy</p>	<p>Resume clinic-based treatment Resume sentinel STD clinics Catch-up strategy for key population, its partners and peers</p>
	<p>Continue distributing condoms Increase distribution through CBO Encourage secondary distribution Implement multi month dispensation</p>	<p>Re-organize distribution channels Implement free provision at public and private pharmacies</p>
	<p>Adapt models of care to include telemedicine, including counseling, assessment, and prescription Offer Event Drive option Implement multi month dispensation</p>	<p>Re-organize programs to take advantage of telehealth, including HIV self testing, STD home base diagnosis, and teleconsultations Catch-up for key population, its partners and peers</p>



Brief communication

Telemedicine as a tool for PrEP delivery during the COVID-19 pandemic in a large HIV prevention service in Rio de Janeiro-Brazil



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Cristina Pimenta ^b, Valdilea G. Veloso ^a, Beatriz Grinsztejn ^a

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ABSTRACT

COVID-19 public health responses such as social distancing and community containment measures protocols are critical to preventing and containing the spread of coronavirus. Brazil accounts for almost half of Latin American HIV cases and Rio de Janeiro is the city with the second largest number of AIDS. Clinical appointments and pharmacy antiretroviral refills may be impaired due to restricted traffic and possible lockdowns, preventing people living with HIV and those using PrEP from accessing needed antiretrovirals. We hereby describe the telemedicine procedures implemented in a large PrEP delivery service in Rio de Janeiro in the context of the COVID-19 pandemic. At the initial teleconsultation, individuals undergo HIV rapid testing and are assessed by phone for PrEP related procedures. Individuals receive a digital prescription to retrieve a 120-day PrEP supply plus two HIV self-test kits. Subsequent follow-up teleconsultations will be performed remotely by phone call, including instructions for the HIV self-test performance, which results are to be sent using a digital picture. Participants will attend the service only for PrEP refill. The use of telemedicine procedures is being effective to avoid PrEP shortage and reduce the time PrEP users spend at the service during the COVID-19 pandemic and social distancing recommendations.

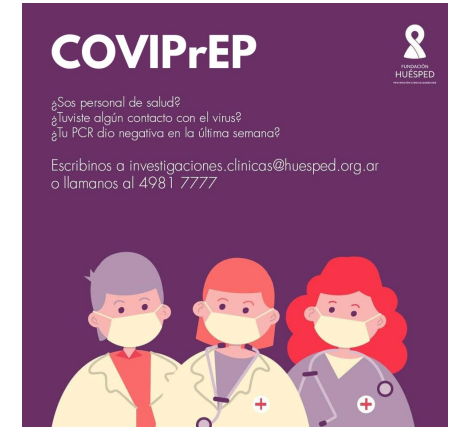
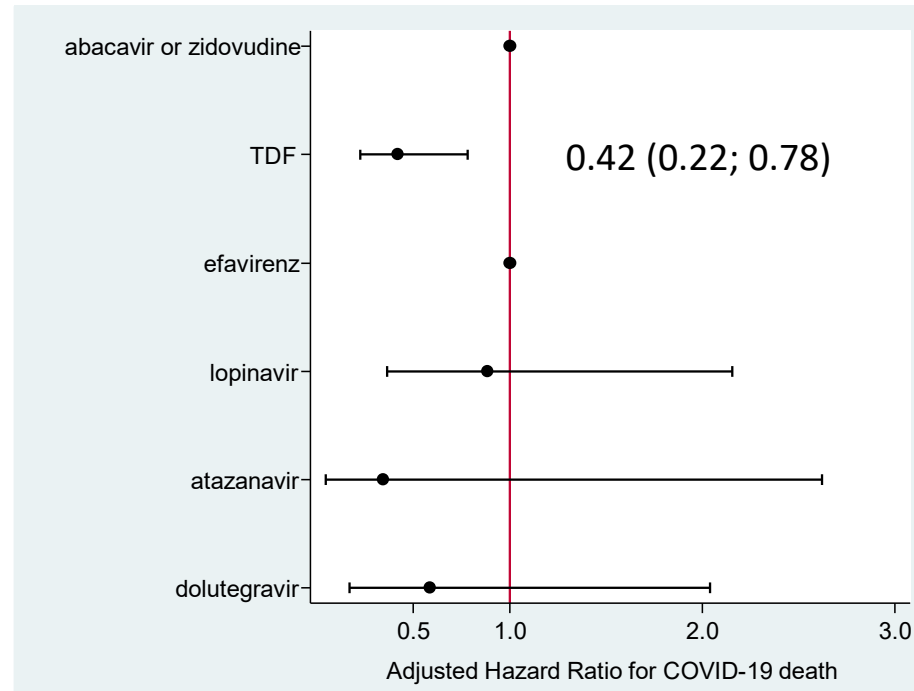
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Effect of different ARVs on COVID-19 death among cases with HIV on ART

Cohort study following 3,460,932 public sector patients (16% HIV positive), 22,308 were diagnosed with COVID-19, of whom 625 died.

HIV treatment: until January 2020:

- First-line: TDF + XTC + EFV unless renal failure
- Second-line: ZDV + XTC + LPV or ATV
- DTG introduced from January 2020



ESTUDIO EPICOS

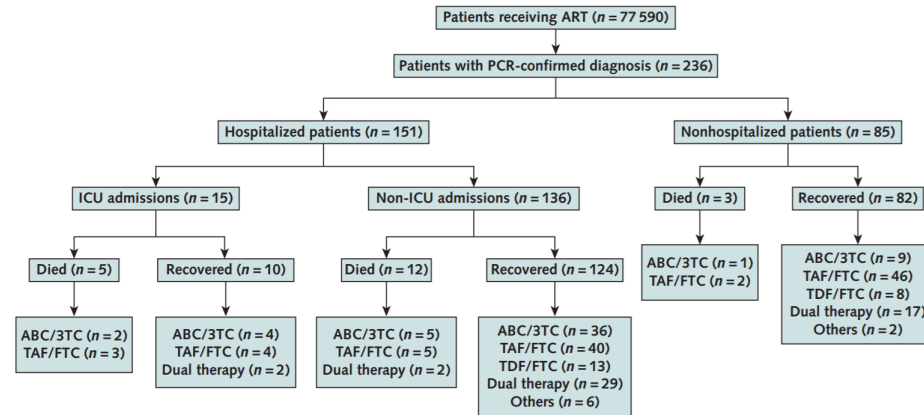
Potential effect of TDF in the reduction of death.

Incidence and Severity of COVID-19 in HIV-Positive Persons Receiving Antiretroviral Therapy

A Cohort Study

Julia del Amo, MD, PhD; Rosa Polo, MD, PhD; Santiago Moreno, MD, PhD; Asunción Díaz, MD, PhD; Esteban Martínez, MD, PhD; José Ramón Arribas, MD, PhD; Inma Jarrín, PhD; and Miguel A. Hernán, MD, DrPH; for The Spanish HIV/COVID-19 Collaboration*

In summary, we took advantage of the overlap between 2 ongoing pandemics (HIV and SARS-CoV-2) in Spain. Our results suggest that the risk for COVID-19 diagnosis is not higher in HIV-positive persons than in the general population, and that HIV-positive patients receiving TDF/FTC had a lower risk for COVID-19 and related hospitalization than other HIV-positive persons. These findings warrant further investigation in studies of HIV preexposure prophylaxis and in randomized trials for the treatment and prevention of COVID-19 (44) in persons without HIV.



Characteristic	HIV-Positive Persons Receiving ART, n (%) [*]	COVID-19 Diagnoses, n (%)	COVID-19 Hospital Admissions, n (%)	COVID-19 ICU Admissions, n (%)	COVID-19 Deaths, n (%)
NRTI					
TDF/FTC	12 395 (16)	21 (9)	13 (9)	0	0
TAF/FTC	25 570 (33)	100 (42)	52 (34)	7 (46)	10 (50)
ABC/3TC	20 105 (26)	57 (24)	47 (31)	6 (40)	8 (40)
Other regimens	19 520 (25)	58 (25)	39 (26)	2 (14)	2 (10)
Third drug					
NNRTI	15 733 (21)	36 (15)	24 (16)	4 (27)	5 (25)
Protease inhibitor	14 267 (19)	34 (15)	27 (18)	3 (20)	5 (25)
Integrase inhibitor	37 622 (50)	143 (60)	86 (57)	7 (47)	9 (45)
Other	9968 (10)	23 (10)	14 (9)	1 (6)	1 (5)

In conclusion

- PrEP implementation has been slow in LAC, and lead mainly by Brazil and IMPREP project
- More information and availability of LA regimens can benefit the target population
- COVID has severely affected PrEP plans in the LAC region
- We must be innovative in order to accelerate catch-up interventions as soon as the pandemic fade in order to reach our targets and eliminate HIV as a public health threat



Gracias!!!
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