

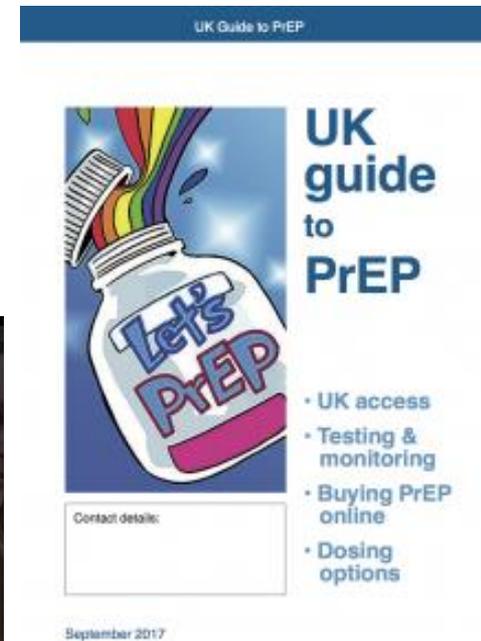
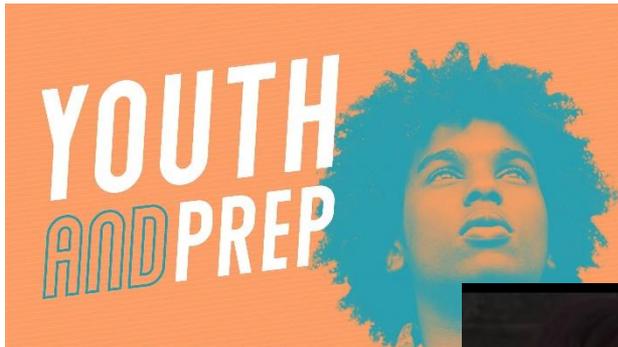
# Challenges of PrEP use in Europe beyond mere access

Kai J. Jonas



# Access to PrEP and PrEP uptake

- Formal access to PrEP is in not yet given in many countries, in Europe and worldwide
- PrEP uptake is low



# What do I want to talk about today?

1. Getting informal PrEP users back into formal care.
2. Seroconversions on PreP.
3. PrEP sorting.
4. HIV-prevention after discontinuation of PrEP.

# 1) Getting informal PrEP users back into formal care

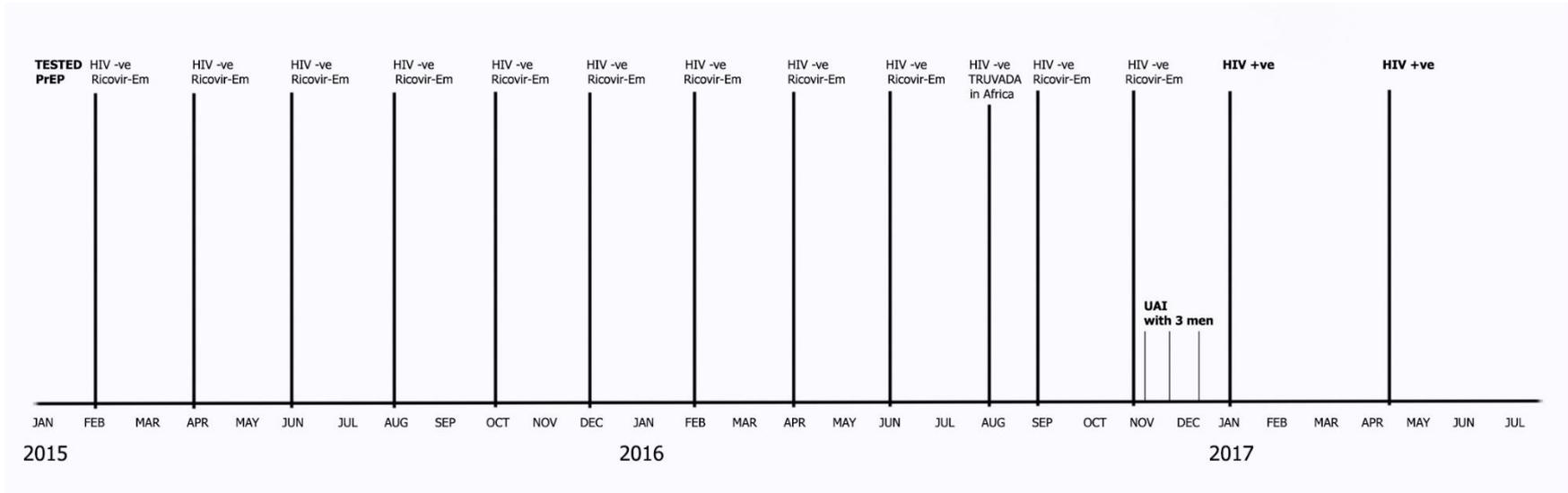
- We have thousands of informal PrEP users in Europe
- These users have often established PrEP successful procurement and use
- Formal care is often not attractive (e.g., linked to waiting lists and counselling mismatches)
- Survey among 265 clients of PULSE Clinic Bangkok



# 1) Informal users, will they come into formal care?

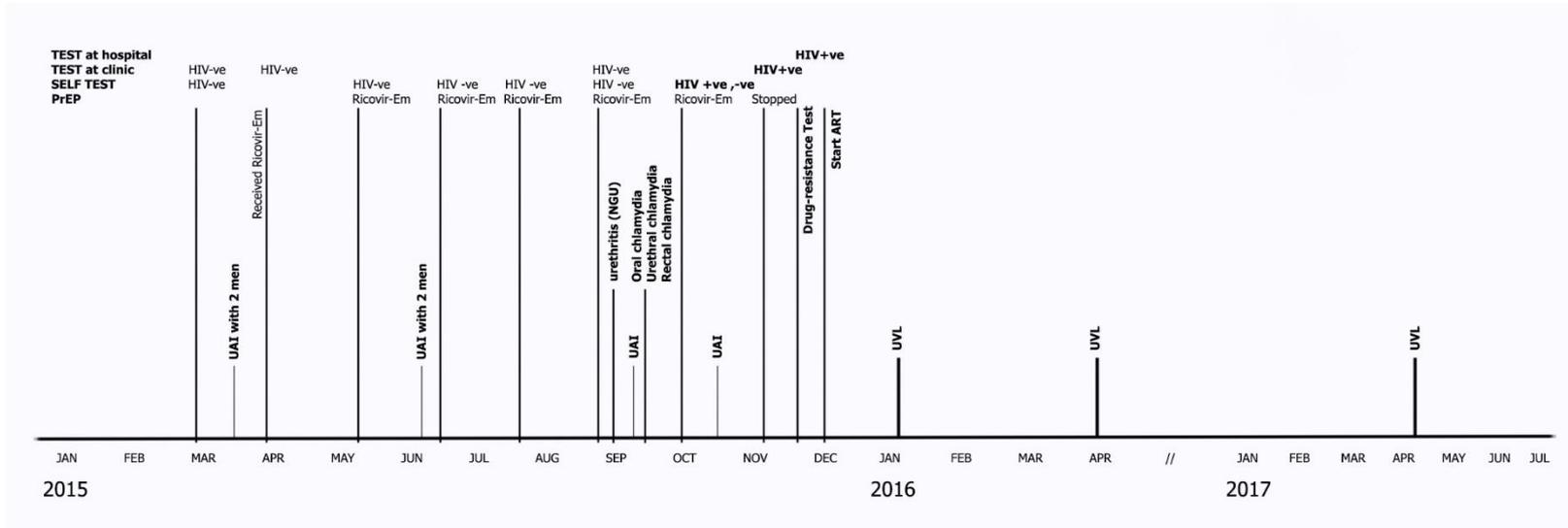
Statement	Percentage strongly agree/agree
I could access PrEP in my Home country, but it is too complicated	54,7%
PrEP is available in my home country, but more expensive than in Thailand/online	63,4%
I could not afford PrEP in my home country, due to co-payment	41,1%
I could access PrEP in my home country, but the health care services are not gay friendly	17,3%
I feel stigmatized when I would get PrEP in my home country	22,2%
My friends get PrEP at PULSE	44,5%

## 2) Seroconversions on PrEP



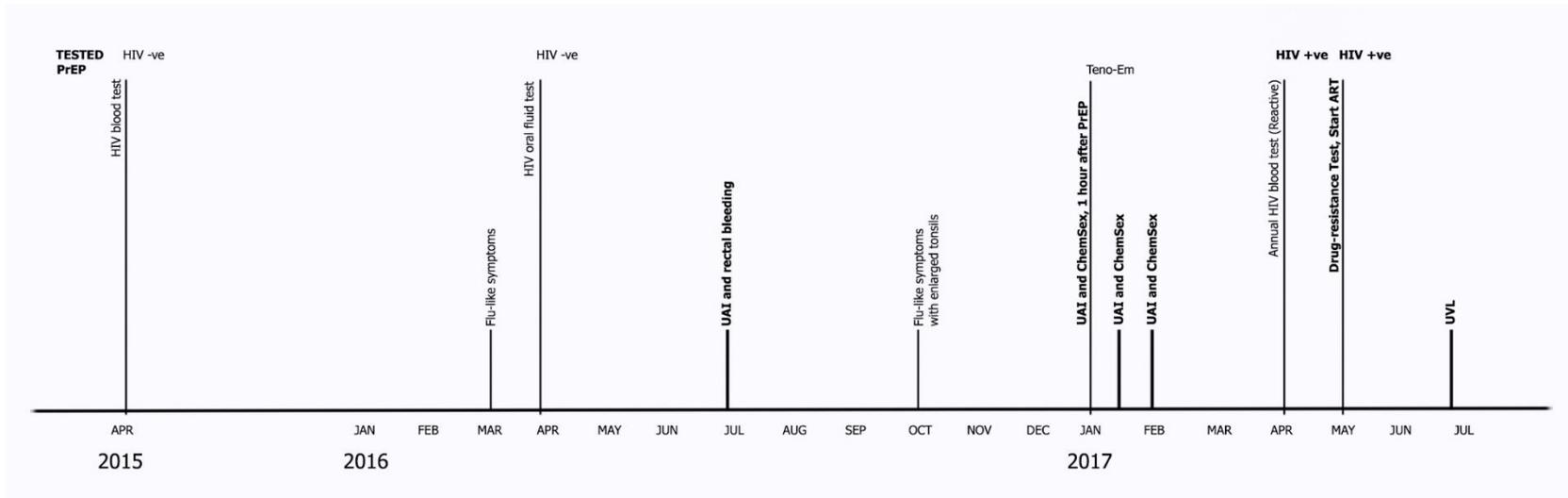
The „perfect“ user: After 2yrs he cut a start-up window short

## 2) Seroconversions on PrEP



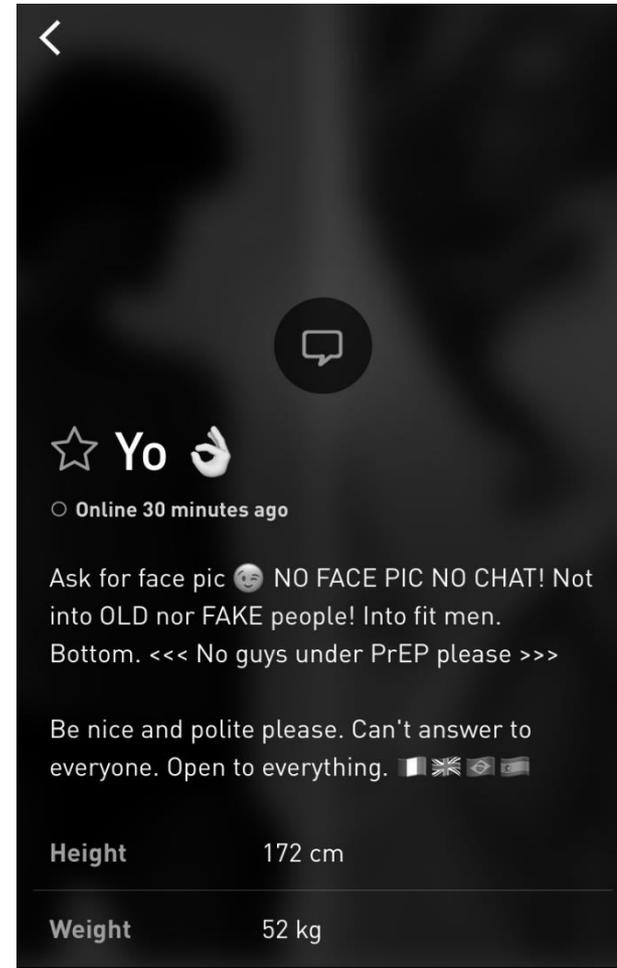
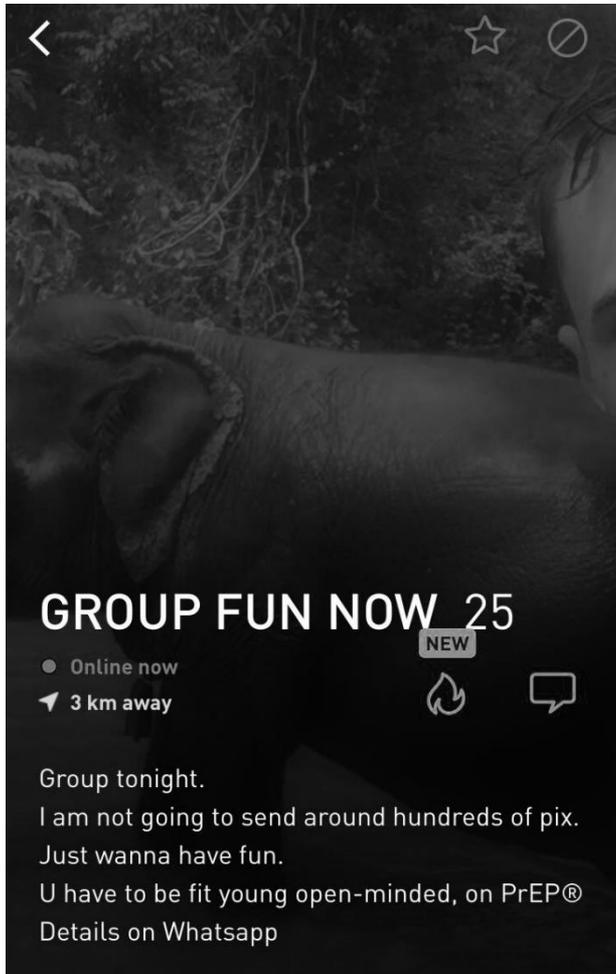
The (self-)test confusion: Unclear serostatus in the context of PrEP initiation; Resistance mutation

## 2) Seroconversions on PrEP



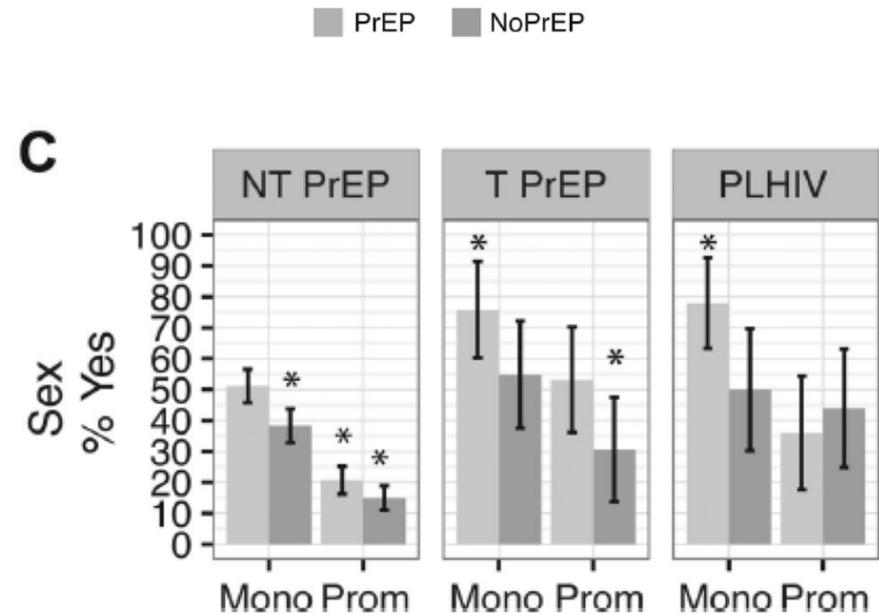
The „casual“ user: Unclear serostatus, suboptimal regimen

# 3) PrEP sorting



### 3) PrEP sorting

- PLHIV and PrEP users (TPrEP) prefer monogamous PrEP users
- Non-users (NT PrEP) prefer monogamous partners, and also PrEP users



AIDS CARE  
2019, VOL. 31, NO. 3, 388–396  
<https://doi.org/10.1080/09540121.2018.1533229>

 Taylor & Francis  
Taylor & Francis Group

 Check for updates

#### Pre-exposure prophylaxis sorting among men who have sex with men

Joel E. Martinez <sup>a</sup> and Kai J. Jonas <sup>b</sup>

<sup>a</sup>Department of Psychology, Princeton University, Princeton, NJ, USA; <sup>b</sup>Department of Work and Social Psychology, Maastricht University, Maastricht, The Netherlands

## 4) HIV Prevention after PrEP

„Seasons of risk“ WHO Policy Brief 2015

„Seasons of risk“ Event driven PrEP, Elsesser et al. 2016



But PrEP use does not only stop when the HIV infection risk is low:

- Side effects
- Financial/insurance hurdles
- Stigma



# A case study: 56yr old German MSM

Jan 2016, PrEP initiation, eGFR 72

May 2016, eGFR 64

Nov 2016, PrEP discontinuation

Nov 2016, secondary syphilis

Dec 2016, secondary syphilis

Jan 2017, RPR 1:1; HIV-

April 2017, new syphilis infection

May 2017, RPR 1:1, HIV-, eGFR 50

time

 **frontiers**  
in Public Health

CASE REPORT  
published: 09 May 2018  
doi: 10.3389/fpubh.2018.00137



# What do former PrEP users say.....

KJ: did you talk to your GP about your prevention after stopping with PrEP, or did he talk to you about it?

M: haha, he put on this stern look and said, M, you know that you have to use condoms again now. And I looked him in the eyes and said, do you really think so?

M, 56, had to stop with PrEP due to kidney function

KJ: do you use condoms now?

P: Yes and no. It should be more, but it is difficult. I think this is really a shortcoming. They tell you to stop with PrEP but they don't tell you what to do then.

M, 54, had to stop with PrEP due to kidney function and skin rash

# What do former PrEP users say.....

KJ: What else did your doctor tell you?

T: Condoms, condoms, condoms. But he just does not understand. I think something went really wrong here. They promoted a drug without thinking about side effects and what to tell people like me. Everybody is just so happy about PrEP. But there are people left behind. I guess this is typical for our society these days. If you don't fit into the mainstream you are left behind.

KJ: Can you explain that a bit more, please?

T: The Pharmaindustrie [pharmaceutical industry] wants to sell their products. Do not misunderstand me PrEP is great, but it seems that nobody thought about the few cases that cannot take it. And they do not have a good message for us. Going back to condoms is ridiculous, especially when you did not use them before, or when you stopped using them.

T, 60, discontinued PrEP because side effects (nausea etc.) did not stop

# HIV Prevention after PrEP

- KCC Model (Jonas & Yaemim, 2018)
  - *Knowledge* about all alternative HIV prevention possibilities (partner PrEP use, U=U, condoms, etc.)
  - *Communication* skills to address HIV status and prevention options with sex partners
  - *Choice* behavior, i.e., the ability to make and maintain informed decisions regarding risk practices and sex partners

**Thank you.**

**PrEP is more than access  
and uptake.**

**We have to think further!**

[kai.jonas@maastrichtuniversity.nl](mailto:kai.jonas@maastrichtuniversity.nl)