



UPDATE ON PREP IN BELGIUM DATA 2018-2020

Jessika Deblonde

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OUTLINE

- Background
- State of affairs
- Lessons learned
- Way forward






OUTLINE

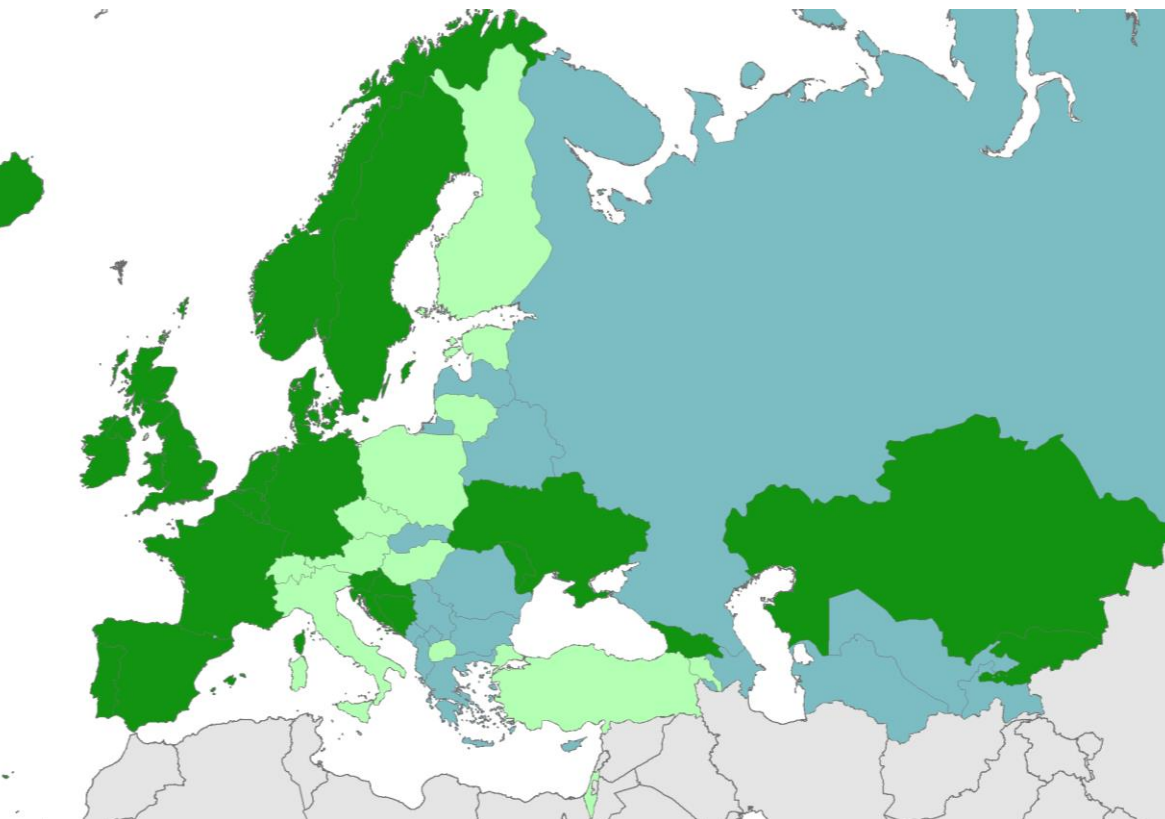
➤ Background



Status of formal PrEP implementation in Europe as of October, 2021

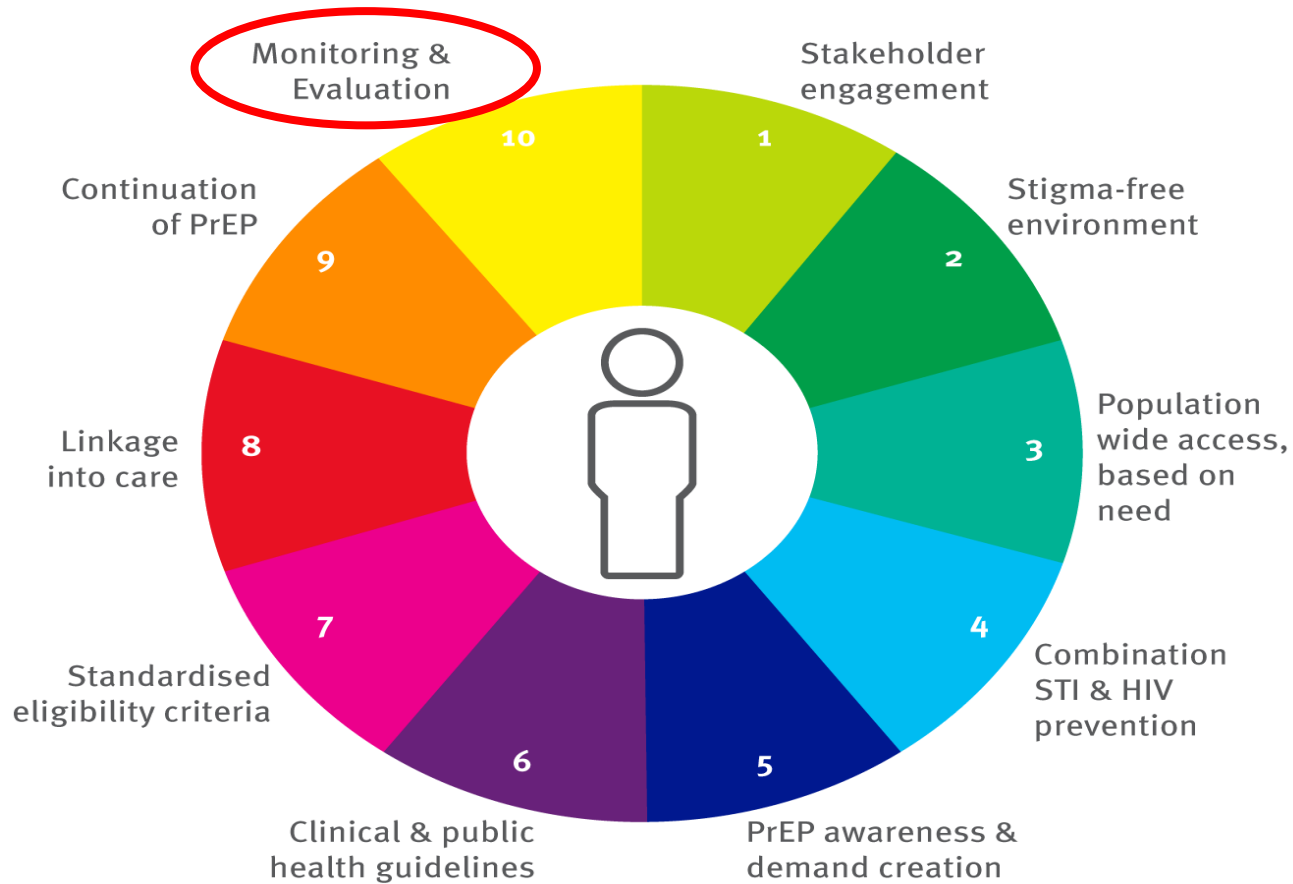
- N=21** Nationally available (reimbursed)
- N=14** Generics available (not fully reimbursed)
- N=20** Not formally implemented

-  Luxembourg
-  Malta
-  Liechtenstein



Source: ECDC Dublin Declaration Monitoring 2021, data unpublished.

Operational guidance: 10 core principles of an effective PrEP programme



Source: www.ecdc.europa.eu/en/news-events/ecdc-releases-operational-guidance-HIV-PrEP-eueea-uk

Useful data sources

- PrEP delivery sites: clinic/facility registries
 - Requires active data collection efforts
 - Comprehensive data on users + profile
- Pharmacy prescription or dispensation database
- Medical claims database
 - Ready available
 - No data on key-population profile

Balance: relevant to monitor & feasible to collect
Integrated with existing systems

Wijtsma et al. Standardised Monitoring Tool PrEP in EU/EEA: report of a scoping review. 2021

Steps PrEP monitoring in Belgium, 2017-2021

June 2017
start PrEP:
no
monitoring
system in
place

Aggregated
data
collection
per HRC, in
place –
since 2019

Clinic
registries

Retrospective data

Data
collection at
the level of
HRC

Individual data
from
Pharmanet –
since 2021

Data on PrEP
dispensation

Which data are collected?

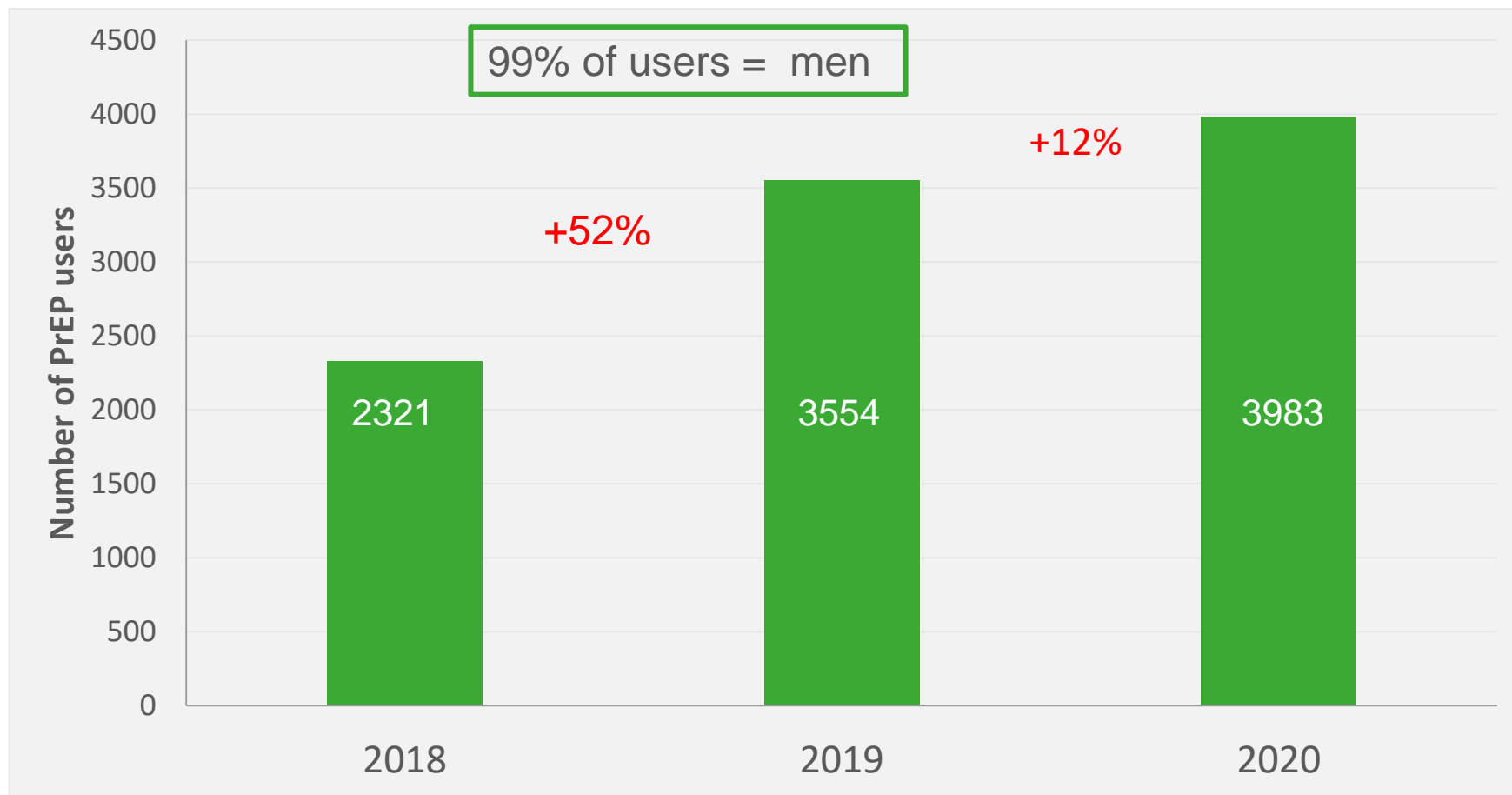
- **Pharmanet:** purchase of Truvada® or emtricitabine/tenofovir for PrEP
 - **Anonymised individual data 2018-2020**
 - Gender, age, province of residence and
 - Number of pills purchased per year
 - **N users + demographics, starters, stoppers, categories of users**
- **HRC:** people with a medical consultation with PrEP prescription
 - **Aggregated** data including
 - **Starters:** gender, age group, combined risk+ nationality
 - **Users:** STI diagnoses, reported chemsex

OUTLINE

- State of affairs based on Pharmanet and HRC data

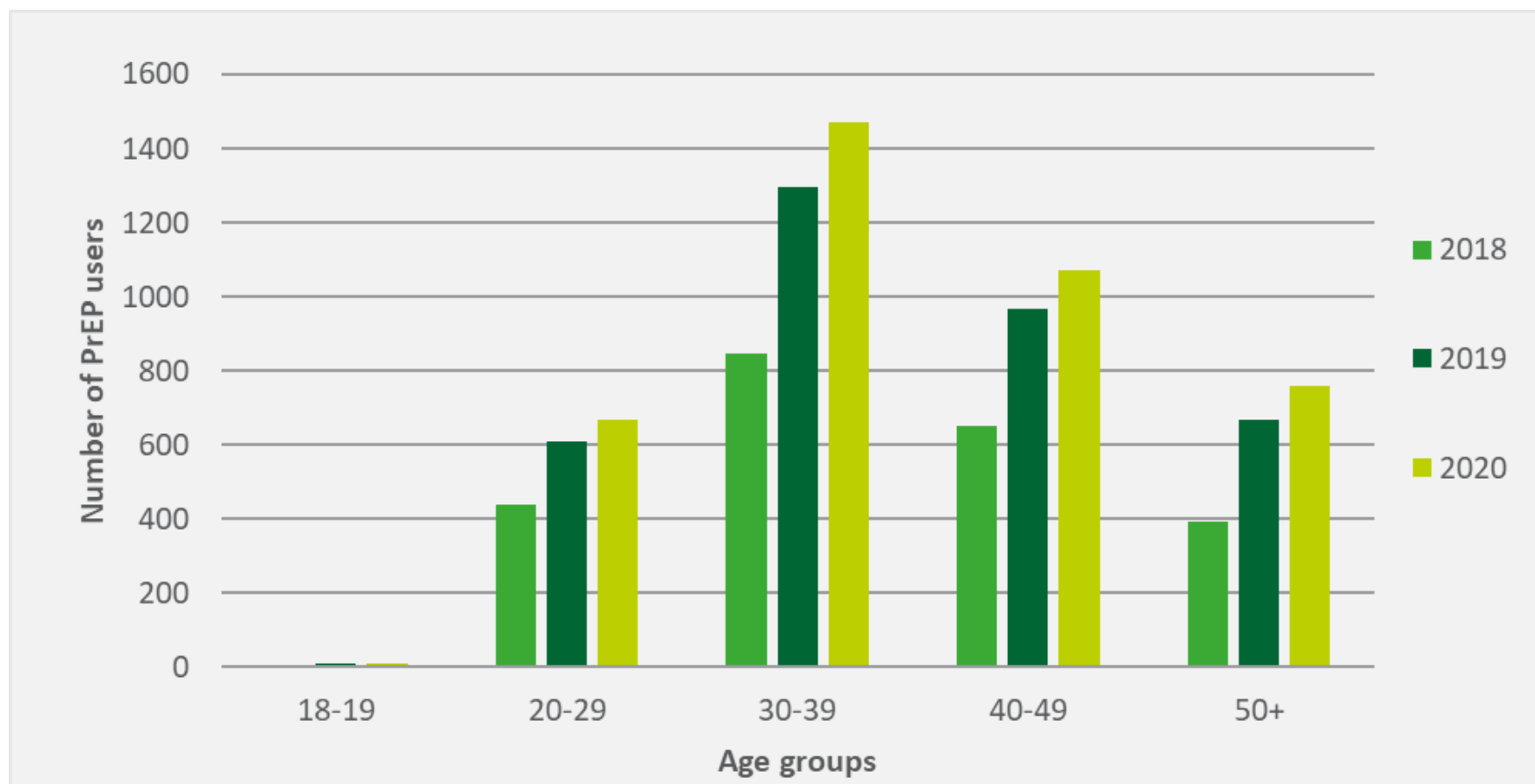


Evolution number PrEP users, 2018-2020



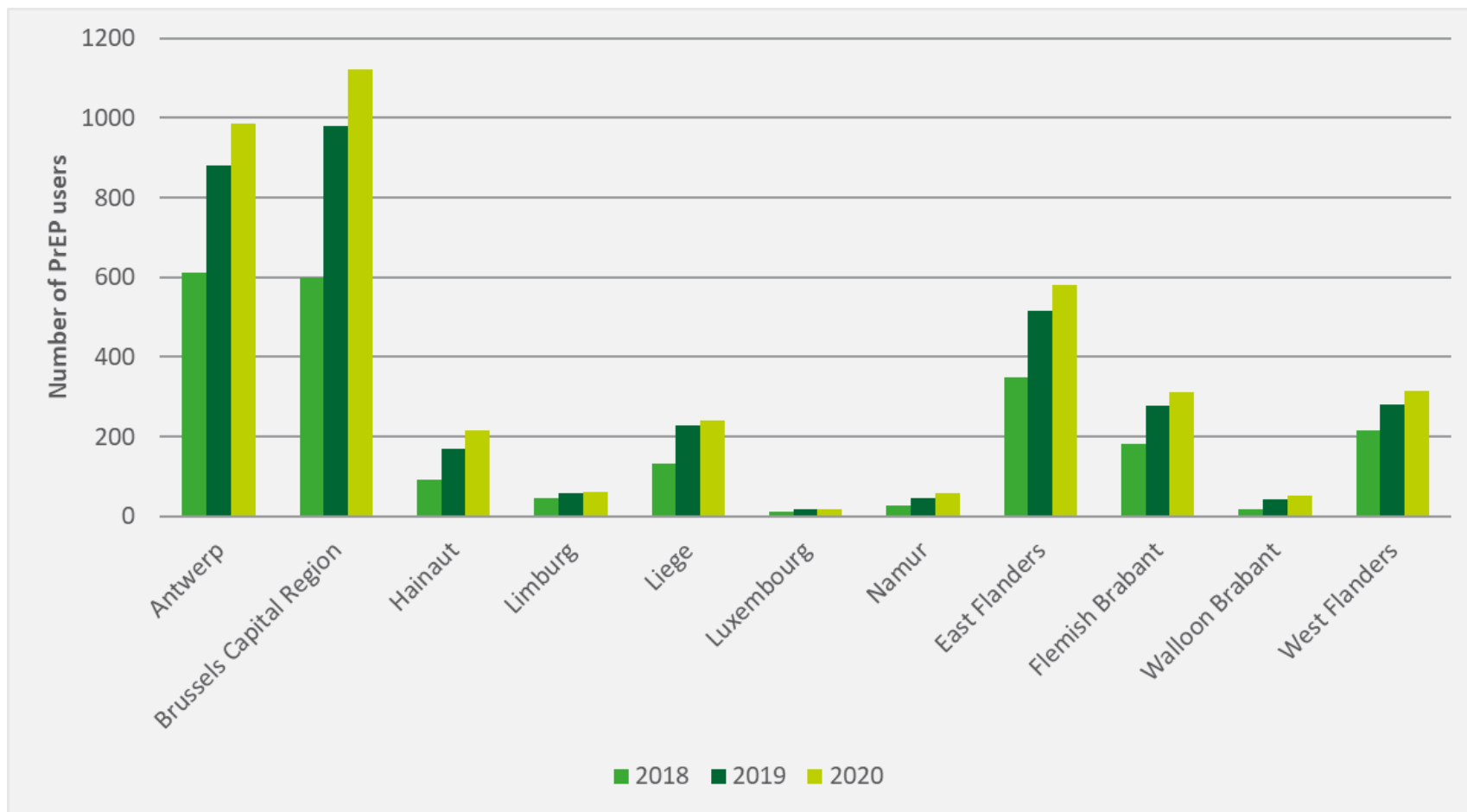
Source: Pharmanet

Evolution number of PrEP users per age group, 2018-2020

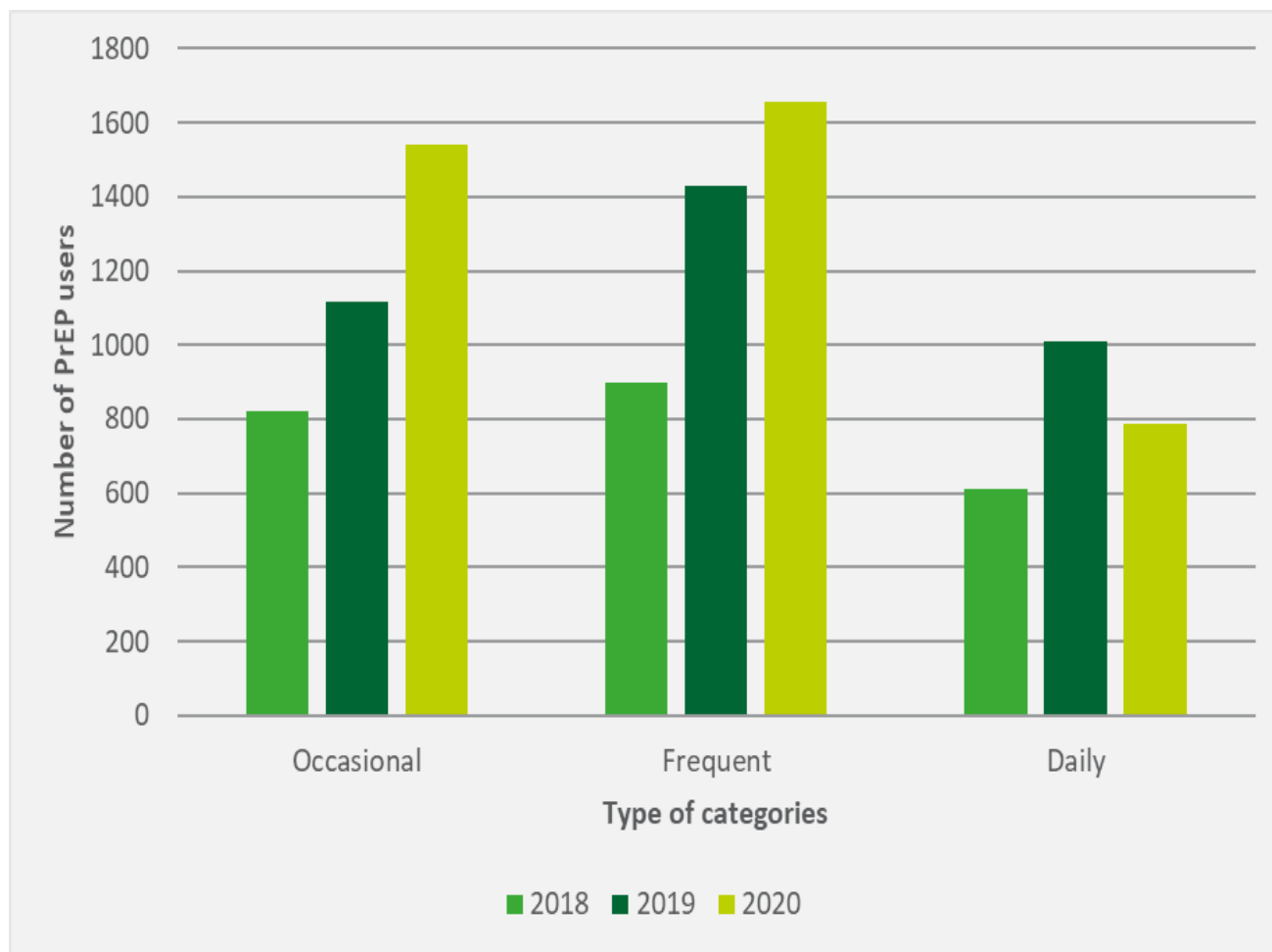


Source: Pharmanet

Evolution number of PrEP users per province of residence, 2018-2020



Evolution categories of PrEP users, 2018-2020

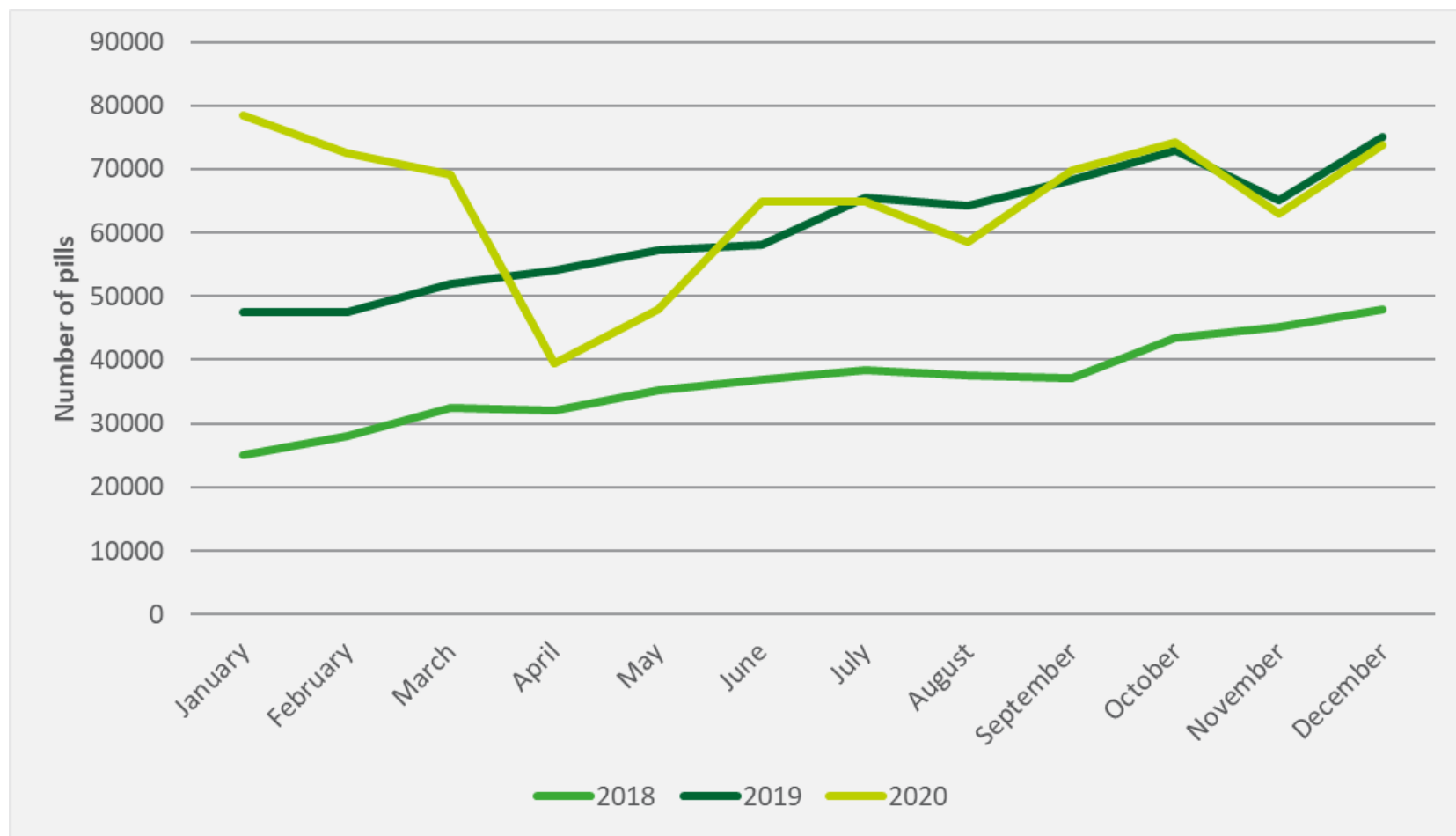


Occasional
30-90 pills/year

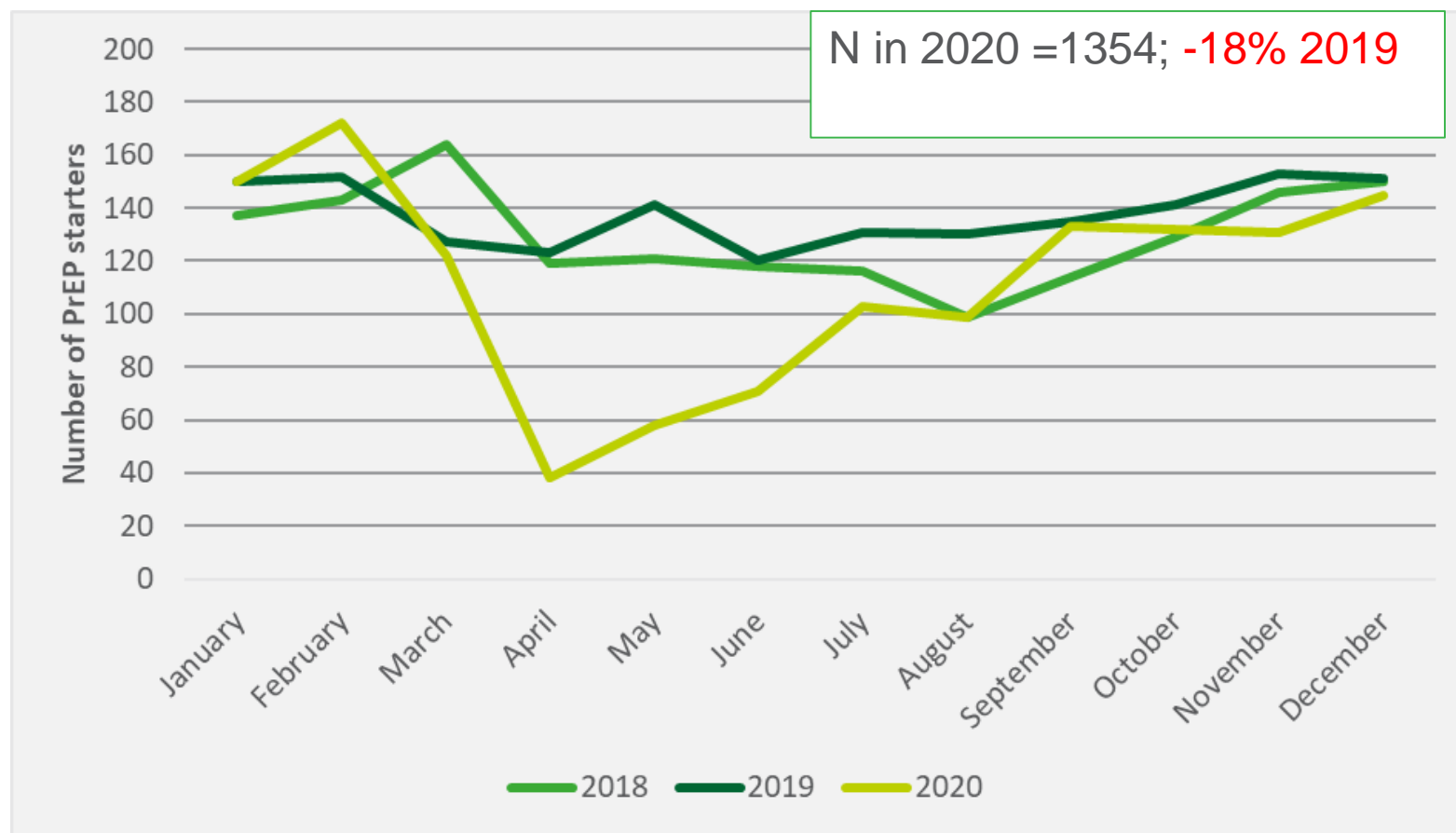
Frequent
120-270 pills/year

Daily
300+ pills/year

Evolution number of pills purchased per year and month, 2018-2020



Evolution of number of PrEP starters, per year and month, 2018-2020



Profile PrEP starters, 2020

	N	%
Nationality (N=1425)		
Belgian	1067	74.9
Sub Saharan African	15	1.1
Other	343	24.1
Risk group (N=1690)		
MSM	1628	96.3
Hetero	26	1.5
IDU	3	0.2
Other	33	2.0

Source: Aggregated HRC data

Selected outcomes PrEP users, 2020

- 3 HIV seroconversions due to inconsistent PrEP adherence
- Proportions “at least one STI” ranging from 14% to 45% by HRC
- 21% reported “chemsex”
 - Drug use just before or during (group) sex
 - GBL/GHB, Crystal Methamphetamin, Mephedrone or mixed use

Frequency and distribution of new STI diagnoses among PrEP users, 2020

	N	%
At least 1 STI(N=4976)	1066	21.4
Gonorrhoea (N=4976)	549	11.0
Chlamydia (N=4976)	544	10.9
Syphilis (N=3635)	204	5.6
HCV (N=4976)	10	0.2
HBV (N=4976)	0	0.0

Source: aggregated HRC data

OUTLINE

- What do we learn from the PrEP data?

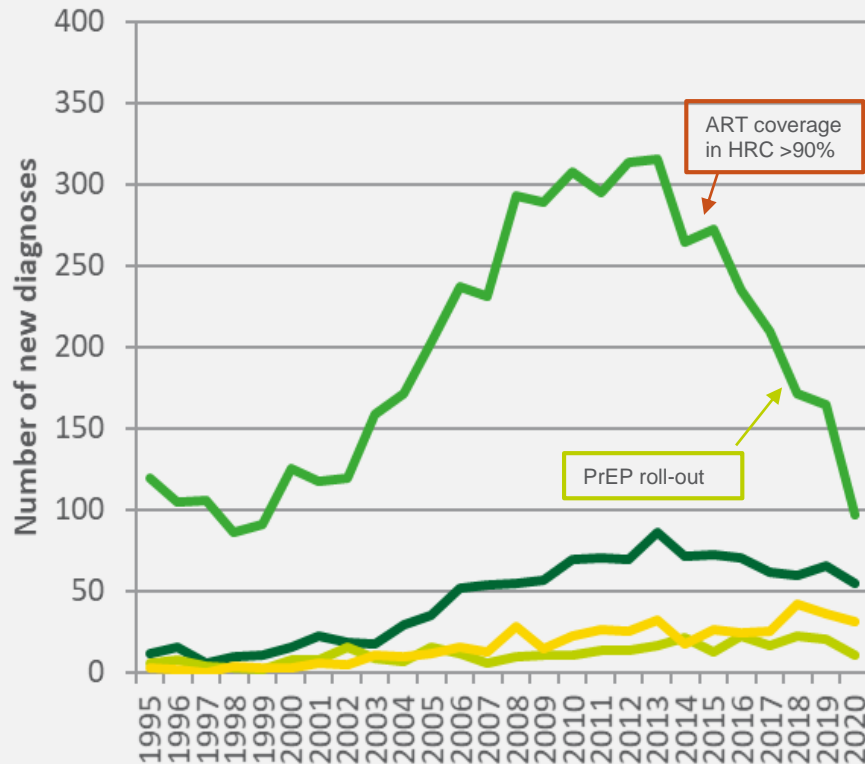


Synthesis of findings, 2018-2020

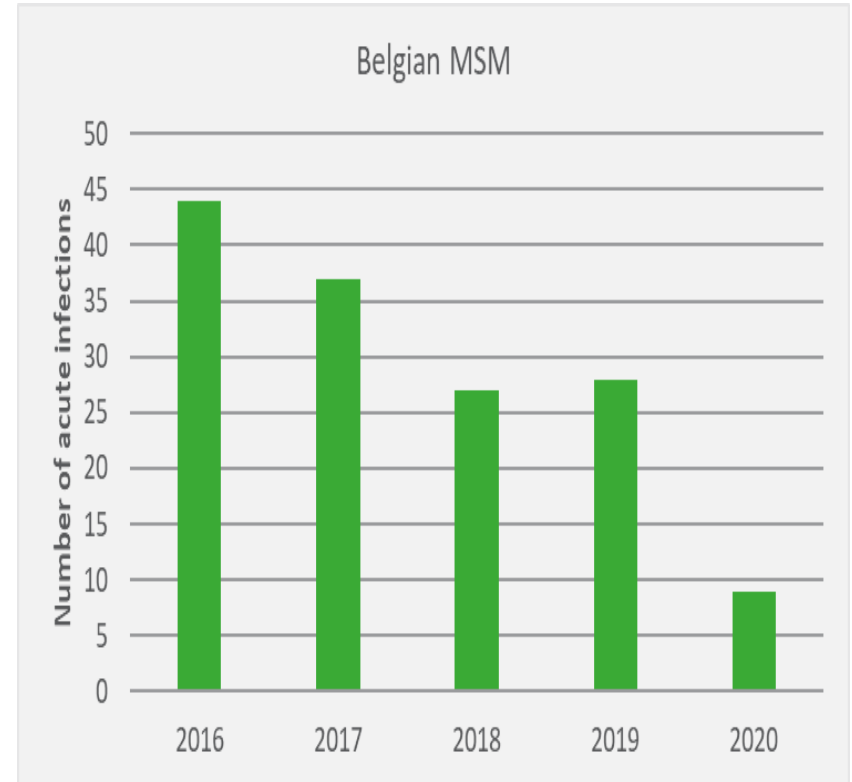
- Increasing number of PrEP users
 - Increasing trend in pill purchase until April 2020
- Almost no variation in user profile
 - Belgian MSM, 30-49 years
 - Region BXL, provinces Antwerp & East-Flanders
- Categories of users
 - About 25% daily users
 - COVID-19: patterns of use adapted according to needs
- 5 reported HIV seroconversions ~ inconsistent adherence
- Users with at least 1 STI diagnosis per year: mean 22%
- Users reporting chemsex per year: mean 22%

PrEP impact on HIV

Diagnoses Belgian MSM



Acute infections



COVID-19 impact

Limitations

- HRC data: aggregated data limits the analysis
- Profile
 - Based on broad categories: MSM, hetero, PWID, grouped nationality
 - No reliable data on sex workers (F/M/T)
- Categories of users based on annual pill purchase
 - As a proxy of use
 - Pragmatic definition of starters and stoppers
- STI diagnoses
 - No denominator (n° of tests)
 - Findings suggest variety in testing practices
- No view on proportion of PrEP provided outside HRC

OUTLINE

- PrEP surveillance:
way forward

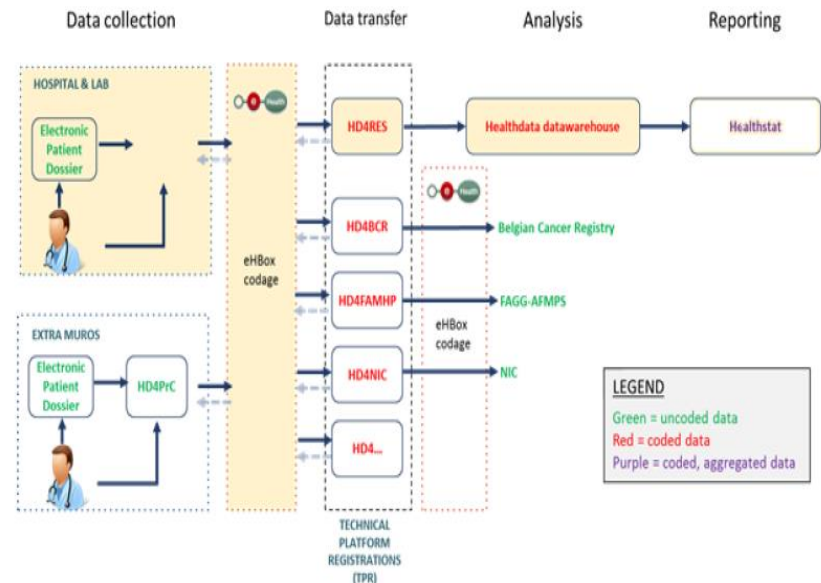


Longitudinal follow up & linkages

Based on **a mix** of data sources, evolving to an individual data collection in order to

- Have a more accurate profile of the PrEP users
- Track patterns of use (dosing regimen, discontinuation)
- Have more insights in PrEP follow-up visits and STI diagnoses
- Link with other HIV registers

- ✓ High standards of data protection
- ✓ Conform ethical requirements



Concluding remarks

- **Routine monitoring** aiming at collecting **actionable** data to
 - Track progress in uptake + profile
 - Identify those who are not using PrEP whilst they could benefit from it
 - Identify PrEP users with specific needs (recurrent STI, chemsex ...)

= to inform strategic planning and policy action
- **Challenges:** future modes of delivery & potential use of injectable PrEP
- Surveillance and **research** as two-span
 - Surveillance data as a basis and trigger for research
 - Research findings providing context and insights to surveillance outcomes

Thank you!

To the HRC for providing data since the start of PrEP implementation,

To my colleagues for the collaborative work,

To all of you for your interest!