Missed opportunities for HIV prevention

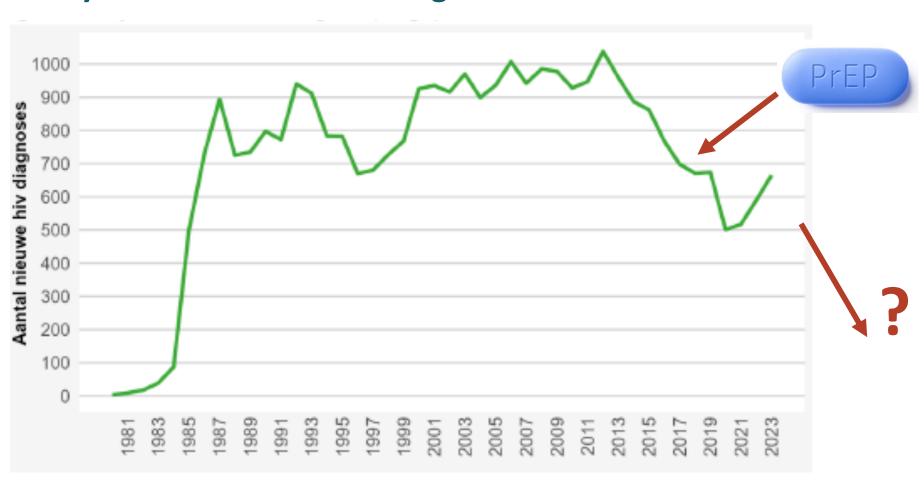
Case study at ITM (Antwerp)

Gert Scheerder

BREACH Symposium 28/11/2024



Yearly number of new HIV diagnoses in BEL 1980-2023



Background and aims

Introduction of injectable PrEP

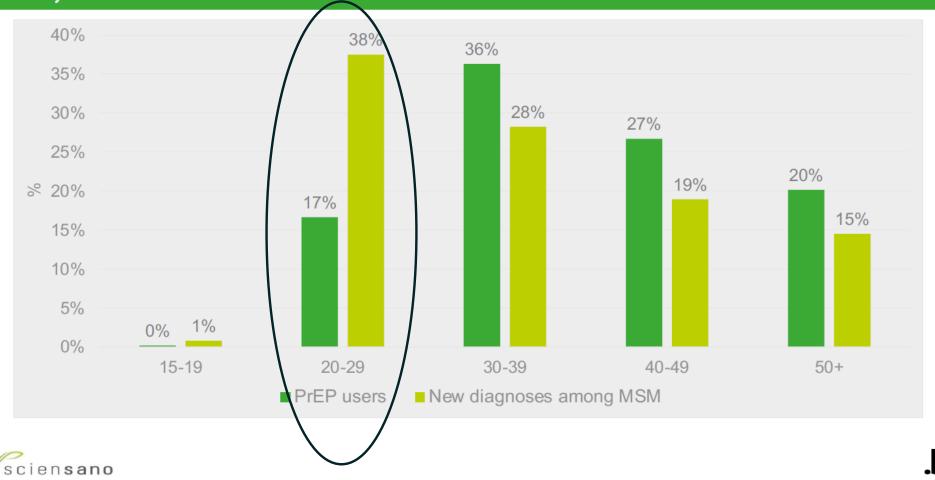
- authorized in US and EU, negotiations ongoing in Belgium
- demonstration study ITM: acceptability of CAB-LA
- formative phase: define target groups for injectable PrEP

Research questions

- What are missed opportunities for HIV prevention?
- Which groups at risk for HIV are we not reaching with PrEP, and why?
- ⇒ inform demonstration study



Age distribution PrEP users & new HIV diagnoses among MSM, 2022



Methods: triangulation of data

Case study at ITM

1) People with a recent HIV infection

A. ITM clinic patient records 2023

- Analysis of patient characteristics
 - > age, gender, sexual orientation, nationality
 - > number of sex partners, chemsex, sex work, previous HIV test, ever PrEP use



B. In-depth interviews (N=15, ongoing)

- topics
 - > sexual behaviour and partners, HIV risk perception, HIV prevention, testing
 - > circumstances of HIV acquisition, factors increasing vulnerability
 - > PrEP: awareness, attitudes, previous use, experiences and challenges
 - > recommendations for HIV prevention





Methods

2) People at risk for HIV, but not on PrEP

A. ITM clinic patient records 2023

Groups at increased risk: PEP use

chemsex

≥ 2 STIs

≥ 2 HIV tests

- Analysis of patient characteristics not on PrEP
- > age, gender, sexual orientation, nationality, number of sex partners

B. In-depth interviews

- male sex workers not on PrEP (N=14)
 - > at CBOs for sex workers in Antwerp and Brussels (Violett, Boysproject, Alias)
 - > topics
 - sexual behaviour and partners, HIV risk perception, HIV prevention, testing
 - o (injectable) PrEP: awareness, attitudes, interest, preferences





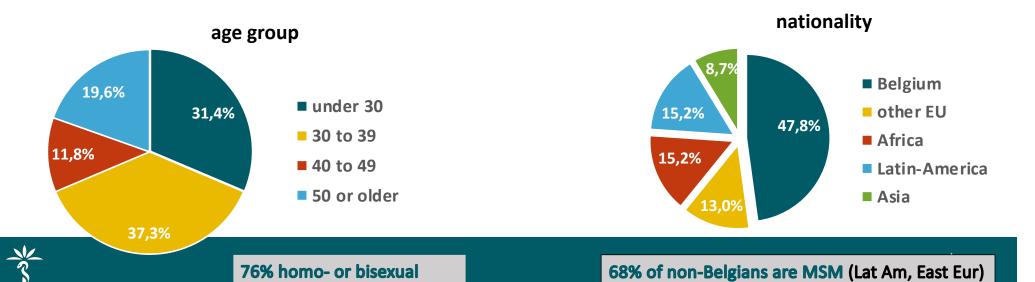


1) People with a recent HIV infection

A. Analysis of ITM clinic patient records 2023

■ N=90 HIV diagnoses => n=51 recent infections (57%)

=> n=39 late / preexisting diagnoses (43%)





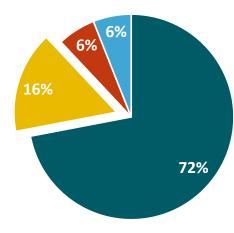
1) People with a recent HIV infection

A. Analysis of ITM clinic patient records 2023

N=51 recent HIV infections

participated in chemsex	42%
engaged in sex work	4%
previous negative HIV test*	95%





never

yes before, but stopped

■ wanted to, but tested positive at PrEP screening



was prescribed PrEP but never started

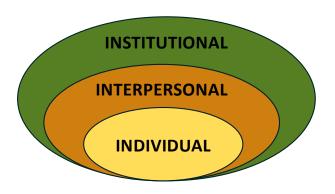


Preliminary results

- 1) People with a recent HIV infection
 - **B. In-depth interviews** (N=15, ongoing)
 - Main themes

"I arrived alone in Belgium and used dating apps to connect.
This often resulted in sex and I did not dare to set boundaries. I ended up in the scene"

[DisHIV001]



> Individual factors & vulnerabilities

- most wanted to protect themselves
- limited knowledge of PrEP (e.g. recent MSM migrants)
- questions about costs, necessity of PrEP, effects on health
- o loneliness



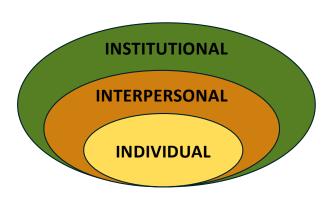
Preliminary results

- 1) People with a recent HIV infection
 - **B. In-depth interviews** (N=15, ongoing)
 - Main themes



"My partner didn't tell me he got infected with HIV"

[DisHIV002]



- > Interpersonal and social factors
 - o chemsex: losing control
 - negative attitudes and social norms of MSM towards condoms
 - o undue confidence in steady partner, condom slipping off
- > Institutional factors
 - o not approached to consider PrEP (e.g. by GP, outreach)





2) People at risk for HIV, but not on PrEP

A. Analysis of ITM clinic patient records 2023

	PEP-users (N=101)	Chemsex (N=59)	≥ 2 STI s (N=36)	≥ 2 HIV tests (N=333)
heterosexual	54%	40%	39%	42%
<30y old	33%	15%	58%	26%
>50y old	8%	54%	14%	29%
migrant background	35%	11%	36%	25%
multiple sex partners	12%	93%	89%	73%
(nearly) always condom use	70%	28%	9%	46%





2) People at risk for HIV, but not on PrEP

B. In-depth interviews with male sex workers (N=14)

- Main themes
 - > Vulnerable population
 - o mostly migrant background, precarious circumstances
 - o no health insurance, very mobile
 - > Sexual behaviour
 - o nearly all: consistent condom use
 - but sometimes slip off, break, or even removed
 - low perceived HIV risk
 - > PrEP
 - o most aware of PrEP
 - misconceptions about PrEP
 - afraid to forget pills

"I want to protect my health, my body is my source of income"

[DisHIV009]

"I select my partners carefully, you can tell if they have something"

[TBM010]

"I heard that PrEP is not good for your body" 49



Conclusions

- Factors leading to HIV acquisition / missed opportunities for HIV prevention
 - 95% of people with recent HIV acquisition had a previous negative HIV test
 - 16% of people with recent HIV acquisition used PrEP before
 - 42% of people with recent HIV acquisition participated in chemsex
 - associated with losing control
 - misconceptions about PrEP
 - negative social norms toward PrEP and condoms
 - not actively approached to consider PrEP
 - lack of access to PrEP (uninsured)



Recommendations: mitigating missed opportunities

- A more pro-active role for GPs to discuss PrEP
- Use frequent HIV-testing as an opportunity for PrEP counseling
- Strongly recommend chemsex users to start PrEP
- Reengage former PrEP users
- Influence social norms of MSM toward condoms and PrEP (e.g. through campaigns or opinion leaders)
- Tailored messaging for heterosexuals and MSM with a migration background
- Ensure access to PrEP for uninsured people



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