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London clinic's 90% drop in infections could be replicated elsewhere

'A new service design for asymptomatic screening' slide from Dean Street presentation at EACS 2017.

Over the past three years, the 56 Dean Street clinic in central London has seen recent HIV infections among gay and bisexual men using its services fall by around 90%. The clinic's experience shows that fundamentally reorganising HIV testing services to make them more attractive to people at risk can bring about enormous changes in HIV incidence and treatment uptake, delegates heard on the opening day of the 16th European AIDS Conference (EACS 2017) in Milan, Italy.

56 Dean Street offers sexual health, HIV and hepatitis diagnosis and treatment services, as well as specialist services for at-risk populations including sex workers and the trans community. The clinic has pioneered support for pre-exposure prophylaxis (PrEP) use, by offering renal monitoring and sexual health screening to people who are using generic PrEP. It is well known as a gay-friendly clinic that is responsive to user needs, for example, by providing non-judgemental services to support chemsex users and by acknowledging the importance of sexual pleasure and intimacy.

For people without symptoms who need screening for sexually transmitted infections (STIs), Dean Street Express is a largely automated clinic in which users go into a booth to carry out self-sampling tests for HIV and STIs. Results are sent to the service user within hours by text message; if treatment is needed the text includes a link to make an immediate appointment. The service has been phenomenally successful.

Each month 12,500 people attend the 56 Dean Street and Dean Street Express clinics, 60% of them gay and bisexual men. The clinics carry out a quarter of all STI tests in men who have sex

with men in England. They diagnose half of all HIV infections in men who have sex with men in London, and of these, half are recent infections.

But the number of new HIV diagnoses has fallen from 60-70 a month at the end of 2015 to ten in September 2017. What is the reason for this dramatic fall, which is also being seen at other large clinics in London?

- The decline in diagnoses first became evident within months of introducing rapid treatment initiation for seroconverters.
- The decline accelerated after the results of the PROUD study promoted community activism to obtain generic drugs for PrEP.
- It fell even more sharply after the clinic introduced a standard offer of antiretroviral treatment within 48 hours of HIV diagnosis.

Dr Emma Devitt's presentation showed that although the clinic has been an innovator, everything done at the clinic could be put into practice in other cities – provided that PrEP can be offered and clinicians can build partnerships and trust with key populations such as men who have sex with men. There is a particular need to expand rapid access to antiretroviral treatment and PrEP in Eastern Europe, the conference was told.

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Dual protease inhibitor-based therapy provides effective maintenance treatment

HIV maintenance treatment with two drugs, a boosted protease inhibitor and lamivudine, is just as effective as three-drug treatment with a boosted protease inhibitor in people who already have fully suppressed viral load, a meta-analysis of clinical trials presented at the conference shows.

A boosted protease inhibitor combined with lamivudine is attractive for several reasons:

- Within two years, each of the simplified regimens examined will be available in cheap generic formulations in high-income countries.
- The simplified regimen may reduce the risk of toxicities associated with use of tenofovir disoproxil fumarate or abacavir.
- Lamivudine does not interact with drugs used to treat other medical conditions.
- Virologic rebound after failure of the simplified regimen will not result in cross-resistance to tenofovir.

Four randomised trials comparing maintenance treatment with a boosted protease inhibitor and lamivudine to three-drug treatment have reported results and were included in an individual-patient meta-analysis. The protease inhibitors used in the four trials were atazanavir, darunavir and lopinavir, each boosted with ritonavir. The total population comprised 1051 people.

At week 48 there was no significant difference in the proportion of people with a viral load below 50 copies/ml (undetectable). 84.7% of people taking dual therapy had viral load < 50 copies/ml

compared to 83.2% of people taking a three-drug combination. Similarly, there was no difference in the proportion of people who had stopped treatment due to a viral rebound by week 48.

There were no differences in outcome when the three boosted protease inhibitors used in these studies were compared. Gender and the presence of hepatitis C infection during the study period had no impact on outcomes.

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New EACS guidelines on co-morbidities

Everyone with HIV and hepatitis C co-infection should receive direct-acting antiviral treatment for hepatitis C and should receive the same hepatitis C treatment as people with hepatitis C monoinfection, new European guidelines from the European AIDS Clinical Society (EACS) recommend.

The guidelines are intended to set a standard of care for the entire European region, including Eastern Europe. Among the other major additions and changes, European experts in HIV medicine have made the following recommendations:

- Atazanavir/ritonavir has been downgraded to an alternative option for first-line HIV treatment, owing to the frequency of kidney toxicity in people taking the drugs.
- People with HIV should be considered for organ transplantation according to the same criteria as everyone else.
- Doctors should consider screening for non-alcoholic fatty liver disease, especially in people with metabolic syndrome, owing to the high prevalence of the condition in people with HIV.
- Screening for chronic lung disease should become standard practice in smokers and people over the age of 40.
- Human *papillomavirus* (HPV) vaccination is now recommended for all people with HIV under 26 and all men who have sex with men up to the age of 40.

The full guidelines document is available to download from the EACS website or as an app. The guidelines also include links to video tutorials on aspects of diagnosis and consultation.

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Cure research: mixed results for ABX464

Linos Vandekerckhove presenting at EACS 2017. Photo by BHIVA.

ABX464, a new drug that stimulates the clearance of HIV from infected cells, reduces the reservoir of HIV DNA in the body but does not delay the rebound in viral load when antiretroviral treatment is interrupted, the conference heard.

HIV cure researchers hope that shrinking the reservoir might enable the immune system to control HIV without eliminating the virus entirely, and without the need for lifelong antiretroviral therapy, a so-called functional cure.

ABX464 is a new agent developed by the French pharmaceutical company Abivax. It stops HIV replication by interfering with the activity of Rev, an HIV protein essential for making complete strands of HIV RNA. It is hoped that it will reduce the number of HIV-infected cells that form the reservoir of HIV in the body. The effectiveness of the drug can be assessed by measuring levels of cellular HIV DNA.

Data from a phase IIa blinded randomised trial of ABX464 or placebo in HIV-positive people already receiving antiretroviral therapy was presented. The 30 participants had been receiving treatment with boosted darunavir monotherapy for at least eight weeks prior to joining the study and had a viral load below 50 copies/ml.

The participants were randomised to add ABX464 to their existing regimen or to receive a placebo. After 28 days, participants interrupted all treatments and resumed antiretroviral therapy if their viral load rose above 1000 copies/ml.

After 28 days off treatment, eight of the ABX464 arm were classified as responders (53%), having an HIV DNA reduction greater than 25%. The mean reduction in total HIV DNA in responders was 38%. None of the placebo group were classified as responders.

Despite this there was no delay in HIV viral rebound in the ABX464 arm after treatment interruption compared to the placebo group, indicating that the degree of HIV DNA reduction was insufficient to affect the speed at which viral replication re-emerged after the interruption of treatment. It appears that more potent drugs may be needed for clearing HIV DNA.

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New website: PrEP in Europe

A new website, PrEP in Europe, has been officially launched at EACS 2017.

The website is run by the PrEP in Europe Initiative, a partnership of six HIV prevention and policy organisations that work in Europe, including NAM aidsmap. PrEP in Europe provides information on the effectiveness and availability of pre-exposure prophylaxis (PrEP), and news and advice to help strengthen advocacy for PrEP throughout Europe.

The first PrEP in Europe Summit will take place in Amsterdam, the Netherlands, from 9 to 10 February 2018. It is the first community-focused PrEP conference to take place in Europe. Register your interest to attend the Summit by 27 October.

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Visit the PrEP in Europe website

Find out more about the Summit and register your interest

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As well as accessing news from EACS 2017 through our website, you can also download our free app for iPhone or Android.

The apps link to our daily news reports on new research presented at EACS 2017, and other news on HIV treatment and prevention. We also cover key developments in hepatitis, TB and other health conditions linked to HIV.

As well as articles by our own editors, the apps include a daily hand-picked selection of HIV-related stories from other websites around the world.

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