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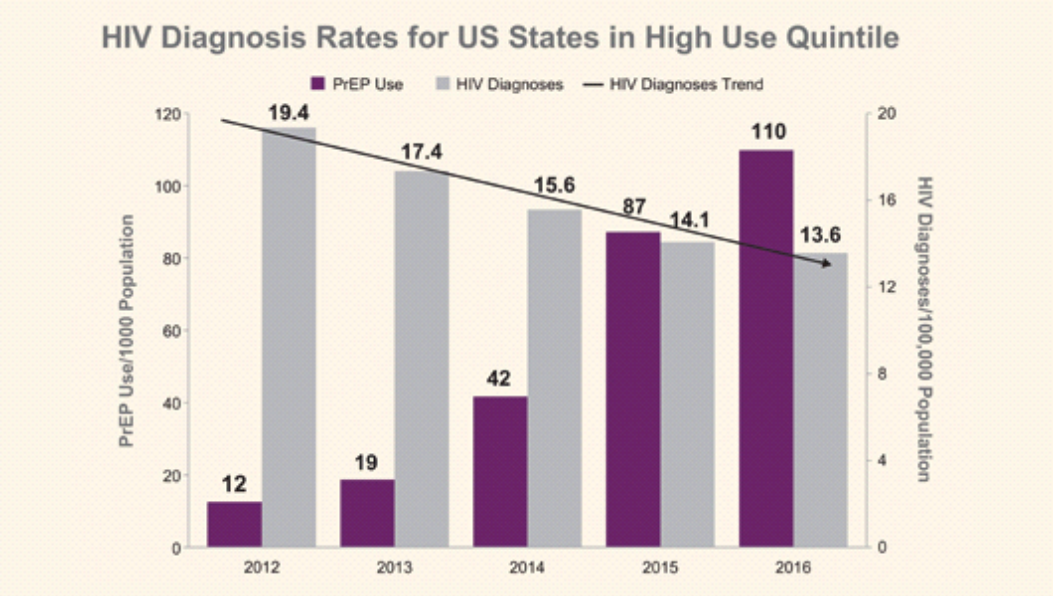
PrEP use linked to fewer new HIV infections in American states



Graph from Patrick Sullivan's poster at AIDS 2018.

As pre-exposure prophylaxis (PrEP) use continues to grow in the US, epidemiological evidence is starting to show an association between increases in PrEP uptake and declines in new infections.

A new analysis presented this week at the 22nd International AIDS Conference (AIDS 2018) in Amsterdam shows a correlation between higher PrEP use and lower HIV incidence in US states.

The US Food and Drug Administration approved *Truvada* (tenofovir/emtricitabine) for HIV prevention in July 2012. PrEP use has risen steadily since then, especially among white gay and bisexual men in major cities, but it has been difficult to determine the total number or demographics of people using PrEP because these data are not centrally collected.

Gilead Sciences, the maker of *Truvada*, has been reporting PrEP use estimates based on surveys of commercial pharmacies, and with researchers at Emory University's Rollins School of Public Health reported earlier this year that just over 77,000 people were taking PrEP in the US in 2016.

But PrEP is still only reaching a small proportion of those who might benefit, so is this increase in PrEP use leading to a decrease in new HIV infections?

The new analysis shows that the overall HIV diagnosis rate decreased significantly, from 15.7 per 100,000 persons in 2012 to 14.5 per 100,000 persons in 2016, an estimated annual decline of -1.6% per year.

Some notable differences were seen in relation to PrEP use. New HIV diagnoses declined by -4.7% in the quintile of states with the highest PrEP use. In contrast, diagnoses increased in the quintile with the lowest PrEP use (+0.9%).

"PrEP uptake was significantly associated with declines in HIV diagnoses in the USA, and this association is independent of levels of viral suppression," the researchers concluded.

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Donor funding for HIV programmes stalls

Jennifer Kates speaking at a press conference at AIDS 2018. ©International AIDS Society/Rob Huibers

Falling levels of donor government funding for HIV programmes threaten progress towards the 2020 global target of 90-90-90. The 90-90-90 targets endorsed by governments in 2014 call for 90% of people to know their HIV status, 90% of people with diagnosed HIV infection to be on treatment, and 90% of people on treatment to be virally suppressed.

At the AIDS 2018 conference, Jennifer Kates of the Kaiser Family Foundation presented data from a recent joint report with UNAIDS alongside three studies showing that overall funding by donor governments has largely stalled, with 8 out of 14 governments reducing their global spend on HIV efforts in 2017.

A study from the Harvard TH Chan School of Public Health showed that of the US$48 billion spent by 188 countries on HIV in 2015, overall 62% came from domestic spending by governments and 30% from development assistance. However, in countries with high HIV prevalence nearly 80% of funding came from development assistance, making these countries vulnerable to any reductions in aid.

Deepak Mattur of UNAIDS presented an analysis of data from 112 low- and middle-income countries. While almost all regions increased their domestic HIV resources, the lowest increase (33%) was in Eastern Europe and Central Asia. "We are already almost 20% short of the funding needed to reach the 2020 targets," he said.

John Stover of Avenir Health, however, presented a paper contending that more focused allocation of resources could improve cost-effectiveness by about a quarter in the 55 low- and middle-income countries that account for about 90% of all new infections.

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Test and treat studies show high rates of HIV diagnosis and viral suppression

Moeketsi Joseph Makhema at AIDS 2018. ©International AIDS Society/Marcus Rose.

Two large studies of community-based universal test and treat campaigns to promote HIV diagnosis, treatment and prevention show that the campaigns achieved very high rates of HIV diagnosis and viral suppression, as well as reductions in HIV incidence on some measures.

Large-scale community campaigns that go beyond the HIV clinic to offer testing and link people to HIV care have been piloted in several African countries, adopting methods such as door-to-door testing and community health events to reach people who might not attend health facilities or otherwise be offered an HIV test.

The SEARCH study, carried out in Uganda and Kenya, offered HIV testing and rapid treatment initiation within a multi-disease campaign also designed to diagnose and treat high blood pressure, diabetes and tuberculosis (TB) in the whole community.

Overall, the study found that by the end of year three, 79% of people with HIV in the intervention communities had a fully suppressed viral load compared to 68% in the control communities.

The effects of the multi-disease campaign went beyond viral suppression. People with HIV in the intervention communities were 20% less likely to die during the study than people with HIV in the control communities, and the mortality rate was 11% lower among all people enrolled in the intervention communities compared with the control communities. Results across the targeted health conditions were good, including TB incidence being almost 60% lower in the intervention communities.

The Ya Tse study, carried out in Botswana, evaluated the impact of an intensive community testing campaign, immediate treatment initiation and scaled-up provision of male circumcision.

In the intervention arm, 57 people acquired HIV infection compared to 90 in the standard-of-care arm, representing a 30% reduction in incidence.

The study also found a high rate of viral suppression among people diagnosed with HIV at baseline. The proportion of people who were virally suppressed increased by 18% in the intervention group and 7% in the control group. By the end of the study, 88% of all people diagnosed with HIV in the intervention group had an undetectable viral load.

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Universal test and treat greatly improves retention in care

Velephi Okello at AIDS 2018. ©International AIDS Society/Marcus Rose.

People who started HIV treatment in Swaziland under a universal test and treat policy were seven times more likely to still be in care and to have a fully suppressed viral load six months after starting treatment when compared to management of patients under the existing standard of care, the AIDS 2018 conference heard.

'Universal test and treat' aims to provide HIV testing to everyone in a local area and then – for those diagnosed with HIV – to link everyone to medical care and to provide everyone with HIV treatment that lowers their viral load to undetectable levels.

The findings presented at the conference come from the MaxART study, a comparison of providing treatment according to a standard model or through a universal test and treat approach. The study was designed to evaluate the real-world performance of a universal test and treat policy in a country with a very high prevalence of HIV and a predominantly rural population.

The study was conducted in 14 public health facilities in Swaziland, randomised to begin offering universal test and treat in stages, with a new group of facilities moving to test and treat every four months.

When the research group looked at outcomes six months after enrolment, they found that universal test and treat was associated with a 94% increased likelihood of retention in care and a sevenfold increase in the likelihood of both being retained in care and having an undetectable viral load.

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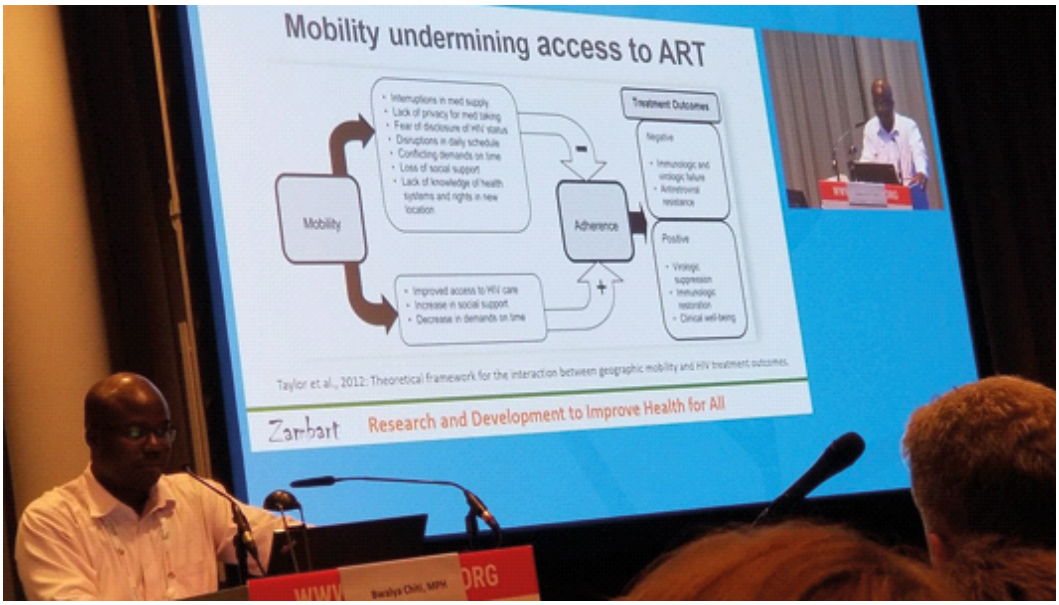
HIV treatment services need to adapt for mobile and migrant populations



Bwalya Chiti at AIDS 2018. Image credit: @HIVptn

Health facilities must be responsive to the needs of mobile individuals and of migrants if they are to retain people in care, the conference was told. Lifelong engagement with care is required for good individual and public health outcomes, but the rigidity of many health services is a barrier.

Social scientists working in the settings of universal test and treat studies in African countries, in order to understand the social context and impact of these interventions, have found that mobility and migration is a key theme.

In countries where welfare and social protection systems usually do not exist, people's reasons for mobility are primarily to raise money for household basic needs such as food, shelter and children's schooling.

Bwalya Chiti of Zambart highlighted that the clinic system usually requires people living with HIV to collect their medication from the same location. They may have to attend once a month, within normal working hours, and a visit can take a full day. Chiti argued people living with HIV need to be involved in decisions about service design to develop more flexible services.

Joseph Larmarange of the Centre Population et Développement (CEPED) commented that whereas the solutions in relation to short-term mobility seem fairly clear, it was less obvious how to adapt services for migrants who cross borders.

If health is seen as a human right, this must apply to mobile and migrant populations too.

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Why are some countries slow to implement HIV

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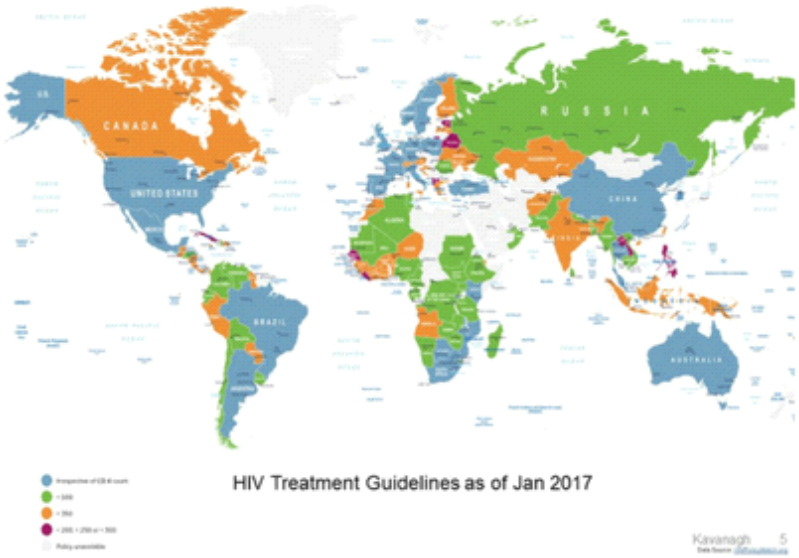

Slide from Matthew Kavanagh's presentation.

Differences in countries' economic prosperity and HIV prevalence do not explain the speed with which they update their national treatment policies and guidelines, but factors related to a country's political structure are relevant, the AIDS 2018 conference heard yesterday.

Over the years, there have been a series of important changes in the expert opinion and scientific evidence on when people should begin antiretroviral therapy (ART). Since September 2015, the World Health Organization has recommended treatment for all people with HIV, regardless of CD4 count. However, there is a great deal of diversity in national policies, with many countries lagging behind the guidelines.

A new study identified 290 published national ART guidelines from 122 countries, and interviewed 25 key people from 12 countries in order to shed light on barriers and facilitators of policy change.

It found that several factors which could be expected to have an impact on uptake of new guidance had only a minor impact. These included HIV prevalence, gross domestic product (GDP), and how democratic a country was.

However, it did find that the structure of government was important, with countries which have more centralised power structures being slower to implement changes. It seems that in countries with more complex bureaucratic and political structures, there are more opportunities for professional and community groups to exert influence.

Ethnic and linguistic diversity within a country also had a strong association with slower decision making. To influence change in such contexts, it may be helpful to have a variety of 'messengers' who can reach different ethnic, linguistic and social groups.

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High uptake of HIV self-tests by outpatients

Images from Kathryn Dovel's presentation slides.

Most models of HIV self-test distribution are based on community settings but providing self-tests to outpatients at health facilities is a promising strategy, the conference heard.

Patients at clinics offering self-testing in Malawi were seven times more likely to take a test than people offered provider-initiated testing and counselling (PITC).

Fifteen healthcare facilities were randomised to provide HIV testing in one of three ways:

- Standard PITC: patients referred to another part of the facility for an HIV test.
- Optimised PITC: HIV testing in the outpatient department, before receiving the service the person was attending for.
- Facility-based self-testing: HIV self-test kits distributed in the waiting area.

In a six-month period, 13,077 adults attended the outpatient facilities. Self-testing dramatically increased the proportion of outpatients tested – from 13% with standard PITC and 14% with optimised PITC, to 51% with self-testing. The benefit was most pronounced in young people aged 15 to 24. After adjusting for other factors that could influence the results, being at a self-testing site was associated with a sevenfold greater odds of testing for HIV.

Providing self-tests within health facilities may have advantages in terms of being an approach that is feasible to scale up, which facilitates linkage to care, and in relation to quality assurance.

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Consensus statement on HIV science in the context of criminal law

The Criminalisation of HIV press conference at AIDS 2018. ©International AIDS Society/Steve Forrest/Workers' Photos

To coincide with the AIDS 2018 conference, 20 of the world's leading HIV scientists published the *Expert consensus statement on the science of HIV in the context of criminal law*.

The statement is based on robust evidence and counsels caution when prosecuting people for HIV transmission, exposure and non-disclosure. It encourages governments, law enforcement officers, and those working in the judicial system to note carefully advances in HIV science so as to ensure that current knowledge in this field informs the application of the law.

The statement is explicit that its purpose is to assist those providing expert opinion evidence in individual criminal cases, and that it is "not intended as a public health document to inform HIV prevention, treatment and care messaging or programming".

The statement covers the factors influencing transmission risk and the risk associated with particular acts, the importance of proving transmission, and the harmfulness of HIV, noting that "persistent misconceptions exaggerating the harms of HIV infection appear to influence application of the criminal law".

The statement is notable not only for its engagement with the most recent research findings, but also for its intended global reach, and in its uncompromising recognition of the impact which the refusal to deploy, or to misuse, science can have. It is a milestone in the history of HIV criminalisation, and in the campaign to ensure that people living with HIV are treated fairly in the criminal justice system.

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Scientific analysis from Clinical Care Options

Clinical Care Options (CCO) is an official online provider of scientific analysis for the conference.

Their coverage will include capsule summaries of important clinical data, downloadable slides and expert faculty commentary on key HIV prevention and treatment studies.

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