HIV healthcare providers are ready to introduce PreP in Central and Eastern Europe - data from ECEE Network Group

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Background

- Pre-exposure prophylaxis (PreP) of HIV infection is introduced in few European countries
- Obstacles towards this prevention strategy might depend on regional/national specifics
- Therefore we have investigated this issue in Central and Eastern European region, and neighboring countries

Methods

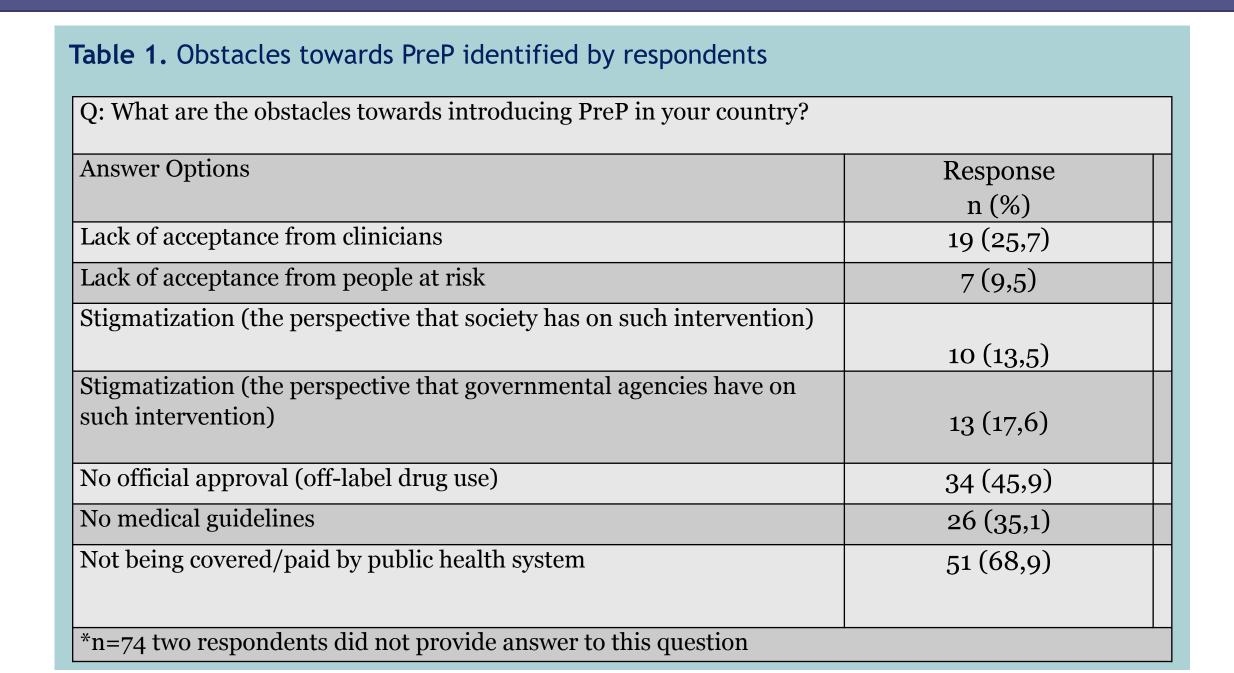
- Euroguidelines in Central and Eastern Europe (ECEE) Network Group was formed in February 2016 to review standards of care for HIV in the region
- In 2017 the group decided to review the need and potential obstacles towards introducing PreP in the region
- Information related to PreP was collected through on-line surveys
- Respondents were recruited by ECEE members based on their involvement in HIV care

Results

- 76 respondents from 23 countries participated in the survey
- 66 (86.8%) HIV physicians, 10 (13,2%) other speciality clinicians and epidemiologists
- 40 (52.6%) women and 60 (78.9%) over 40 years old
- 26 (34.2%) respondents reported PreP (TDF/FTC) being registered by drug registration authority in their country
- 41 (53.9%) had PreP discussed and 30 (39.5%) had it recommended in the guidelines
- 53 (70.7%) respondents reported to be aware of 'informal' PreP use in their country
- If having access 56 (74.7%) would advise PreP in their practice
- 59.2% respondents had concerns regarding PreP use (Table 1), 10 (13.3%) expressed the need for more training
- Most of (88.2%) respondents would provide PreP to people with high risk behaviours (Figure 1)
- 45 (59.2%) would recommend PreP in sero-discordant couples when HIV+ partner had detectable HIV RNA (Figure 2)
- The choice of PreP regimen was equally distributed (Figure 3)
- 59% expressed some concerns related to PreP use (Figure 4)

Conclusions

- Most respondents reported PreP being informally used in their country by persons at risk, without any medical supervision
- At the same time, if given a chance, most of responding HIV practitioners would advise PreP
- Obstacles towards implementing PreP in those countries were mostly related to lack of national guidelines, drug registration and governmental strategy



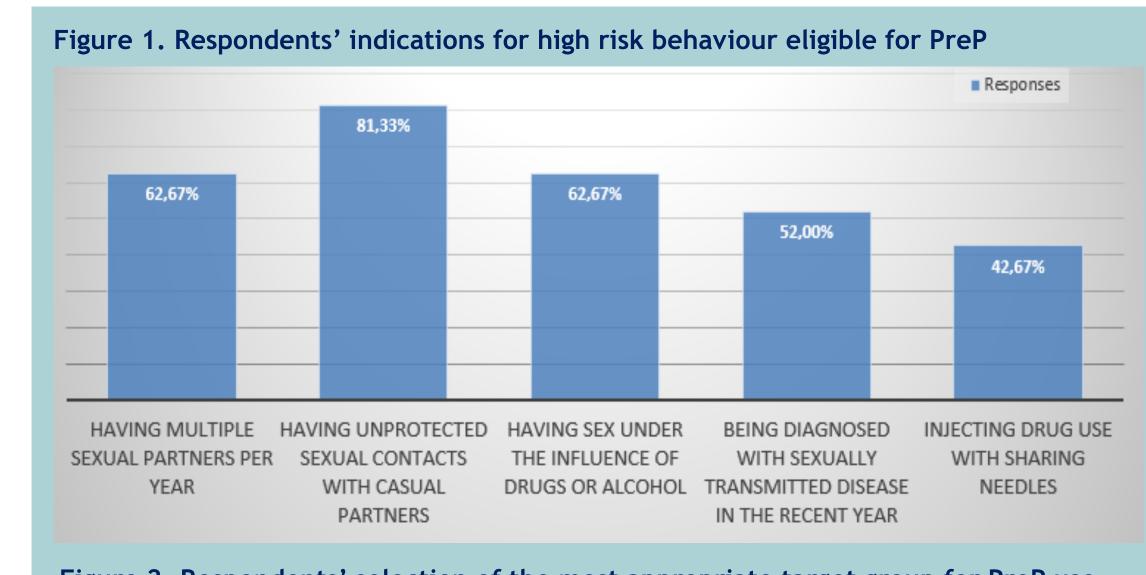


Figure 2. Respondents' selection of the most appropriate target group for PreP use

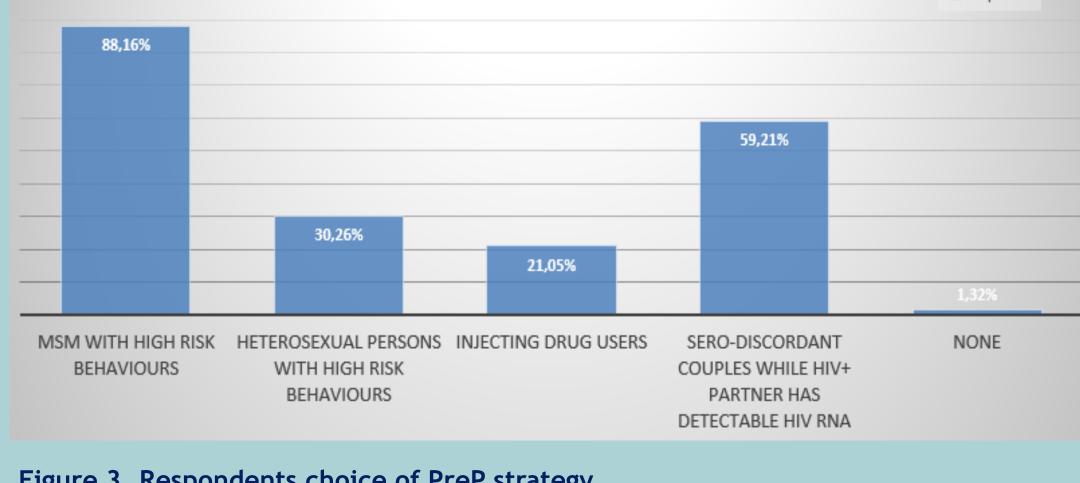


Figure 3. Respondents choice of PreP strategy

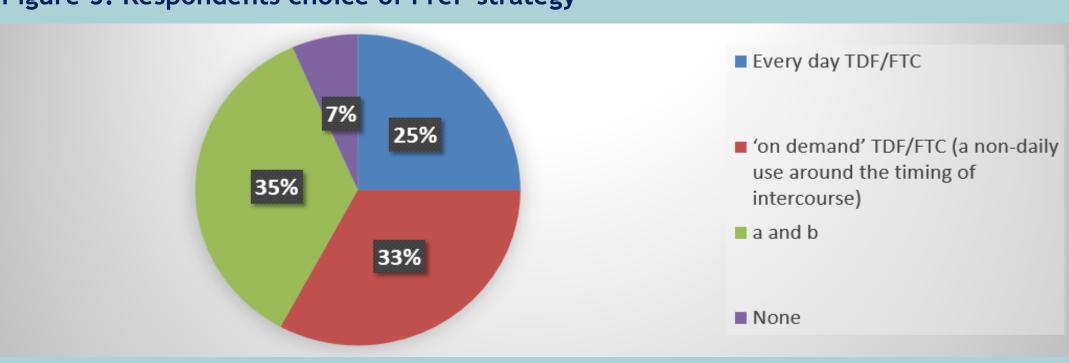
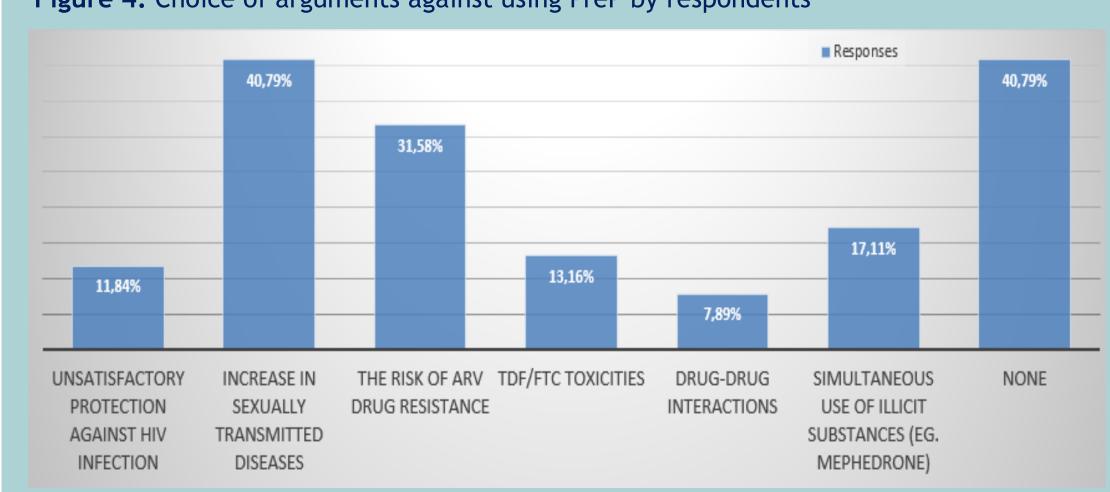


Figure 4. Choice of arguments against using PreP by respondents



ECEE Network Group:

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