

14:20 - 15:00

Luci e ombre sulla profilassi pre-esposizione antibatterica e antivirale A. Di Biagio (Genova) | *Discussant*: A. De Maria (Genova)





# Disclosures

## **PReP**

#### • WHO 2015:

- people who experience substantial risk of HIV infection should be offered PrEP as an additional prevention choice to
  - HIV testing,
  - condom usage,
  - Screening for , and
  - treatment of sexually transmitted infections (STIs)





## **Potential Cons of PrEP**

- HIV infection
- HIV resistance
- Increase in Sexually Transmitted Infections
  - Decreased safe-sex procedures
  - Decreased condom use
  - Decresed acceptance of other prophylactic procedures
- Increased administration of treatmen/ptophylaxis for other STI Pathogens





## **HIV** infection/resistance

oproxil fumarate with or without emtricital	oine as HIV p	oreexpo	sure proph	ylaxis.				
Reference	Acute HI	V prior	to random	ization	Incident	HIV aft	er random	ization
	TDF/FTC	TDF	Placebo	Total	TDF/FTC	TDF	Placebo	Total
Choopanya et al. (2013)	-	0	2	2	-	17	33	50
Baeten et al. (2016), Heffron et al. (2017)	14	-	-	14	4	-	-	4
<u>Van Damme et al. (2012)</u>	1	-	1	2	33	-	35	68
Sivay et al. (2017)	3	-	-	3	8	-	-	8
Delaugerre et al. (2018)	4 <u>b</u>	-	0	4	2	-	13	15
Liegler et al. (2014)	2	-	8	10	48	-	83	131
<u>Grant et al. (2014)</u>	0	-		0	28	-	-	28
Baeten et al. (2012), Lehman et al. (2015)	4	8	6	18	21	30	52	103
Hosek et. (2017)	2	-	-	2	4	-	-	4
McCormack et. (2016)	3 <u>d</u>	-	-	3	2	-	-	2
Thigpen et al. (2012), Chirwa et al. (2014)	1	-	2	3	9	-	24	33
Grohskopf et al. (2013)	-	0	1	1	-	0	3 <u>e</u>	3
Marrazzo et al. (2015)	9	5	1	15	55	58	60	173
	43	13	21	77	214	105	303	622
	Choopanya et al. (2013)  Baeten et al. (2016), Heffron et al. (2017)  Van Damme et al. (2012)  Sivay et al. (2017)  Delaugerre et al. (2018)  Liegler et al. (2014)  Grant et al. (2014)  Baeten et al. (2012), Lehman et al. (2015)  Hosek et. (2017)  McCormack et. (2016)  Thigpen et al. (2012), Chirwa et al. (2014)  Grohskopf et al. (2013)	Reference         Acute HIV           Choopanya et al. (2013)         -           Baeten et al. (2016), Heffron et al. (2017)         14           Van Damme et al. (2012)         1           Sivay et al. (2017)         3           Delaugerre et al. (2018)         4b           Liegler et al. (2014)         2           Grant et al. (2014)         0           Baeten et al. (2012), Lehman et al. (2015)         4           Hosek et. (2017)         2           McCormack et. (2016)         3d           Thigpen et al. (2012), Chirwa et al. (2014)         1           Grohskopf et al. (2013)         -           Marrazzo et al. (2015)         9	Reference         Acute HIV → IDF / IDF	Reference         Acute HIV Prior Vandomic           Choopanya et al. (2013)         -         0         2           Baeten et al. (2016), Heffron et al. (2017)         14         -         -           Van Damme et al. (2012)         1         -         1           Sivay et al. (2017)         3         -         0           Delaugerre et al. (2018)         4b         -         0           Liegler et al. (2014)         2         -         8           Grant et al. (2014)         0         -         -           Baeten et al. (2012), Lehman et al. (2015)         4         8         6           Hosek et. (2017)         2         -         -           McCormack et. (2016)         3d         -         -           Thigpen et al. (2012), Chirwa et al. (2014)         1         -         2           Grohskopf et al. (2013)         -         0         1           Marrazzo et al. (2015)         9         5         1	TDF/FTC         TDF         Placebo         TOTA           Choopanya et al. (2013)         -         0         2         2           Baeten et al. (2016), Heffron et al. (2017)         14         -         1         2           Van Damme et al. (2012)         1         -         1         2           Sivay et al. (2017)         3         -         -         3           Delaugerre et al. (2018)         4b         -         0         4           Liegler et al. (2014)         2         -         8         10           Grant et al. (2014)         0         -         -         0           Baeten et al. (2012), Lehman et al. (2015)         4         8         6         18           Hosek et. (2017)         2         -         -         2           McCormack et. (2016)         3d         -         -         3           Thigpen et al. (2012), Chirwa et al. (2014)         1         -         2         3           Grohskopf et al. (2013)         -         0         1         1           Marrazzo et al. (2015)         9         5         1         15	Reference         Acute HIV-Prior Top Placebo         Total Top Proprior           Choopanya et al. (2013)         -         0         2         2           Baeten et al. (2016), Heffron et al. (2017)         14         -         1         4           Van Damme et al. (2012)         1         -         1         2         33           Sivay et al. (2017)         3         -         1         2         33           Delaugerre et al. (2018)         4b         -         0         4         2           Liegler et al. (2014)         2         -         8         10         48           Grant et al. (2014)         0         -         -         0         28           Baeten et al. (2012), Lehman et al. (2015)         4         8         6         18         21           Hosek et. (2017)         2         -         -         2         4           McCormack et. (2016)         3d         -         -         3         2           Thigpen et al. (2012), Chirwa et al. (2014)         1         -         2         3         9           Grohskopf et al. (2013)         -         0         1         1         -           Marrazzo et al. (2015) </td <td>Reference         Acute HIV-rior Table Tops         Tops</td> <td>Reference         Acute HIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-</td>	Reference         Acute HIV-rior Table Tops         Tops	Reference         Acute HIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-IIV-

Gibas KM, et al.. Drugs. 2019 Apr;79(6):609-619

- Risk of infection= 8% AND a 92% risk reduction of HIV (Grant RM et al.2010)
- 699 seroconversions; 11% acute infection; 89% (n=622) during follow up
- Of 622 seroconversions, 3% resistance mutations to TDV or FTC
- No data so far for cabotegravir, lenacapravir, Dapivirina,





## **Increased STIs**

**EPIDEMIOLOGY AND SOCIAL** 

The impact of HIV preexposure prophylaxis on bacterial sexually transmitted infection occurrence in MSM: a systematic review and meta-analysis

Georgiadis, Nikolaos<sup>a,\*</sup>; Papamichail, Dimitrios<sup>a,\*</sup>; Lytras, Theodore<sup>b</sup>; Halkitis, Perry N.<sup>c</sup>; Tzanakaki, Georgina<sup>a</sup>; Kornarou, Eleni<sup>a,†</sup>; Vassilakou, Nair-Tonia<sup>a,†</sup>; Sergentanis, Theodoros N.<sup>a,†</sup>

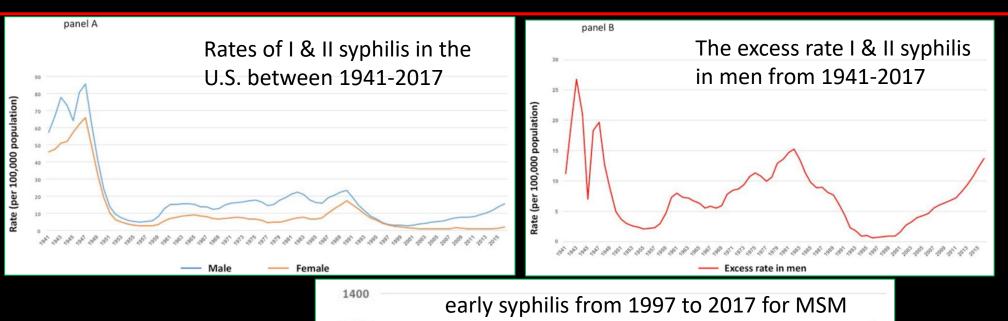
**AIDS** 38(7):p 1033-1045, June 01, 2024.

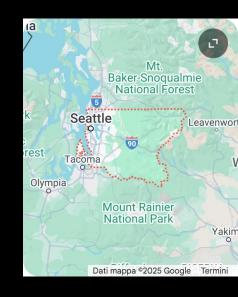
- 23 studies - 11 776 participants (age range: 18–71 years)
- median follow-up = 12 months
- significant increase in the occurrence of any STI (pooled effect size: 1.15
- any gonorrhea (pooled effect size: 1.17,
- any chlamydia (pooled effect size: 1.31,
- rectal chlamydia (pooled effect size: 1.31,
- borderline increase in urethral chlamydia (p=0,06)
- NO increase in any Syphilis

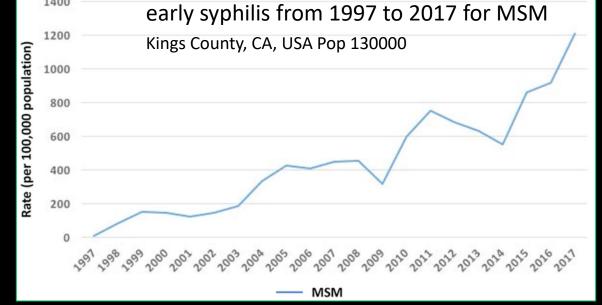




## No increase of Syphilis with PrEP?











#### **Increased STIs and Increase in Condomless Sex**



Effects of Pre-exposure Prophylaxis for the Prevention of Human Immunodeficiency Virus Infection on Sexual Risk Behavior in Men Who Have Sex With Men: A Systematic Review and Meta-analysis

Michael W Traeger ▼, Sophia E Schroeder, Edwina J Wright, Margaret E Hellard, Vincent J Cornelisse, Joseph S Doyle, Mark A Stoové Author Notes

#### PrEP use was associated with

- a significant increase in rectal chlamydia (odds ratio 1.59)
- an increase in any STI diagnosis (OR, 1.24;).
- The association of PrEP use with STI = stronger in later studies.

JOURNAL ARTICLE EDITOR'S CHOICE

Increase in condomless sex among PrEP users.





## PrEP = Condomless Sex

Low use of condom and high STI incidence among men who have sex with men in PrEP programs

Oskar Ayerdi Aguirrebengoa , Mar Vera García, Daniel Arias Ramírez, Natalia Gil García, Teresa Puerta López, Petunia Clavo Escribano, Juan Ballesteros Martín, Clara Lejarraga Cañas, Nuria Fernandez Piñeiro, Manuel Enrique Fuentes Ferrer, Mónica García Lotero, Estefanía Hurtado Gallegos, Montserrat Raposo Utrilla, [...], Carmen Rodríguez Martín [view all]



4.2.2021

A total of 110 MSM and TGW were selected

The Risk compensation consisted primarily of a lower rate of condom use, while the number of sexual partners and recreational drug consumption remained stable.





### From PrEP to combined PrEP+PEP

- PrEP increases STI
- Increases in Chlamydia and gonorrhea documented
- Independent increase in Syphilis
- Doxy-PEP is being used,
  - Does it work?
  - Does it increase resistance?





#### Post-Exposure Prophylaxis – PEP – works out fine

JAMA Internal Medicine | Original Investigation

Doxycycline Postexposure Prophylaxis and Bacterial Sexually Transmitted Infections Among Individuals Using HIV Preexposure Prophylaxis

Michael W. Traeger, PhD, MSc; Wendy A. Leyden, MPH; Jonathan E. Volk, MD; Michael J. Silverberg, PhD; Michael A. Horberg, MD; Teaniese L. Davis, PhD; Kenneth H. Mayer, MD; Douglas S. Krakower, MD; Jessica G. Young, PhD; Samuel M. Jenness, PhD; Julia L. Marcus, PhD

- Doxi-PrEP: 200mg 1 tablet within 72hrs after unprotected intercourse
- 11 551 HIV PrEP users 2253 (19.5%) were dispensed doxyPEP
- Among doxyPrEP recipients,
  - quarterly chlamydia positivity decreased from 9.6% to 2.0
  - Quarterly gonorrhea positivity decreased from 10.2% to 9.0%
  - Quarterly syphilis positivity decreased from 1.7% to 0.3%





#### Post-Exposure Prophylaxis – PEP – works out fine



- STI: 10.7% doxy-group vs 31.9% standard-care (-21.2%; RR= 0.34)
- RR= 0.45 for gonorrhea, RR=0.12 for chlamydia, RR= 0.13 for syphilis
- Gonorrhea culture available, tetra-R N.gonorrhoeae occurred in
  - 5 of 13 (39%) doxycycline groups
  - 2 of 16 (13%) standard-care groups





## Increased resistance of other STI Pathogens



- Gonorrhea culture available, tetra-R N.gonorrhoeae occurred in
  - 5 of 13 (39%) doxycycline groups
  - 2 of 16 (13%) standard-care groups
- S. aureus oronasopharynx in 45% of pts., 12% doxycycline-R.
- At month 12, S. aureus was isolated in
  - 28% in the doxycycline groups and
  - 47% in the standard-care groups (P=0.03), with
  - doxycycline-Resistant isolates in 16% and 8%, respectively





## Increased resistance of other STI Pathogens

- Doxy-PEP reduces the incidence of syphilis, chlamydia, and gonorrhea
- drive the emergence and spread of tetracycline resistance, particularly in commensal Neisseria, S.aureus

Clinical Infectious Diseases

Infectious Diseases Society of America

HIV Medicine Association

OXFORD

Potential Impact of Doxycycline Post-Exposure Prophylaxis on Tetracycline Resistance in *Neisseria* gonorrhoeae and Colonization With Tetracycline-Resistant Staphylococcus aureus and Group A Streptococcus

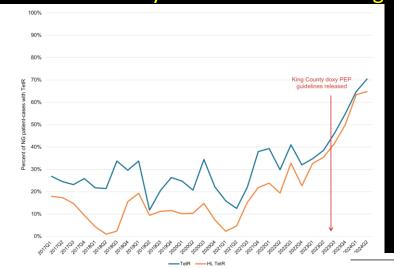
Olusegun O. Soge, 1,2,3,4,0 Christina S. Thibault, Chase A. Cannon, 2,4,5,0 Stephanie E. McLaughlin, Tim W. Menza, 2,4,5 Julia C. Dombrowski, 2,4,5,6,0 Ferric C. Fang, 1,2,3,0 and Matthew R. Golden R. Golden G. Golde



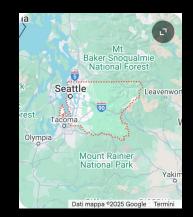


### **Increased resistance of other STI Pathogens**

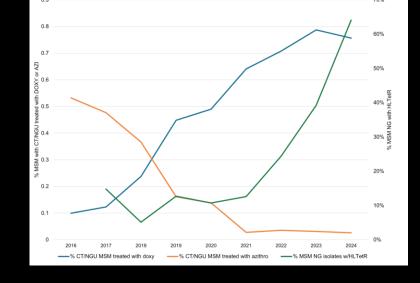
Prevalence of tetracycline resistance among MSM with NG,



Proportion of MSM with CT or NGU who were treated within 7 d, and proportion NG isolates w.high-level-tet-R 2016–2024.



Did Not Use doxy PEP in Past



SA &GAS screening in doxy-PEP



Screened for S. aureus       838       100       227       27%       602       72%         Screened positive for:       281       34%       62       27%       216       36%       .020         MRSA       12       1%       2       1%       10       2%       .520         Tetracycline-resistant S.       89       11%       41       18%       47       8%       <.000         aureus       .000	Total Month M	Total Month Month
Screened positive for:         S. aureus       281       34%       62       27%       216       36%       .020         MRSA       12       1%       2       1%       10       2%       .528         Tetracycline-resistant S.       89       11%       41       18%       47       8%       <.000	N % N % N	N % N % N % P value <sup>a</sup>
S. aureus     281     34%     62     27%     216     36%     .020       MRSA     12     1%     2     1%     10     2%     .528       Tetracycline-resistant S.     89     11%     41     18%     47     8%     <.000	838 100 227 27% 602	88 100 227 27% 602 72%
MRSA       12       1%       2       1%       10       2%       .528         Tetracycline-resistant S.       89       11%       41       18%       47       8%       <.000		
Tetracycline-resistant S.       89       11%       41       18%       47       8%       <.000         aureus       Tetracycline-resistant MRSA       10       1%       2       1%       8       1%       .736         Screened for GAS       512       100%       158       31%       352       69%	281 34% 62 <mark>27%</mark> 216	31 34% 62 <mark>27% </mark> 216 <mark>36%</mark> .020
aureus       10       1%       2       1%       8       1%       .736         Screened for GAS       512       100%       158       31%       352       69%	12 1% 2 1% 10	2 1% 2 1% 10 2% .528
Tetracycline-resistant MRSA 10 1% 2 1% 8 1% .736 Screened for GAS 512 100% 158 31% 352 69%	S. 89 11% 41 <mark>18%</mark> 47	39 11% 41 <mark>18% 47 8% &lt;.000</mark> 1
Screened for GAS 512 100% 158 31% 352 69%		
	MRSA 10 1% 2 <mark>1%</mark> 8	0 1% 2 <mark>1%</mark> 8 1% .736
Screened positive for:	512 100% 158 <mark>31% </mark> 352	2 100% 158 <mark>31% </mark> 352 <mark>69%</mark>
GAS 28 5% 15 9% 13 4% .008	28 5% 15 <mark>9%</mark> 13	28 5% 15 <mark>9%</mark> 13 <mark>4%</mark> .008
Tetracycline-resistant GAS 23 4% 12 8% 11 3% .029	GAS 23 4% 12 <mark>8%</mark> 11	23 4% 12 <mark>8%</mark> 11 <mark>3%</mark> .025



## **PReP**

#### • WHO 2015:

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  - HIV testing,
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