

FIRST RESULTS

COORDINATION GROUP







STUDY GROUP































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WHAT IS PREP?

PrEP (pre-exposure prophylaxis) refers to the use of an HIV antiretroviral drug by an HIV-negative individual for preventive purposes, that is, to prevent HIV infection. Truvada® is the main drug used as PrEP. Up to October 2016, France was the only European country where PrEP could be prescribed and reimbursed.

PrEP does not provide protection against other sexually transmitted infections (STIs).

Prep is not to be confused with Pep (post-exposure prophylaxis, or "emergency treatment") which is a combination of HIV antiretroviral drugs to prevent HIV **after** exposure to the virus.

WHAT WERE THE OBJECTIVES OF THE FLASH! PREP IN EUROPE ONLINE SURVEY?

The goal of this research was to better understand knowledge, attitudes towards, willingness to take and current use of PrEP across Europe to inform sexual health policy making.

The Flash! PrEP in Europe online survey took place simultaneously in 12 European countries from the 15th of June to the 15th of July 2016. This document presents the first results of the survey at the European level.

Most respondents were recruited thanks to advertising and promotion on dating apps/websites, Facebook® and Twitter®, the pages of NGOs involved in the project, websites with LGBTI audience and distribution of cards and flyers during regular activities.

205

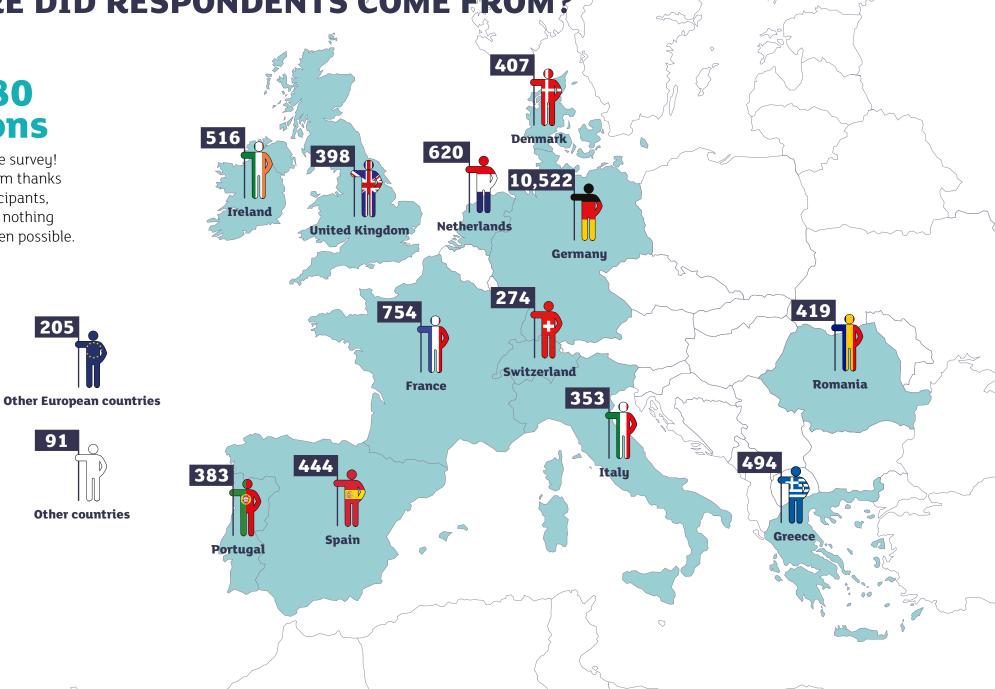
91

Other countries

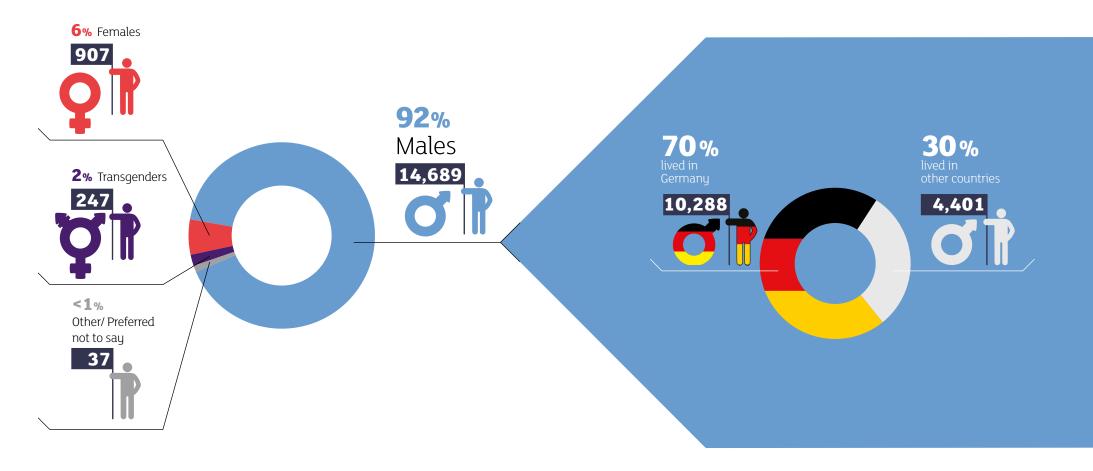
WHERE DID RESPONDENTS COME FROM?

Overall, 15,880 persons

took part in the survey! We extend warm thanks to all the participants, without whom nothing would have been possible.



DISTRIBUTION OF RESPONDENTS ACCORDING TO GENDER



Due to unbalanced distribution of the sample, the results of the following subpopulations are presented separately: men living in Germany, men living in other countries, women and transgenders.

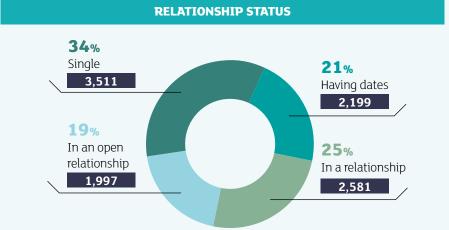
Due to translation problems in the questionnaire, the Romanian sample is not included in the following presentation, and will be studied separately in further analyses.

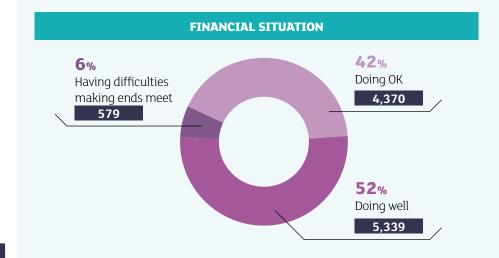
Men living in Germany were largely recruited through the gay/MSM dating app and website Planet Romeo®.









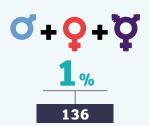


















said they knew what PrEP was prior to taking the survey.

Among these, almost

had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

were interested in using it. Main reasons: "I would feel safer" and "I would feel less anxious"

and

"I'm worried about the side effects"

"I don't want to take medication every day"

thought PrEP would meet their prevention needs.



PREFERRED CONDITIONS OF DELIVERY

Almost

felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

General Practitioner's (GP)

and Community-based health centers

40%

of the respondents would like PrEP to be free of charge for those who need it

and a further 4.1% thought PrEP should be covered at least in part by health insurance.

INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey, just under

(n=147)

were already using PrEP outside of a formal framework.

via medical prescriptions from doctors ("off label" use),

using PEP tablets as PrEP

• from an HIV-positive friend who gave them tablets.

However, more than

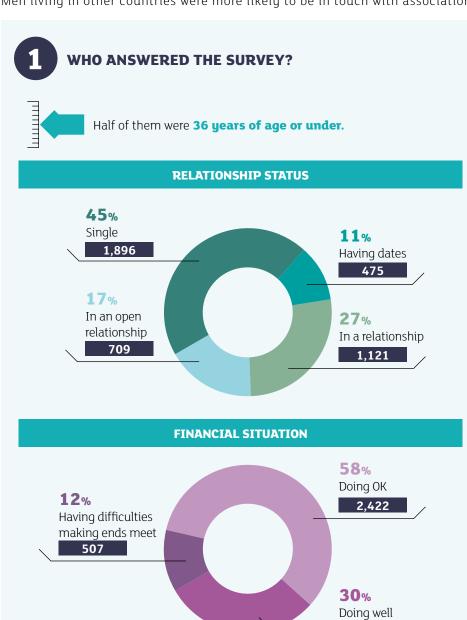
of these "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.

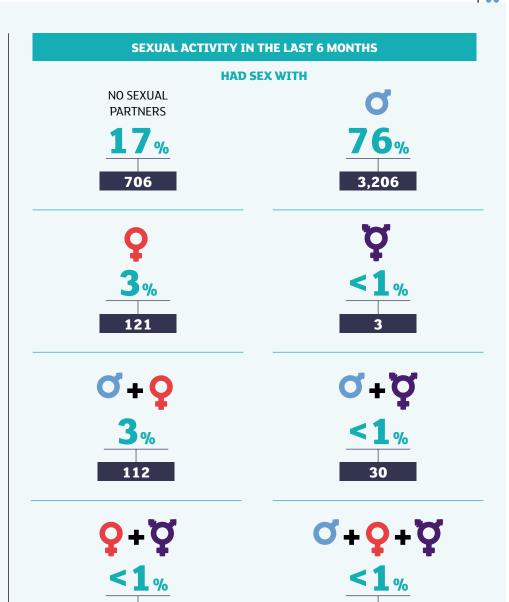


Men living in other countries were more likely to be in touch with associations working in the field of HIV prevention.

1,272







17





KNOWLEDGE AND ATTITUDES TOWARDS PREP

77%

said they knew what PrEP was prior to taking the survey.

Among these, almost

80%

had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

were interested in using it. Main reasons:

"I would feel safer"

and

"I would feel less anxious"

Main reasons for NOT being interested:

"I don't need to change how I protect myself"and"I don't want to take medication every day"

57%

thought PrEP would meet their prevention needs.

3 PREFERRED CONDITIONS OF DELIVERY

85%

felt PrEP should be delivered in a comprehensive prevention package (regular HIV testing, STI testing and treatment, peer support, etc.).

Community-based health centersandGeneral Practitioner's

were identified as the most appropriate places for future PrEP delivery

51%

of the respondents would like PrEP to be free of charge for those who need it

and a further 38% thought PrEP should be covered at least in part by health insurance.

4 INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

5% (n=156)

were already using PrEP outside of a formal framework.

They obtained their PrEP tablets mostly

by purchasing them online,using PEP tablets as PrEP,

or via medical prescriptions from doctors ("off label" use).

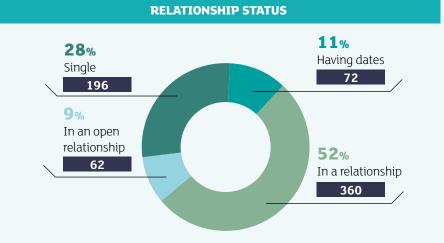
However, more than

2/3

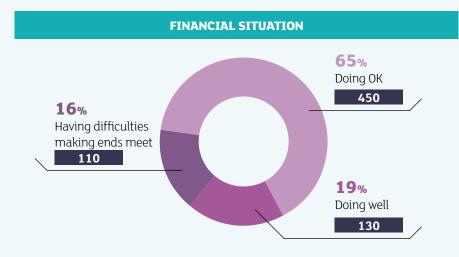
of these "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.

The majori





Half of them were **30 years of age or under.**







KNOWLEDGE AND ATTITUDES TOWARDS PREP

said they knew what PrEP was prior to taking the survey.

Among these,

had a correct knowledge about PrEP. Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

were interested in using it. Main reasons: "I would feel safer" and "I would feel less anxious"

"I don't need to change how I protect myself" and "I don't think I'm at risk of being infected by HIV"

thought PrEP would meet their prevention needs.



PREFERRED CONDITIONS OF DELIVERY

(regular HIV testing, STI testing and treatment, peer support, etc.).

Community-based health centers and General Practitioner's

were identified as the most appropriate places for future PrEP delivery

60%

of the respondents would like PrEP to be free of charge for those who need it

and a further 29% thought PrEP should be covered at least in part by health insurance.

INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

1 % (n=4)

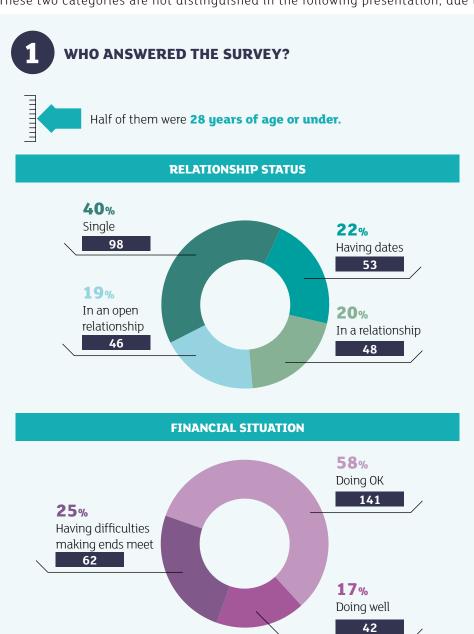
were already using PrEP outside of a formal framework.

 medical prescriptions from doctors ("off label" use), medical prescriptions saying they were HIV positive, an HIV positive friend who gave them tablets another PrEP user.

These 4 "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.

In total, 245 transgender participants answered the survey, of whom 145 (59%) were Male-to-Female and 100 (41%) Female-to-Male. These two categories are not distinguished in the following presentation, due to low numbers.











PREFERRED CONDITIONS OF DELIVERY

said they knew what PrEP was prior to taking the survey.

KNOWLEDGE AND ATTITUDES

TOWARDS PREP

Among these, almost

had a correct knowledge about PrEP. 75% Among the respondents with an incorrect knowledge, the confusion between PEP and PrEP was the most frequent.

were interested in using it. Main reasons:

"I would feel safer"

and

"I would feel less anxious"

"I'm worried about the side effects"

and

"I don't want to take medication every day"

thought PrEP would meet their prevention needs.

(regular HIV testing, STI testing and treatment, peer support, etc.).

Community-based health centers

and

General Practitioner's

were identified as the most appropriate places for future PrEP delivery

64%

of the respondents would like PrEP to be free of charge for those who need it

and a further 25% thought PrEP should be covered at least in part by health insurance.

INFORMAL USE

Among the respondents who knew what PrEP was prior to taking the survey,

(n=5)

were already using PrEP outside of a formal framework.

They obtained their PrEP tablets

from an HIV positive friend who gave them tablets,

by purchasing them online,

by purchasing generics in other countries of the world

from a participant in a PrEP clinical trial.

3 of these "informal PrEP users" declared having no or irregular medical supervision for their PrEP taking.

CONCLUSION

Depending on the recruitment method, respondents' profiles varied a lot.

It strongly influenced the results of the survey.

The level of knowledge
was strongly dependent
on the respondents' profiles,
ranging between 37% and 77%.
Among the participants
who knew what PrEP was prior
to taking the survey,

a great majority of them had a correct knowledge about PrEP.

Interest in PrEP was relatively high among respondents, albeit lower for women.

It seems that **PrEP would meet the prevention needs**of a great number

of respondents.

Most of them felt
PrEP
should be delivered
in the framework of
a comprehensive
prevention package
(including peer-support).

A great majority
of respondents thought that
PrEP should either
be free, or at least
covered in part
by a health insurance.

Most of the respondents would like

PrEP to be delivered in community-based settings, either at community-based health centers or at GPs'.

A non-negligible number of respondents are already taking PrEP informally, frequently without adequate medical follow-up.

