



PASH.t^m

POSITION STATEMENT PRE-EXPOSURE PROPHYLAXIS

Overview

PASH.t^m believes that trans men and trans masculine people (assigned female at birth) who have sex with men; are gay; bisexual; or queer (known collectively as trans MSM) should have access to HIV Pre-Exposure Prophylaxis (PrEP). The broad definition of 'men who have sex with men' (MSM) does and should always include trans MSM [1].

Why?

PASH.t^m believes that the risk of acquiring HIV for trans MSM is similar to that of all other men who have sex with men, as they share possible transmission routes in addition to receptive front hole (vaginal) intercourse (for those men who retain natal genitals). This is particularly the case for trans MSM at higher risk of acquiring HIV such as those not wishing to or those unable to use condoms consistently. The genital impact of testosterone treatment (atrophy, and internal wall thinning and tearing) on the relative risk of HIV transmission is clinically unknown. PASH.t^m advocates for clinical research in this currently un-researched area.

Evidence for PrEP

PrEP is an HIV prevention medication whereby someone who is HIV negative takes a daily medication to remain negative. Currently, the only medication available for use as PrEP is Truvada, a combination of the anti-retroviral compounds tenofovir and emtricitabine. Truvada is manufactured by Gilead Sciences and an application for use within Australia is currently before the Therapeutic Goods Administration (TGA). An application to the Pharmaceutical Benefits Advisory Committee (PBAC) for PBS listing is expected to be submitted post TGA approval.

The efficacy of PrEP has been shown across a number of major, large-scale studies. These have included the iPrEx study, which found that in a sample of 2499 aggregated cisgender men (MSM) and transgender women (who have sex with men) across six countries, that when taken with close to full adherence, HIV infection rates were reduced by 95-99% [2].

The PARTNERS study found in a cohort of more than 4500 sero-discordant couples, that of those with detectable PrEP in their blood, HIV infections were reduced by at least 99% [3]. Most recently, A Kaiser Permanente study in San Francisco found that over a 32 month period of daily PrEP use, no new infections were recorded, even when condom use decreased and other sexually transmitted infections occurred [4]. In all of the studies into PrEP, one thing is clear, and that is if taken daily it works.

Trans MSM and PrEP

Trans MSM have been excluded from all clinical PrEP trials so it is unknown how or if PrEP efficacy is impacted by bodies where the primary sex hormone is exogenous testosterone (externally applied/injected). For trans MSM, comparison to cisgender men or women provides little insight and further research is required in this area. The World Health Organization (WHO) has also recently confirmed that investigation into transgender men and PrEP is a research gap [5]. PASH.t^m recommends a regimen of at least 20 daily tablets to ensure peak protection level is reached.

Three demonstration projects in Brisbane, Sydney and Melbourne are currently underway involving a cohort of approximately 600 high-risk gay and bisexual men. PASH.t^m is aware of three trans MSM enrolled in these studies, which are not statistically significant but provide an opportunity for qualitative analysis. Accurate inclusion of trans MSM in all PrEP research is of urgent and critical importance.

While more research is required, the available evidence confirms that trans MSM are as likely to engage in high risk, condomless receptive intercourse with other gay men and MSM. Therefore, it is of critical importance that clinical guidelines (including for accessing PrEP) and community education initiatives related to HIV prevention in gay men and MSM accurately reflect sexual risk, not only with anal sex among MSM but also receptive front hole intercourse among trans MSM.



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References

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