

COVID-19, sex and PrEP

By Dr Dean Murphy, Research Fellow, Kirby Institute, UNSW, Sydney and Alfred Health, Melbourne.

Studies from several different countries conducted over the last few months have shown how gay men have changed their sexual behaviour as a result of COVID-19.

Although studies have investigated these changes in different ways, the collective findings suggest decreases in the number of sexual partners, and/or limiting sex to known partners. However, the findings also show some variations between countries and also within communities. In a national online survey in the US, half of the men reported decreasing the number of sex partners [1]. (Although this means that the other half didn't decrease the number of partners they had, this may be related to the number of partners they had to start with – it's more difficult to reduce the number if you only had one, or none, for example.) Another recent study from the US underlines this point. In this study, 90% reported that they currently had only one sexual partner, or none [2]. For most of these men, this was a substantial decrease in the number of partners compared to just before the pandemic. In a third US study, 57% of men had *no* sex partners during the 'shelter-in-place orders' (SIPo), and 32.9% had fewer partners [3].

Around three-quarters of men in Portugal and Brazil reported that they had decreased the number of sexual partners, although around half (53%) reporting that they were still having casual sex [4]. Data from a national Australian survey also suggest significant changes in relation to sex with the average number of casual partners decreasing by around two-thirds [5].

In the UK, the changes appear to be more dramatic, with only 24% of men in a recent survey reporting any casual sex in the period following the 'lockdown'; and among these men, half reported that it had been with one partner only.

An interesting addition to the UK study was its exploration of how long participants believed they would be able to refrain from having casual sex. Around 10% said that they thought they would be able to refrain for up to four weeks, 30% for up to three months, and 57% for up to six months [6].

Another area of interest is changes in PrEP use as a result of COVID-19. In a survey of clinic attendees from Melbourne, 22.5% had suspended daily PrEP use, and 4.5% had changed from daily to event-based dosing [7]. In the national Australian survey, 42% of men had suspended PrEP use [5]. In the UK, two-thirds of the men who had been taking PrEP before the COVID-19 outbreak, suspended their PrEP use [6]. Across all these studies, the majority of these men indicated they had stopped regular PrEP use because they were not having sex during this time. [6] An earlier Brazilian study found that a quarter of men had suspended PrEP use [8]. The US studies did not report on the proportion who had suspended their use of PrEP (although reported on difficulties accessing it). Interestingly, 13% of men in the Portugal/Brazil study reported that they were using Truvada to prevent COVID-19 [4]. This

strategy is currently being investigated in a study in Spain (due to complete at the end of July) [9].

These changes in men's sex lives – which for most will be temporary – draw attention to the circumstances in which men will recommence PrEP. Will future PrEP use follow previous patterns in which the vast majority of men were following daily dosing strategies, or will event-based dosing become more common? And, given the sporadic and varying restrictions on movement and contacts (based mostly on jurisdictions at the present time), will men be able to anticipate their future sexual contacts in ways that allow them to recommence PrEP to cover potential exposure to HIV? Messaging about recommencing PrEP – including event-based options – as well as *post*-exposure prophylaxis, should therefore be promoted to all men who have suspended their PrEP use during the pandemic.

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