Southern African HIV Clinicians Society
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Sandton Convention Centre
Johannesburg

Our Issues, Our Drugs, Our Patients

www.sahivsoc.org
www.sahivsoc2016.co.za
Definition: Key Populations

• Key populations are:

  Men who have sex with men
  Prison populations
  People who inject drugs
  Sex workers

[key populations are recognised internationally.]

• Vulnerable populations are:

  Adolescents and young women
  Scholars
  Immigrants
  Others
Key Populations

TOTAL POPULATION

SEX WORKERS

PEOPLE WHO INJECT DRUGS

MEN WHO HAVE SEX WITH MEN

PRISONERS

TG
Vulnerable Populations in South Africa

Specific groups have HIV prevalence above national average (12.2%). They include:

- Black women aged 20–34 years (HIV prevalence 31.6%),
- People co-habiting (30.9%),
- Black men aged 25–49 years (25.7%),
- Disabled persons 15 years and older (16.7%),
- High-risk alcohol drinkers 15 years and older (14.3%),
- Recreational drug users (12.7%).

HIV Prevalence in South African MSM

- Marang Men’s Study (2012-13)
  - Durban 48.2%
  - Cape Town 22.3%
  - Johannesburg 26.8%

- Mpumalanga Men’s Study (2014)
  - Gert Sibande 28.3%
  - Ehlanzeni 13.7%

National HIV prevalence SA men (15-49yrs) 14.5%
Challenges to Address

- KP activities seen as unAfrican, unChristian...
- Majority of MSM also have sex with women (MSMW) and identify as heterosexual
- Confluence of key populations – sex work, transactional sex, refugees, transgender people, mental health challenges
- Substance abuse – harm reduction programme visibly absent and often no OST
- Gaining trust, meaningful engagement
- Funding and sustainability
- Lack of political will (CSW PrEP)
Clinical Challenges to Address

• Barriers to KP individuals seeking health care include endemic prejudice and related stigma and discrimination – also within the public health system

• MSM and other KP’s not a homogenous group – share a range of common *behaviours* (which are often clandestine and denied) as opposed to sharing an *identity*

• Asymptomatic STIs and MDR gonorrhoea

• Substance abuse

• HCV and HIV co-infection

• Mental health disease burden
Legal Issues & Obligations

• South African Constitution 1994
  – No discrimination on Grounds of Sexual Orientation (Bill of Rights)

• Declaration of Geneva:

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
The Health Worker is from/of the Community

• May have the same attitudes, prejudices, discomforts, thinking, religion or faith.

• May or may not be aware of them.

• Those things affect their work.
Health Care Workers (HCW)

Or why KP individuals don’t trust HCWs:

• HCW stigma can be a major barrier to access
• Weak health care systems
• Lack of sensitivity and competence
• Health providers on MSM:
  – “They don’t come to us…”, “They don’t tell us…”
• MSM Health consumers on HCWs:
  – “They laugh at us…”, “They tell everyone…”
Prejudice and Healthcare

• Attitudes, stereotypes, myths and prejudice can create barriers to access and use of healthcare.

• Negative attitudes affect the way health workers engage and communicate with patients.

• Barriers to using health services weaken the fight against the HIV epidemic and result in poorer health outcomes for the community.

Do you have sex with women, men or both?
Can I examine your anus to exclude STI’s?
Creating the Right Environment

• Make **all patients** feel equally welcome
  (Not a “gay-identified” space)

• Privacy for consultation
  (Concern about disclosures of sexuality and status)

• Use patient’s name, gender pronouns (TG)
  (Use their terms, not ours... Ask if/when not sure!)

• Posters addressing diverse sexual health needs of men
  (No breastfeeding posters)

• Monitor your own response AND **the colleagues you supervise**
Appropriate Health Messages

**ARTICLE, HIV**

**HIV 101**

HIV is similar to a rerun of your favourite TV series. You think you know what it's all about, but when you keep watching, you notice that there's a whole bunch of stuff you missed the first time around.

**ARTICLE, HIV**

**YOUR RESULTS**

If you've just found out you're HIV-positive, you may feel overwhelmed, fearful, and alone. Know that you are far from alone. Countless people and resources are available to help you.

**ARTICLE, HEALTH & SAFETY**

**WHEN CUM GETS IN YOUR EYE**

Many gay guys appreciate a good load of cum.
Core Key Population Services Identified by WHO

- HIV screening and treatment (CD4 independent)
- Management of HIV related illness
- Appropriate counselling and support
- Prevention – PEP and consider PrEP
- Prophylaxis
  - IPT / Fungal / Co-trimoxazole
- STI prevention, screening and treatment
- Malaria prevention (specific provinces)
- Vaccination e.g. hepatitis B, pneumococcal, flu
- Integrated TB services – South Africa
Testing Recommendations

• Need to shift HIV testing promotion from one-off model, to Repeated, Routine, Health Maintenance Behavior

• Public health research from ‘ever’ testing, to assessment of ‘repeat’ testing.

HCT Recommendations for KP’s:

Test regularly according to sexual risk

Sensitive and competent (“Not who is the man & who is the women in this relationship...”)

Effective risk reduction counselling

Linkage to care (both positives and negatives)

Promote couples counselling

Use technology (e.g. Find a clinic or home-based testing)
STI’s Are A “Hook”

STIs may ↑ HIV disease burden:

• Disrupt mucosal barriers
• Cause sub-endothelial inflammation
• Increase viral load
• Marker for risky sexual behaviours

Provide additional services

• Risk assessment for HIV
• HIV testing and linkage to care
• Screen for alcohol and substance use
• Screen for mental health problems

Build clinical relationships
The Empiric Syndromic Approach To STI Treatment

New Syndromic Guidelines:
Replace cefixime with ceftriaxone
Replace doxycycline with azithromycin

This is the current approach advocated by the SA Department of Health.

Not addressing STIs among MSM:
No syndrome if asymptomatic
No determination of GC resistance
Little consideration of non-urethral infection sites
No monitoring of LGV and other STIs
qHPV Vaccination for Men

HPV commonest STI seen at the Ivan Toms Clinic in Cape Town
80% prevalence in recent study in MSM (submitted for publication)

Current recommendations:
• All men age <21 years
• MSM or those who have a compromised immune system (including HIV) <26 years
• All SW should also receive HPV vaccine.

What about sexually active older KP?
What about those with prior HPV?
Too little too late?
Why Cervarix?
Why systematically exclude the highest risk groups?
Hepatitis C (HCV)

- IV drug use (other drug use?)
- Sexual spread during unprotected anal sex
- Much worse outcomes if HIV and HCV co-infected
- No vaccine and often no accessible cure
- Up to 85% of cases become chronic
- Re-infection can occur
- New Hep C PI’s unobtainable.

11/41 (25%) drug-using MSM in Cape Town screened positive for Hep C IgG
HIV Treatment For KPs

- Sensitive and appropriate HIV screening
- CD4 monitoring pre-ART
- (VL monitoring on ART)
- ARV Treatment
  - According to in-country guidelines (equivalent to that available to heterosexual men and women)
  - NRTIs, NNRTIs and PIs to construct robust 1st and 2nd line regimens
- Adherence
  - High mental health disease burden
  - Different support structures especially in stigmatised / criminalised settings
  - Recreational substance and alcohol use

Special circumstances
- Pharmaceutical marketing to gay-identified MSM
- Body conscious culture
- Drug interactions e.g. anabolic steroids, recreational chemicals, hormones for TG
- Side effects such as erectile dysfunction and diarrhoea
- Earlier treatment for prevention given high transmissibility of HIV during unprotected anal sex

Appropriate HIV screening / HCT

- Sensitivity from counselor
- Able to take a sexual history
- Understands normal range of sexual behaviours including anal sex
- Able to identify risks of HIV transmission
- Able to counsel about risk reduction
Condoms ...and Lube!

- Appropriate lubricant:
  - Water-based?
  - Rectal toxicity
  - Osmolality

- Utilise peer educators / Ambassadors, Men Of Action project, shebeen, inovative IEC messaging, leveraging mHealth and e-Learning etc...

Using lubricants for >80% of anal sex acts is significantly associated with decreased [condom] failure rates in the insertive model.
ARV-based Preventions

- Post exposure prophylaxis (PEP)
- Pre exposure prophylaxis (PrEP) *(Note: this is not available in government facilities)*
- Early treatment ARVs (TasP)
Post Exposure Prophylaxis (PEP)

Already used for:
- PMTCT
- Post needle stick
- Post rape
- After possible sexual exposure

PEP (Post-Exposure Prophylaxis)

Post-Exposure Prophylaxis (usually called PEP) is a course of ARVs (antiretroviral tablets used to treat HIV) given to someone who is HIV negative after he...
Four Early Trials Demonstrating PrEP Efficacy in Diverse Geographic and Risk Populations

<table>
<thead>
<tr>
<th>Study, population</th>
<th>PrEP agent</th>
<th># of HIV infections</th>
<th>PrEP efficacy (95% CI) publication</th>
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<tbody>
<tr>
<td><strong>Partners PrEP Study</strong>&lt;br&gt;Heterosexual couples&lt;br&gt;Kenya, Uganda (n=4758)</td>
<td>TDF/FTC</td>
<td>13/52</td>
<td>75% (55-87%)&lt;br&gt;Baeten et al. N Engl J Med 2012</td>
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<td></td>
<td>TDF</td>
<td>17/52</td>
<td>67% (44-81%)&lt;br&gt;Baeten et al. N Engl J Med 2012</td>
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<tr>
<td><strong>TDF2 Study</strong>&lt;br&gt;Heterosexuals&lt;br&gt;Botswana (n=1219)</td>
<td>TDF/FTC</td>
<td>10/26</td>
<td>62% (16-83%)&lt;br&gt;Thigpen et al. N Engl J Med 2012</td>
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<td><strong>Bangkok Tenofovir Study (BTS)</strong>&lt;br&gt;IDUs&lt;br&gt;Thailand (n=2413)</td>
<td>TDF</td>
<td>17/33</td>
<td>49% (10-72%)&lt;br&gt;Choopanya et al. Lancet 2013</td>
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<td><strong>iPrEx</strong>&lt;br&gt;MSM&lt;br&gt;Brazil, Ecuador, Peru, South Africa, Thailand, US (n=2499)</td>
<td>TDF/FTC</td>
<td>36/64</td>
<td>44% (15-63%)&lt;br&gt;Grant et al. N Engl J Med 2010</td>
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PROUD Study UK

- 545 MSM
- Immediate or delayed
- Efficacy = 86% (90% CI: 58–96% P = 0.0002)
- Number Needed to Treat = 13 (90% CI: 9 – 25)
- There was no difference in the rate of STIs other than HIV

IPERGAY France

- 400 high risk MSM
- Sex-based dosing (4 or more doses)
- Efficacy = 86% (95% CI 40-99%, P = 0.002)
- Number needed to treat for 1 year to prevent 1 infection = 18.
- Also stopped early by DSMB because of high efficacy
- Very sexually active
- Did they not by default get almost daily dosing?
Concerns About PrEP Delivery for KP

- Who pays? (DOH keen but not financially committed)
- Bundling with other services (e.g., FP for women or HAST clinics, doctor or nurse driven)
- Community delivery systems need exploration
- Must minimise frequent visits and costs
- Risk screening for targeting (e.g. condomless anal receptive sex)
- Adherence monitoring?
- Evidence for scale up:
  - Good for MSM
  - Medium for CSW and IDU
  - Not so good for adolescents and young women
PrEP Facts: Rethinking HIV Prevention and Treatment

Chat: I get that, for sure. I'm on PrEP though, so I don't have to worry about HIV.

That's also a new drug, something else will go wrong with it, just like all other pharmaceuticals. Side effects, and just like flu shots. You're injecting yourself with HIV a little every day.

Hahaha that's totally not true at all.

Facebook: I couldn't resist ...

PREP Guy WANTED!!
WE
Depression, Anxiety and Substances

– Result of living in a criminalised or stigmatised environment

– Heteronormativity

– Self-worth and self esteem
Challenges with harm reduction programmes

- Lack of community knowledge about the benefits of harm reduction services.
- Fear of legal prosecution
  - Needle exchange is illegal in many settings
  - One participant arrested with H4M IDU pack
- Lack of detox and rehab referral services.
- Lack of sponsored OST.
- High mental health disease burden.
- Difficulty employing and managing people with active addiction lifestyle or in recovery as outreach workers.
Using Technology and Social Media

We must talk about it been slamming this last 2 months...been careful I know its not good 😞

When I see you

Hey man

I should be fine if I bareback, right?

On prep u would most likely be fine to bb from an HIV perspective. Risk of other STIs is there If drop condoms. Dropping condoms is a valid option but we must just screen you regularly for STIs.

Okay great thanks

I need advise sat with 2 bumps on my arm that took some time to disappear
Health4Men Mobile

Answered By Our Experts

Health4Men Resources
Get the latest fact sheets and info on men's sexual health

Click Here

We'd Love To Know

Would you consider going on PrEP?

- Yes! It's proven to prevent HIV infection
- I'm not sure if I need it
- No, not for me
- What is PrEP?

Click here to ask an expert
Last year my boyfriend got sick while urinating something like a discharge came out from his penis. He consulted a doctor and the doctor said it was dirt. It was dealt with.

Now this year it starts again, he feel pain when he urinate. This time he accuse me of sleep around and I’m not sick. What can be the cause?

Thank you for your question. It sounds to me like your boyfriend most likely had a discharge, which is a sexually transmitted infection (STI). He was treated. I am not sure if you were treated? It is always important to to treat the sexual partner/s too. Gay men can have asymptomatic STIs: this means they have no symptoms.

My suggestion: make sure that you both get treated at the same time.

Hope this helps

Regards
H4M
None of the clinics in JHB can provide Prep? Please help!

The very exciting PrEP demonstration project started in Cape Town towards the end of 2015. The second phase of this project will happen in Jhb and hopefully be up and running before the middle of 2016.

There will definitely be GP’s in Jhb that know enough about PrEP, but unfortunately you will have to buy it privately.
I have been dating my partner for a year and I want to have sex with him but it’s my first time. How do I prepare my body for the pain how is it done and how to go about advising him how to do it please

Thanks for your question. This is something we often get asked and the topic is definitely too large to cover properly here. We will make sure that we post some information on our website soon.

There are a few tips that might help. The helps when planning anal sex if you take things slowly with a partner that you really trust in an environment where you won’t be disturbed. The aim is to relax the anal muscles of the partner who will be penetrated (the bottom) so that sex is comfortable and enjoyable. Lots of lube should be used and the anal muscles of the bottom should be relaxed by stretching slowly during foreplay. Fingers or a small dildo can be used. Once the bottom is ready for penetration, more lube should be applied in and around the anus, (the penetrating partner (top) should wear a condom and add lots of lube). It is better for the bottom to control the speed and depth of penetration when new to the game. Sitting on or straddling the top partner will allow the bottom to control things according to his comfort level.

Many guys worry about the cleanliness of the anus for anal sex. Guys who bottom are often very worried about faces in the anus and rectum. Usually, the anus and rectum are empty of faces; if full, you get a signal to your brain to go to the toilet. Some guys rinse out the anus and rectum with plain, warm water. This is known as douching. It is not strictly necessary but some guys prefer it.

This is just the tip of the iceberg. Watch our websites for more info on this topic.
http://www.health4men.co.za/resources/07/02/anal-sex/ and http://www.wethebrave.co.za
HIV Positive MSM in a Small Town
HIV Positive IDU in a Small Town
Thank You

SA Clinicians Society
PEPFAR / USAID
Elton John Foundation
Anova Health Institute

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