

PrEP in Italy: increased coverage despite significant barriers to access

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Background

PrEP is an effective tool to reduce new HIV infections but in Italy it is not reimbursed yet. Currently no official statistics on people using PrEP and its accessibility are available. To address this issue, a first community-led survey of PrEP centres was conducted in 2019, with a follow-up in 2022.

Materials and methods

In February 2023 a survey was sent to the 72 PrEP centres currently mapped by PrEP in Italia. The research is aimed at understanding which populations use PrEP, its accessibility and the costs related to PrEP use. The data collected are estimates and have a margin of error attached.

Results

47 centres responded to the survey, 19 in Northern Italy, 19 in Central Italy, 9 in Southern and Insular Italy. As of December 2022, at least, with an increase of 77.0% compared to 2021 (71.8% considering only centres participating also in 2021 or established in 2022). **6158** of them are MSM (**95.6%** vs. 94.6% in 2021). Uptake has been slower in other populations, such as cis heterosexual men (**2.3%** vs. 2.2% in 2021), trans women (**1.3%** vs. 1.3% in 2021), cis women (**0.8%** in 2022, 0.6% in 2021) and **1** trans man (regional distribution in Table 1). **39.1%** of the centres follow at least one chemsex user and **40.4%** at least one sex worker. At least **537** users discontinued PrEP during 2022 (main reasons for discontinuation in Figure 1). In 2022 **12** new HIV infections were detected at baseline and **4** incident infections during PrEP use, all due to suboptimal adherence. STIs cases in 2022 are presented in Table 2. In addition to the out-of-pocket cost to buy PrEP, remaining in care often involves other costs: while visits are free in **65.3%** of clinical centres, through the use of fee exemption codes (B01 mainly), costs can exceed **€150** for mandatory blood panels and STIs screenings at each visit, with

an average cost of **€60**. As for future prospects for PrEP: **87.5%** centres are in favour of introducing long-acting injectable cabotegravir, and **68.8%** of introducing telemedicine for PrEP. Despite the fact that **83%** of the centres do not have links with local organisations to refer PrEP users to in cases of problematic chems use or intimate partner violence, all have expressed an interest in establishing such partnerships. **43.8%** of PrEP centres administered mpox vaccinations directly, while **37.5%** referred eligible PrEP users to another health centre.

Conclusions

Costs continue to be a notable barrier to PrEP access and there is a need to simplify procedures for access and continuation. There is also an ongoing and very significant territorial divide in PrEP access, with **44%** of Italian PrEP users being followed in Milano, and still few centres in Southern and Insular Italy. The vast majority of PrEP users continue to be MSM. It is therefore still necessary to continue outreach efforts to all key populations about PrEP, and build partnerships between public health institutions, clinical centres and community-based organisations.

	TOTAL USERS	MSM	CIS MEN HETERO	CIS WOMEN	TRANS WOMEN	TRANS MEN
North	4239	4116	54	28	41	0
Center	1836	1745	39	8	43	1
South	363	294	55	12	2	0
Total	6444	6158	148	51	86	1

	SYPHILIS		GONORRHEA		CHLAMYDIA		N. HCV	N. HBV
	N.	%	N.	%	N.	%		
North	393	9,27%	736	17,36%	678	15,99%	7	2
Center	224	12,20%	17	9,59%	16	9,20%	4	0
South	26	7,39%	19	5,40%	31	8,81%	0	0
Total	643	9,98%	931	14,45%	878	13,68%	11	2

Figure 1 - Approximately how many users in 2022 have discontinued PrEP or follow-up visits for the following reasons

