

The costs of inaction on PrEP

Last month we wrote about the decision by NHS England to roll out pre-exposure prophylaxis as part of an implementation trial, following an upheld legal challenge to their initial decision not to fund the provision of the preventive intervention. In the intervening weeks, more news has come to light that emphasises the scale of the opportunity missed by NHS England's delay.

A request made under the Freedom of Information Act by BuzzFeed revealed that the NHS spent over £100 000 in legal costs mounting a challenge to the responsibility for funding PrEP, and adding to that the legal costs for the National AIDS Trust, which forced the NHS to reconsider its decision through the courts of appeal, the total spend by NHS England will likely exceed £115 000.

Early in 2017, sexual health clinics in London have reported a substantial decline in the number of new HIV diagnoses among men who have sex with men (MSM), which is being attributed to the purchasing of generic PrEP online. 2016 figures show a 40% drop in new HIV diagnoses that has coincided with a rapid increase in

the number of men taking matters into their own hands while the NHS dithered over its decision. I Want PrEP Now says that 2000 men have been purchasing generic PrEP through its website, and services offered by several clinics to test for drug concentrations and adverse events related to PrEP have been well used. The decline in infections cannot with certainty be linked to PrEP, but the temporal correlation is compelling.

For years, the number of new infections in MSM remained stubbornly high, even increasing in recent year, so this downturn is welcome news. The efforts of organisations such as Prepster and 56 Dean St Clinic—that informed MSM about PrEP and provided services to minimise the potential harms of purchasing drugs over the internet—are to be applauded. Not all groups who would benefit from PrEP are likely to have such well coordinated campaigns and well informed participants. NHS England should act quickly to initiate the implementation trial nationwide and in all populations that stand to benefit. ■ *The Lancet HIV*

For the **legal cost estimates** see https://www.buzzfeed.com/patrickstrudwick/this-is-how-much-the-nhs-spent-trying-to-avoid-paying-for-th?bfbuknews&utm_term=.ev9yLQ18R#.ao553pYVg

For more on the **drop in HIV infections in London's MSM** see <https://www.newscientist.com/article/2117426-massive-drop-in-london-hiv-rates-may-be-due-to-internet-drugs>

The law and HIV

Around the world, focus on laws related to the transmission of HIV is being renewed by various high-profile cases that reveal criminalisation and discrimination rooted in the panicked responses to HIV and AIDS in the early years of the epidemic.

In July 2015, college student Michael Johnson was sentenced to 30 years in jail after one sexual partner became infected with HIV and another four were potentially exposed to infection—in Missouri, where the case was heard, it is illegal for someone with HIV not to disclose to a sexual partner that they are infected. In December last year, the case came to prominence again as an appeal was upheld and a retrial ordered because of uncertainty about the original conviction. The initial sentence handed down to Johnson is longer than some given to people convicted of rape or murder in Missouri.

In 24 US states, it is a criminal offence for people with HIV not to disclose their status before sex—many of these laws include low risk sex acts such as oral sex or the sharing of sex toys. Few account for safety precautions such as condoms, and most do not take into account

treatment as prevention or pre-exposure prophylaxis. Similar laws related to endangerment criminalise non-disclosure of positive HIV status in many countries around the world, including Canada, Germany, Libya, and Kenya, all of which have made high-profile prosecutions under these laws in recent years.

Very few cases of transmission are intentional, and laws that criminalise non-disclosure do not recognise the nature of the negotiations that take place around many sexual encounters (especially casual sex) and the shared responsibility and accountability for safety. However, laws that criminalise non-disclosure add to the stigma associated with HIV infection and might discourage people at high risk of HIV from regular testing. Cases of intentional transmission and endangerment can be prosecuted under general legislation not specific to HIV, and laws devised in the late 1980s in response to a poorly understood epidemic of an untreatable disease for which there was no reliable prevention have no place in modern legal systems.

■ *The Lancet HIV*

For more on the **appeal of Michael Johnson's conviction** see https://www.washingtonpost.com/news/morning-mix/wp/2016/12/21/mans-conviction-for-failing-to-disclose-hiv-positive-status-to-sexual-partners-overturned-by-mo-appeals-court/?utm_term=.f1d61b0b801e