

PrEP2U: delivering HIV pre-exposure prophylaxis (PrEP) in partnership from a community setting

Daniel Richardson ^{1,2} Marc Tweed,³ Kayleigh Nichols,¹ Rory Finn,³ Stephen Nicholson,⁴ Mary Darking⁵

¹Sexual Health & HIV, University Hospitals Sussex NHS Foundation Trust, Brighton, UK

²Brighton and Sussex Medical School, Brighton, UK

³Terrence Higgins Trust- South, Brighton & Hove, UK

⁴Public Health, Brighton & Hove City Council, Hove, UK

⁵School of Humanities and Social Science Care, Health and Emotional Wellbeing Research and Enterprise Group, University of Brighton, Brighton, UK

Correspondence to

Professor Daniel Richardson, University Hospitals Sussex NHS Foundation Trust, Brighton, UK; docdanielr@hotmail.com

Received 25 August 2022

Accepted 14 September 2022

Published Online First

26 September 2022

People who experience marginalisation (eg, gender-diverse people, racially minoritised communities) continue to have poor access to HIV pre-exposure prophylaxis (PrEP).¹ Innovative programmes increase the uptake of PrEP using peers and partnerships with communities, for example, the 'Princess PrEP Programme' in Thailand.²

A partnership between the local clinical team and Terrence Higgins Trust (THT)-South, supported by

the Public Health commissioner and the University of Brighton, co-designed a community HIV-PrEP service: PrEP2U. In April 2022, we started providing HIV-PrEP weekly (Thursday afternoon) at THT-South in the centre of Brighton. THT-South actively seek out key populations and are responsible for STI/HIV testing; the clinical team assess the need for HIV-PrEP, provide medication, vaccination (hepatitis A/B, human papillomavirus) and renal monitoring (figure 1). To date, 37 individuals have accessed PrEP2U and 30 (81%) started HIV-PrEP for the first time.

We have co-designed and delivered a community-based HIV-PrEP service through a successful partnership which we intend to replicate in other settings.

Handling editor Anna Maria Geretti

Contributors DR and MD led the production of this manuscript. DR, MT, KN, RF, SN and MD all contributed to the final manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Ethics approval Not applicable.

Provenance and peer review Not commissioned; internally peer reviewed.

ORCID iD

Daniel Richardson <http://orcid.org/0000-0003-0955-6307>

REFERENCES

- Ogaz D, Logan L, Curtis TJ, *et al.* PrEP use and unmet PrEP-need among men who have sex with men in London prior to the implementation of a national PrEP programme, a cross-sectional study from June to August 2019. *BMC Public Health* 2022;22:1105.
- Phanuphak N, Sungsing T, Jantarapakde J, *et al.* Princess PrEP program: the first key population-led model to deliver pre-exposure prophylaxis to key populations by key populations in Thailand. *Sex Health* 2018;15:542–55.

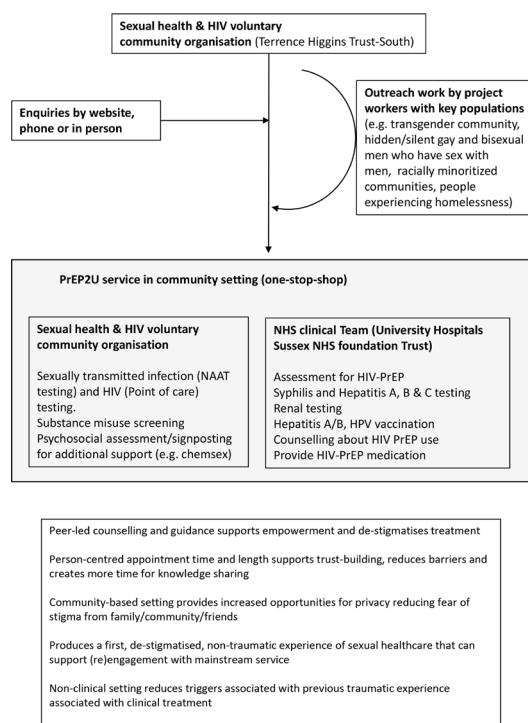


Figure 1 Identification and management of individuals for PrEP2U. HPV, human papillomavirus; NAAT, nucleic acid amplification test; NHS, National Health Service; PrEP, pre-exposure prophylaxis.



© Author(s) (or their employer(s)) 2023. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Richardson D, Tweed M, Nichols K, *et al.* *Sex Transm Infect* 2023;**99**:70.