

Plan Zero at 56 Dean Street

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Introduction

HIV is falling in London's gay men. We can get it to zero

This is the mission statement set out by 56 Dean Street's 'Plan Zero' project in response to reducing numbers of HIV among men who have sex with men (MSM) in the capital. This article aims to provide an explanation of what 'Plan Zero' is, discuss the achievements it has already made, as well as reflect on the challenges that are still faced when attempting to bring positive HIV diagnoses to zero.

Historically, there have been high rates of HIV among MSM in London [1]. Men who have sex with men in the capital have been disproportionately affected by HIV (and AIDS in the early years) and rates of new infections have been higher in London than anywhere else in the UK [2]. It has, however, been well documented recently that HIV rates in this population in London are falling [3]. Due to increased access to testing, early initiation, hassle-free maintenance of antiretroviral therapy (ART) and increasing use of pre-exposure prophylaxis (PrEP) central London clinics saw a 29% decline in HIV rates between 2015 and 2016 [2]. An 80% reduction in new HIV diagnosis was seen at 56 Dean St between July 2015 (72 diagnoses in this month) and September 2017 (11 diagnoses). Anecdotally, the difference was marked and it felt like something was changing.

These achievements were due to a combination of efforts from healthcare professionals, support agencies, community activist groups and, most importantly, patients themselves, both HIV-positive and negative, who individually and collectively made conscious efforts to take care of their sexual health and well-being. So how can we keep the numbers of new HIV diagnosis falling, how can we get it to zero?

Taking inspiration from San Francisco's 'Getting to Zero' campaign (www.gettingtozerosf.org/), Plan Zero was developed in response to falling rates of HIV in our London clinic and the UK. Its aim is clear: to achieve zero HIV diagnoses amongst gay men in London at some point in the future. The Plan, as it stands in our service, focuses on HIV rates in MSM patients as this is the demographic most likely to access HIV prevention care at 56 Dean St but, obviously, bespoke tools must be developed to address HIV rates and prevention in all groups. 56 Dean St's Plan Zero contains tools (as shown later) that are particular to gay and bisexual men and not aimed, for example, at trans individuals or heterosexual men.

One of the key features of Plan Zero is providing tailored support and care for individuals who use our service whether they have been attending for sexual health screens every 3 months for the last 10 years, or if they are new to London and have little knowledge about HIV and sexually transmitted infections. Keeping this support continuous and up-to-date is key. Individuals need new advice and support, based on the most recent evidence available, every time they attended clinic. An example of this is providing support for people who bought generic 'Truvada' online and used it as PrEP following the reassuring results of the PROUD and IPERGAY studies [4,5].

Missed opportunities?

It was recognised that patients who had been using the service for some time were being diagnosed with HIV. 'John' was HIV-negative when he first came to 56 Dean St for a test in 2014. Over the space of a year, he was seen by a nurse who treated his rectal chlamydia; a doctor who prescribed penicillin for a primary syphilis infection; and a health advisor who assessed him for post exposure prophylaxis (PEP). Each time the healthcare professional he saw had a discussion with him about HIV risk and also around his increasing use of methamphetamine (crystal meth). John was diagnosed HIV positive in 2016 after visiting 56 Dean St 10 times since he moved to London. So how could we prevent similar scenarios happening to other individuals who, like John, were coming through the doors of the Dean St clinics on a regular basis and, based on their history, were at high risk of contracting HIV?

Dean St Prime service

The development and use of Dean St Prime is at the core of Plan Zero. In itself, Prime is an enhanced service for certain individuals who already attend 56 Dean St sexual health services and its aim is to prevent individuals who are at a high risk of HIV transmission from becoming HIV positive by addressing these specific risk factors and providing tailored advice, support and access to services.

Certain risk factors in an individual's history would make them more likely to contract HIV including:

- Rectal gonorrhoea or chlamydia infection
- Primary syphilis diagnosis
- PEP

By auditing the HIV testing outcomes of patients presenting with one of the above three issues it was discovered that individuals with any of these 'risk factors' in their clinical history had a 1 in 10 chance

of seroconverting for HIV and were, therefore, eligible for Prime membership. Any healthcare professional who came in to contact with these patients in clinic could offer Prime as an enhanced service. A nurse might simply say, 'I've just treated you for gonorrhoea in your bum. We know from some recent research that people with rectal STIs are at higher risk of getting HIV in the future so I want to offer you access to a service that will hopefully help you to stay HIV negative.'

Once signed up Prime members get access to web-based support as well as the option to walk in to Dean St Express (our asymptomatic testing clinic where patients are able to get their results texted to them within 24 hours, enabling people to get rapid HIV results and be linked in to care as soon as possible) every month for an HIV test and sexual health screen. They can also order HIV tests online via the website. The online support encourages members to take control of their sexual health by choosing one of the following five options:

1. Take a break
2. Just Us
3. Condoms plus PEP
4. PrEP
5. Total Bareback

Once chosen, each option links to tailored advice and information relating to the choice an individual has made around his sexual health at that given time. For example, he may be in a relationship with an HIV-positive person who is undetectable on ART so advice in the 'Just Us' section contains data and information on Undetectable=Untransmittable (U=U) and treatment as prevention (TasP). Option 5, Total Bareback, recognises that, for some individuals at certain points in their life, none of the other HIV prevention strategies are suitable. For example, the use of chemsex drugs may be becoming problematic and perhaps leading to further risk of HIV exposure, therefore, signposting to chemsex services is included in this section. The most pertinent advice for someone choosing Total

Bareback is around regular HIV testing (hence the open access to Dean St Express) and if they do seroconvert the infection is diagnosed early and ART can be initiated as soon as appropriately possible.

Providing options that encourage people to take control of their sexual health is a powerful tool in HIV prevention and patients have reported that they feel more empowered to make individual choices (to start PrEP, for example) when they have access to new and up-to-date information provided by sexual healthcare professionals. Obviously, the option chosen doesn't have to be fixed and the aim of the online support is to provide advice across a number of different areas over any period of time. An individual may choose the Total Bareback option in March but 'Just Us' in April. However an individual chooses to have sex, Prime aims to support them in this decision and provide advice to help manage their sexual health.

As well as focusing on how the service can support HIV-negative individuals from becoming positive, Plan Zero also recognises the contribution that people living with HIV can have toward 'getting to zero'. The Plan Zero website poses a series of questions and then provides bespoke advice depending on the answers. The first question is 'Have you ever tested HIV positive?' If answered 'yes' the participant is given information on access to treatment on the National Health Service in the UK as well as current data on TasP and U=U. Clearly, another important component of Plan Zero is access to HIV care, ART and also retention in this care. Studies show that consistent HIV care is linked to better outcomes, including maintaining an undetectable HIV viral load [6,7], and ensuring that this care is continually delivered by expert healthcare professionals is a pivotal part in preventing the transmission of HIV. The 'Getting to Zero' campaign in San Francisco has a direct focus on retention in care and, although there are differences in this issue between the US and the UK, mainly owing to differing healthcare systems, it is still important for us to consider how we can link individuals who have defaulted from care back in to our services (as well as to provide support around the reasons why they might have fallen out of HIV care). Finally, at 56 Dean St we have also introduced rapid initiation of ART following HIV diagnosis. This means that individuals diagnosed with HIV, some of whom are seroconverting, are offered treatment within 48 hours of diagnosis if clinically and psychologically appropriate; usually starting on protease inhibitor (PI)-based therapy and then switching to an integrase inhibitor to ensure rapid virological suppression [8].

The questions posed in Plan Zero and Prime's website pages (dean.st/zero/), and the subsequent information provided, are available in different languages and hard copies are available in the clinic for those without access to the internet, see Figure 1.

Conclusion

So are Plan Zero and Prime working? Based on subsequent re-audits on patient outcomes and recent HIV



Figure 1: Options to gain tailored sexual health advice from Prime service. Image courtesy of 56 Dean St.

diagnosis rates amongst MSM patients in London, those patients using Prime (i.e. those at high risk of HIV seroconversion) now have a 1 in 200 chance of becoming HIV positive. New HIV rates among gay men in London remain low. Fourteen people were diagnosed HIV positive in July 2018. The interventions outlined above, as well as the work undertaken by healthcare professionals and patient groups across the city are having a continuous impact on the rates of HIV in London. We are not at zero yet. Research still needs to be undertaken on why certain individuals are still being diagnosed with HIV and what additional interventions may be needed to help further reduce incidence in MSM. Furthermore, as mentioned above, HIV rates in other groups in other areas are not reducing in the same way as those seen for gay and bisexual men in London [9], and in many areas the UN AIDS aim of 90-90-90 by 2020 seems like an unachievable aim [10]. There are many reasons for this including: availability of HIV testing; access to ART; HIV education and awareness; and, of course, race inequality, gender imbalance and stigma, which have an effect on all aspects of HIV prevention. Plan Zero and other similar initiatives across the world are a great start but any campaign focusing on reducing rates of HIV must take the factors listed above into account as it is these that pose the real challenge to getting HIV to zero.

Acknowledgements

The author would like to thank Dr Alan McOwan for his support.

Funding

No funding was received for the writing of this article.

Conflicts of interest

The authors have declared no conflicts of interest.

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