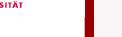
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Professor Sheena McCormack is a Clinical Epidemiologist who works or has worked on HIV vaccine, microbicide and PrEP trials since 1994. She is a Senior Clinical Scientist at the MRC Clinical Trials Unit at UCL, was awarded a Chair at Imperial College in 2012, and at University College London in 2017. Her clinical job is at 56 Dean Street which is a sexual health clinic in Soho.

She led the PROUD PrEP study conducted in MSM attending sexual health clinics in England, which reported early due to unexpectedly high incidence in those without access to PrEP and an 86% reduction in those with access to PrEP. Since then she has been

focused on access for all who need PrEP in the UK and more broadly in Europe. She is currently involved in a large PrEP trial in England, an internet trial of self-testing, a therapeutic vaccine trial in Europe and a prophylactic vaccine trial with a PrEP randomisation in 4 countries in Sub Saharan Africa.

« Pre-exposure prophylaxis for HIV prevention: the reality of implementation from a trialist's perspective »

When we reported an 86% reduction in HIV incidence in men who have sex with men (MSM) who were offered PrEP at randomisation compared to those who had to wait for one year in 2015, we assumed that PrEP would become available in the 200 or so sexual health clinics scattered throughout the UK and networked to the surveillance systems in England & Wales, Scotland or Northern Ireland. How naïve we were! In 2019, PrEP is available free of charge in clinics that are participating in the PrEP Impact trial but only if they have spaces left in their allocation. Nonetheless, and ahead of PrEP Impact starting, we observed an overall reduction in HIV incidence in MSM, up to 80% in one clinic community (Dean Street), and this contrasts with France which has had a national PrEP programme since January 2016 but observed no reduction in new infections in 2017. In both settings and globally, PrEP rarely fails for biological reasons, and the high burden of other sexually transmitted infections in PrEP users underscores their continued need for a combination approach to prevention that includes PrEP