【Views of MSM in Hong Kong on HIV Post-Exposure Prophylaxis and Pre-Exposure Prophylaxis: a Qualitative Study】

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May 2016

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Introduction

A rising trend of HIV infections is seen in the past decade. The annual HIV incidence in Hong Kong reached a record-breaking high of 725 in 2015, and the HIV prevalence in one of the high risk populations—men who have sex with men (MSM), is reaching 5.85% according to HIV and AIDS Response Indicators Survey (HARiS). Effective HIV prevention measures are urgently needed to reduce the rising epidemic among the MSM and protect public health as a whole.

PrEP and PEP—the HIV preventive medications that use antiretroviral drugs to reduce the risk of HIV infection before and after HIV exposure respectively—appear to be a timely cure to the current epidemic. According to the iPergay and PROUD study, PrEP shows a protective efficacy of reducing risk of HIV infection by 86% in real world settings (McCormack 2015; Molina 2015). PEP, on the other hand, shows up to 81% effectiveness in preventing HIV infection if it is taken within 72 hours of exposure (Roland 2005), though the effectiveness varies according to the timing of initiation. PrEP is particularly recognized as an important addition to the combination of HIV prevention package tools internationally. It is FDA approved by the US Centre for Disease Control and Prevention (CDC) and recommended by the World Health Organization (WHO) to be used by people at substantial risk of HIV acquisition.

Despite the promising international evidence on the effectiveness on PrEP and PEP, however; questions have been raised on the benefits of the medications being implemented in real-world settings. It is raised that the medications' success as HIV preventive tools is highly contingent on the issues of drug adherence, side-effects, the possibility of risk compensation behavior and drug resistance.

AIDS Concern believes that understanding the attitudes and acceptance of PrEP among potential

users is paramount to the success of this prevention approach. Therefore, this study aimed to examine the MSM community's views on PrEP and PEP, their willingness to support its introduction, and their concerns on the potential benefits and risks of implementation. AIDS Concern hopes that the report would provide a glimpse into the community's views on these two important HIV prevention measures, inform future research on the acceptability among the community, and add a resource to the public discussion on the potential of PEP and PrEP being implemented in Hong Kong. It should be noted though, that the participants' views do not necessarily reflect the position of AIDS Concern, though they form an important part in the development of our positions on PrEP and PEP.

Research Method

Two sessions of focus group were conducted in October 2015. The focus groups contained 14 men who have sex with men (MSM) recruited through Facebook and Grindr. All participants completed a 2-hour focus group.The focus group included a comprehensive briefing on PrEP and PEP and separate discussions on the two HIV preventive tools. To provide all participants with basic knowledge of the medications, the facilitator presented evidence on protective efficacy of PrEP and PEP, their potential benefits and issues with various research findings, as well as the local and overseas guidelines regarding the implementation of PrEP and PEP. Participants were given a HK$150 supermarket coupon as monetary incentive upon attendance of the focus group. Complete briefing handouts are included in the appendices. Upon verbal informed consent, all group discussions were digitally recorded, anonymized and transcribed.

Demographics

14 men who have sex with men (MSM) were recruited in the study. 6 participants were aged from 20 to 29, 4 were 30-39 and 4 were 40-49. All of the participants reported to be sexually active. 3 reported to have experience in sex parties and 2 reported to have had in chem sex (sex with drugs) before. 8 participantshad just one sex partner in the past three months. 4 had 3-4 sex partners and 2 had 5-10 sex partners in the past three months. 5 participants reported using condoms every time they had sex, 5 of them used condoms for more than 50% of the time, 3 of them used condoms for less than 50% of the time, and 1 reported having no habit of using condoms at all. Only one of the participants had heard about PEP or PrEP before the study. 2 participants knew that there were some HIV preventive medications but did not know the names or any other details about the drugs.

Results

Views on PrEP

Additional HIV prevention choice

Most participants welcome the possibility of PrEP as an additional HIV prevention choice for MSM most at risk of infection, including chem fun or party players, non-regular condom users, serodiscordant couples, young MSM and sex workers. ‘It is good to provide another HIV prevention method for people who engage in chem fun and bareback sex.’(B02) They also feel that implementing PrEP as part of a combination prevention strategy could reduce the HIV epidemic and reduce the burden of the disease if it was targeted at the high risk sub-groups amongMSM

While most participants welcome PrEP as an additional HIV prevention measure, many of them are quick to point out the challenges and risks of PrEP implementation. The possibility of risk compensation behaviors (ie, decrease in condom use, increase in number of different partners), difficulty to strictly follow to the drug regimen, and cost of the drug were frequently mentioned as key concerns.

Risk compensation behavior

Participants are ambivalent on the issue of risk compensation behavior. More than half of the participants feel that the implementation of PrEP would lead to more risk compensation behavior in the MSM community. They believe that the taking of PrEP would give the PrEP users a false sense of security and encourage them to engage in more condomless sex.

When many participants believe that PrEP should be targeted to community members who engage in unprotected sex, they are divided on how regular condom users would receive the use of PrEP. Some participants believe that regular condom users would not be interested in taking PrEP as it requires a high level of adherence to a daily drug regimen, and condoms should appeal to the regular condom users as their primary HIV prevention method. However, some participants are worried that regular condom users might reduce their condom use rate as they are provided with an alternative to prevent HIV in bareback sex with more sexual pleasure, resulting in the rise of sexually-transmitted infections (STIs) or even HIV infection in cases of intermittent use. As a participant puts it, 'the medication may change their concept of what safer sex means…they may feel that their health is ultra-protected and it is needless to use condoms.' (H01)

However, when the discussion dives deeper, some participants point out that the above risk could be alleviated through careful promotion of PrEP with the provision of adequate information. They emphasize that PrEP should not be promoted as a substitute for condoms, but as an additional HIV prevention method to the combination prevention strategy. PrEP education should highlight the message of *'being on PrEP does not equal to safer sex*', so that the MSM would not forget the importance of using condoms to prevent other STIs. 'How the community receives the medication depends a lot on how you promote it. In some foreign countries, the concept of safer sex and being on PrEP are ambiguously mixed and blurred, which may lure the community into thinking that their sexual health is secured after a pill is taken.' (L01)

Difficulty to follow strictly to the drug regimen

Many participants point out that taking PrEP requires a high level of commitment to follow strictly to the drug regimen. Instead of using a condom for every single episode of sex, PrEP users need to take the drug at least 4-7 times a week or follow a strict before-and-after-sex drug regimen to prevent

HIV.

Questions are raised on whether non-regular condom users would be motivated enough to follow through the drug regimen, as they are generally regarded as people who do not care about their sexual health and deliberately engage in condomless sex to seek pleasure. ‘Those people (who engage in bareback sex) know what kind of risk they are exposing themselves to when they don’t use condoms. If they don’t care about their sexual health, is it so easy to ask those people to take the drug and adhere well to it？’(B02)

Participants are also uncertain whether chem sex players would be able to follow through the drug regimen, as they might be under the influence of drugs for long sessions of sex. As a participant puts it, ‘They are already immersing themselves in the long session parties, how can they remember to take the drug when they don’t even remember they need to go to work ?’ (K01) ‘Well, for those people who take recreational drugs, they won’t take safer sex really seriously. They may die some day because of the harmful drugs they’ve taken. And that’s the risk they’ve accepted. Why would they care about HIV infection？’ (H01) Some participants are also concerned if there are any drug-drug interaction between the drugs in chem sex and PrEP.

Programmatic considerations

User Eligibility

Most participants believe that PrEP should be *carefully promoted and offered* to the high risk community members as an additional HIV prevention method. The target populations include chem fun or party players, non-regular condom users, serodiscordant couples, young MSM and sex workers. Many of them feel that prioritizing the populations would be beneficial to the community as

a whole and effective in reducing the HIV epidemic. As a participant says, '…if you want to spend the resources well, you should focus on the high risk MSM to promote the drug, so as to play a better role in reducing the HIV epidemic…' (H01)

Some participants think that PrEP may not be suitable for regular condom users. As condoms already work for those people, they may not be motivated enough to take long term medication with strict adherence, unless they are ultra-cautious. 'If you say that PrEP is a one pill for a lifetime prevention method, then I think all MSM will be interested in taking. But it's not. Most people take long term medications when they have developed a disease, like diabetes and high blood pressure. It's hard to ask a person to take long-term medication when they are healthy. As a condom is already effective to prevent HIV and also other STIs, I don't think the regular condom users will switch to use PrEP.' (D02)

Worries are raised on whether the intermittent use of PrEP might increase the possibility of developing Truvada-resistant HIV virus in the gay community, especially in the case of 'mass promotion'. 'Not all MSM would be motivated to take drugs consistently. So if you promote the drug on a large-scale basis and offer to all MSM, this may increase the possibility of developing drug resistance in the community.' (B02)

Cost and access

There is widely held support for PrEP to be implemented with a more affordable price. Almost all participants admit that the cost of the drug (about $10000) is too high for most members in the community to afford. Also, the fact that the drug can only be accessed in private hospitals or clinics currently does not help providing access to PrEP for those in need. Some participants suggest that

PrEP be accessed through regular HIV testing procedures to inform the community of the medication.

All participants agree that PrEP should be heavily subsidized. However, quite a few of them emphasize that asking users need to pay an affordable amount for the medication and associated services could improve adherence. As illustrated by a participant, 'there's no use offering it free to everyone if they are not motivated in using it. Condoms are also distributed freely in streets and bars, but people still won't use it. But if you go to see a doctor yourself and pay an amount of money, you will remember to take the drug every day because you already paid for it.' (F01)

Views on PEP

Important secondary HIV prevention measure

All participants believe that PEP is an important secondary HIV prevention measure that can reduce the risk of HIV infection. Some participants point out that PEP implementation is cost-saving as it will prevent the lifelong HIV infections for the high risk communities and costs involved in HIV treatment and care. As a participant puts it, 'if a person gets infected with HIV, he will have to receive expensive lifelong HIV treatment. But taking PEP can eliminate their possibility of getting infected. It's cost-saving.' (B02)

Participants also point out that PEP is an important HIV prevention measure to be used in emergencies. 'I remember one time the condom broke during sex. I felt extremely lost at that time and all I could do was wait until three months later to do an HIV testing. If I knew that there was this drug before, I would certainly take it.' (B01)

No concern of risk compensation or abuse of drug

When asked about whether they think PEP would increase the risk compensation behavior of the community, most participants express no such concern. They explain that there are various ways to ensure that PEP for non-occupational use is not abused by the community, such as counseling services about its side effects and safer sex practices. Promotion of the drug should also emphasize the message that 'PEP is only a secondary HIV prevention measure and cannot be repeatedly utilized'.

Also, many participants think that only the community members who have experienced emergent situations (ie. broken condom during sex) would get access to PEP. Gay men who engage in bareback sex as a deliberate action to seek pleasure, on the other hand, have already accepted the risk of HIV infection and are not likely to go through a 28 days of drug regimen given the possibility of side effects. Some participants even point out that the implementation of PEP may reduce the high risk behavior of users, as they would now realize the importance of safer sex to avoid the trouble of queuing in the hospital and taking long term medication to prevent HIV next time. 'Users who take PEP need to endure the side-effects for about a month. I think it is a good warning for them, as they now know that they cannot take PEP casually as they please to prevent HIV.' (B02)

Programmatic considerations

User eligibility

According to the guideline from the Centre for Health Protection, any use of PEP for non-occupational exposure (nPEP) would be 'exceptional and should be considered only in the event of high-risk exposure to a source *known to be HIV positive*'. It is seen by most participants as a

serious barrier to prompt access to PEP for individuals who have experienced substantial HIV exposure.

As there is no clear risk assessment guideline, there is general confusion about the ways to determine the HIV status of the source person and worries that it would create a serious hurdle for individuals to access PEP within 72 hours of exposure. Some participants point out the difficulty of tracing the source person, as he/she may be a casual partner whose contact is unknown. Even if the source person can be found, he/she may not agree to go through an HIV testing to determine their HIV status. Therefore, many participants feel that tracing of the source person can be part of PEP prescription process but should not be the prerequisite of PEP prescription, and PEP should be considered for anyone in need regardless of their route of transmission. They also express the need for a clear risk assessment guideline to be followed through consistently in the public healthcare system, to minimize the confusion regarding PEP prescription.

Role of the government and NGOs

Despite all their concerns and diverge opinions, almost all participants call for a look into the feasibility of the medications in reducing the HIV epidemic in Hong Kong. They also express the urgent need to receive accurate information of the medications among the MSM community, so that they can make informed decisions about the use of different HIV prevention methods.

Many participants highlight the role of government in improving the access of PEP and PrEP through the public health system. They also think that the Hong Kong government should devote more resources into subsidizing the medications and ‘offering it at cost price, conducting local research, and devising professional assessment guidelines for the eligibility of PrEP and PEP.’ (B02)

Others emphasize that HIV/AIDS organizations should provide accurate information about PEP and PrEP to the MSM community. Some participants say that HIV/AIDS organizations should be careful not to devise the promotional message like a pharmaceutical company, promoting the drug like it is a ‘magic pill’. Instead, HIV organizations should educate the community about all the potential benefits and risks of the medications to facilitate them in making their own informed choice. Also, they think that the NGOs should emphasize that the two medications are only supplementary HIV prevention methods and are not a substitute for condoms, to minimize the negative effect of risk compensation behavior in MSM. Apart from promoting the medications, participants wondered if the NGOs could also attempt to seal a deal with the pharmaceutical company to secure a lower cost for PrEP to be used in pilot studies.

Some participants point out the advantage of collaboration between NGOs and the government in this matter. Being the supreme controller of social resources, the government should take the lead to devote monetary resources to HIV/AIDS organizations, who can then devise appropriate promotion strategies with their frontline understanding of the community.

Strengths and limitations of the study

Our research is a pioneering qualitative study that looks into the local MSM community's views and concerns on PrEP and PEP. We found an overall enthusiasm forthese new HIV prevention methods among the participants, tempered with some concerns about risk-compensation, cost and access and drug resistance. We hope that their views would be a resource to the policymakers who are interested in reviewing the potential of PrEP and PEP implementation in the MSM community.

However, it should be noted that the study should not be regarded as a basis to estimate the current or future demand for PrEP in the MSM community. The sample size of the study participants is too small to be generalized to the whole MSM population. Also, the actual demand for PrEP depends a lot on the price of the medication and the presence of local evidence. The community's interest in PrEP may be much higher if the access to the medication is easier, offered with a lower price, and more promising local evidence of the medications emerges.

The interest in PrEP may also be underestimated in this study because of the imbalanced sample size and the effect of social representation. Although we recruited participants through different channels like Facebook and Grindr, the participants who agreed to engage in the study are mainly constituted of MSM who are relatively low risk. 57% of the participants reported having just one sex partner for the past three months, and 72% of the participants reported using condoms for more than 50%. Given the setting of a focus group, participants may feel compelled to give desirable answers, or at least answers which are not likely ridiculed by other participants. Throughout the discussion, we sensed a tinge of stigma for people who don't use condoms among the participants. For instance, the MSM who perform bareback sex are described as people who are 'reckless' or 'show complete disregard for their personal health risks'. Influenced by the effect of social representation, the non-regular condom users among the participants may be deterred from stating their actual interest in PrEP in

such setting.

Recommendations by AIDS Concern

Despite all the concerns on different issues, a general interest in PrEP and PEP is seen among the participants and they all call for a larger scale community education on the medications. Therefore, the concerns of the participants should not be regarded as reasons to delay the urgent look into the feasibility of implementing PrEP and PEP in Hong Kong. Rather, the concerns on issues should be seen as a preliminary resource to look into the question of 'how' PrEP and PEP can be implemented, instead of 'whether' they are worth implementing.

AIDS Concern believes that more quantitative research needs be conducted to determine the actual demand for these medications among the community. Also, with risk compensation behavior being the most prominent concern among the community, more demonstration projects need to be conducted to analyze the factors affecting sexual decision-making, to inform future PrEP implementation efforts and behavioral interventions.

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Apppendixes

Discussion on PrEP: important topics

Additional HIV prevention choice

‘To have another choice to prevent HIV is a good thing.’ (Script 02, A)

‘I don’t think all MSM who don’t use condoms are those who don’t care about their sexual health—they are just pleasure seekers. It’s good to give an alternative to those people who don’t like to use condoms to prevent HIV.’ (Script 02, B)

‘I would try PrEP for the sake of comfort. Well, I don’t always have a condom with me. It can break during sex, can be expired and it needs to be used with lubricants and everything…One pill a day can save all that hassle.’ (Script 01, L)

Risk Compensation Behavior

‘They may feel that it’s a magical pill to protect their body. But in fact it’s not, it can’t help you prevent STDs.’ (Script 01, H)

‘I think there are a lot of MSM who would be happy to try it (PrEP). But they may have a false sense of safety and abandon condom use.’ (Script 02, C)

‘Even for regular condom users…they may reduce their condom use rate as there is now an alternative. Because they have never tried the “taste” of having condomless sex. If they try it (PrEP) and fall in love with the feeling of bareback sex, they may abandon condom use afterwards.’ (Script 02, E)

Discussion on PrEP: important topics

Drug adherence

‘Those people (who engage in bareback sex) know what kind of risk they are exposing themselves to when they don’t use condoms. If they don’t care about their sexual health, is it so easy to ask those people to take the drug and adhere well to it？’(Script 02, B)

‘It’s normal to miss a couple of pills within the regimen because people forget. That may be a potential risk.’ (Script 02, B)

User eligibility

‘Regular condom use is already effective in preventing HIV. So there is no need to promote PrEP use to them. It’s better to target the pleasure seekers who engage in high risk behavior for promotion.’ (Script 01, B)

‘I think for age group…you should target the young MSM, meaning those under the age of 30. They may be more vulnerable to HIV infection and more in need of PrEP.’ (Script 01, D)

Cost and access

‘The government should provide it at the cost price to the public.’(Script 02, B)

‘There’s no use offering it free to everyone if they are not motivated in using it. Condoms are also distributed freely in streets and bars, but people still won’t use it. But if you go to see a doctor yourself and pay an amount of money, you will remember to take the drug every day because you already paid for it.’ (Script 01, F)

Discussion on PEP: important topics

Important secondary HIV prevention measure

'Why shouldn't it be implemented？ Of course it should be. It can reduce the risk of HIV infection by 80%! I think it's a great initiative, a kind of salvation for those who need it…' (Script 02, D)

'I remember one time the condom broke during sex. I felt extremely lost at that time and all I could do was wait until three months later to do an HIV testing. If I knew that there was this drug before, I would certainly take it. (Script 01, B)

'It's cost saving because it can eliminate potential HIV infections that need expensive and long-term HIV treatment.' (Script 02, B)

No concern of risk compensation behavior or abuse of drug

'Users who take PEP need to endure the side-effects for about a month. I think it is a good warning for them, as they now know that they cannot take PEP casually as they please to prevent HIV.' (Script 02, B)

'Only people who are suddenly afraid of getting infected with HIV would come for PEP. Like the person you just had sex with tells you he is HIV-positive, or the condom breaks during sex—these are the rare occasions where people get suddenly scared after sex. Those who engage in bareback sex regularly don't care (about their health), and they won't come to ask for PEP.' (Script 01, B)

'Most people are not that silly. It's a 28-days drug regimen with the possibility of side effects. If people have safe sex with regular partners, would they really come for PEP？ I really don't think so.' (Script 02, D)

User eligibility

'It's hard to trace the source person if you go for casual sex. Sometimes you have more than one sex partner for a night, how could you trace them？ Asking all of them to do an HIV testing in the hospital？' (Script 02, B)

'I think the government shouldn't refuse prescribing PEP if (the source person) cannot be traced. It's hard to trace the person. Even if you can, he may lie to you about his HIV status and won't come with you for HIV testing.' (Script 02, C)

Transcript 01

S: 好多謝大家參與。好，咁我地其實而家就我地會我分 part 啦，即係可能第一 part 就我地會用兩分鐘時間傾一傾 Prep 好定唔好啦，大家頭先已經聽咗咁多 Prep 既好處壞處，覺得佢對於 member 黎講係咪一個好既藥物呢，對於佢地防止 HIV 感染黎講？

B: 咁其實佢個即係 Pre expose 丫嘛你講，佢話萬四蚊一個月，咁唔係一般人 afford 到啦。我聽過 D friend 講美國個邊呢其實 D 保險公司係可以包埋呢樣野 (S: 係呀係呀) ，香港會唔會有呢 D 同樣既情況呢其實？

D: 咁我可以補充少少啦。咁我上個禮拜就同咗 AIA 個總裁問咗少少關於 Prep 保險方面既野，咁佢就話 so far 都唔會即係佢可見既將來都未必會包…即係 Prophylaxis 呢樣野，即係無論係 Prep 定係 Pep…Erm 係喇。咁另外萬四蚊係講 Truvada 啦我諗，咁其實 Truvada 係一種 fixed dose 即係…fixed dose 既 drug 啦咁。包含個兩隻藥一隻叫 FTC 一隻叫 TDF 啦咁。

C: 咁建議呢 D 英文呢可以既話大家用中文啦 (D: 哦)，因為 D 字大家用英文…同埋如果 Prep 同埋 Pep 個個字眼分番開事前藥同事後藥，咁就可能比較好 D。

D: 咁有兩隻藥啦咁，即係個名係咩唔重要啦。咁但係因為 Truvada 即係舒發泰，咁其實佢係兩種藥溝埋咗一齊，然後一齊用。咁如果你分開買會平好多，但係間藥廠 Gilead，我唔知中文係咩，咁佢就 so far 係香港冇得分開兩隻藥咁買，美國就可以。但好似頭先所講，佢地係固定劑量藥物，簡單 d 黎個兩隻藥溝埋幾粒會容易 d 食呢，會唔會平 D，講緊其實可能平三份一嘅價錢，會比較容易去 afford 到。

S: 或者如果撇除價格嘅因素唔計，依家覺得萬幾蚊都係唔 affordable，即係完全都唔想比咁多錢去食啦。咁如果撇開呢個價格嘅因素，係 Prep 方面如果佢已經光度大家心裏面水平可以 affordable—咁大家嘅水平都唔同啦—咁但係如果佢哋降低左個價錢黎講，以呢隻藥其他嘅因素黎講，你覺得係對於 member 黎講好唔好呢？

F: 依件事你要搵返醫療機構先啦。你搵返醫療機構，可能都唔係得好多間，即係其實都係個大問題。都算係其中一個問題囉。

G: 其次係呢，你地 AC 有冇辦法有啲 strategy promote 或者有冇啲方法等大家都知道呢一隻藥嘅存在呢？ 其實都 exist 左四五年啦我 suppose。咁 base on 佢個 supply 有問題同佢個收費 cost 有問題，有個 temporary 或者 long term 嘅 side effect，又或者係你地嗰個 target 嗰個 audience 會唔會好 forthcoming 去試呢隻藥又付出呢個 cost。等等各樣各樣因素，點樣去制定一啲計劃，可以等更多人可以用到呢隻藥，從而達到最終個個全面？

S：係…所以我地其實呢個焦點小組都係其實我地就係想知道呢樣野。我地就係想知道社群對呢隻藥有咩感覺，可能你會覺得話俾我聽：「唔係喎，我冇興趣食 Prep 喎，我覺得好差喎，我唔係好鐘意喎」，咁可能之後我地唔會好 actively 咁 educate 係 member 圈裡面既人去關於呢隻藥既一啲資訊。咁即係其實有你地啲意見既回饋都好重要，所以我地都好想聽下你地對於個藥物，以我地而家所見到既研究報告呀 evidence 黎講，覺得點樣。

H: 可能即係你地而家都未真係有個定位去 (S: 係呀) ，好似係呢隻藥呀，食咗就呢隻藥呀就會話個 risk 就會減低百分之九十呀，但即係頭先呢位先生都講咗啦，佢話係北美洲呢隻藥係保險 cover 到架，

咁但而家就形成咗個情況係北美或者歐洲有啲地方或者歐美既國家，有部份既男同性戀者呢佢地變咗有個 mindset 就覺得：「我食咗呢隻藥，我搞咩都得架喇」。所以就變咗即係話，你係想將呢樣野同正確使用安全套同埋兩個並行咁丫，定係你要「係喇，我而家有新藥喇」。因為北洲暫時既一個經驗，有部份既男同性戀者既社群呢佢地已經覺得呢「我已經食咗呢隻藥，食咗一年兩年，我一直都冇事，我一直都從事 D 冇安全套既性行為，而且即係 erm 係囉。」並因為 D 咁既情況呢，即係呢一兩年啦，D 男同性戀者既一 D 即係叫造咩呢色情電影事業呢都突然之間呢，即係以前都一直好強調 er (S: 戴套) 係喇。所以呢兩年都好多變番話唔需要戴套去用呢個喇。我都相信係嗰 D 既從事既嗰 D 既從業員呢係有服食呢樣野。當然啦，可能 end up 出黎，呢個我唔知啦，我冇 scientific D 科學性既呢個調查定數據去支持我，呢個只係我個人意見。但係我有朋友，因為佢，即係有部份既朋友可以去到歐美或者本身佢就係歐美人士，佢地就同我 share 番即係分享番佢地既睇法經驗，或者佢地去參加一 D 既 party 派對或者至係一 D 叫 gay cruise 既活動既時候，咁佢地識得話番俾我聽北美洲佢地食呢隻藥，即係呢隻藥已經轉咗佢地既睇法，安全套已經係冇咁需要，即係佢地自己某 D 既原因，即係佢地已經係(G: 金剛護體) 丫係喇！即係喇覺得你安套都會爛啦，都唔係一百 percent 啦其實，兩樣野差唔多其實(A: 咁不如我剩係食 Prep 啦) 係喇，所以就係話我係，我個人既話就係就算你話唔使錢咩都好啦，我自己個人就唔會放棄話兩樣野呀咁樣，但有多人就覺得可以即刻就放棄唔用安全套呢樣野囉，雖然你會不斷強調話呢隻藥只會強調 HIV 既病毒，其他既性病係阻擋唔到，但亦有好多人咁就覺得呀唔緊要丫，因為大部份既性病都叫醫到丫，咁樣囉係喇。(8:40)

N: 有冇人有類似既睇法呀？

I: 咁其實都係架，你知而家香港就呢隻藥真係有得買啦，你知道有得平 D 既就會對安全套有 D 既…你知啦，個 percentage 都係差唔多姐，不如唔好啦食左呢隻藥就算喇。其實都好多架好似避孕丸都係架，其實好多，有咗避孕丸就少咗好多人用 condom。

H: 因為你話就算而家，唔係好多人知呢樣野，已經有一部份嘅人唔會用安全套，咁如果你已經有一部份嘅人唔會用安全套，咁如果你 promote 嗰陣，我都希望我個人希望啦，remind 番佢哋，如果唔係，我相信果班人會諗我更加唔需要用，即係仲好啦，係 bonus。

G: 我想用另一個角度探討呢個問題，因為而家普遍去接受用呢一隻藥一個 prevention measure，仲有好遠啦，咁可唔可以用返避孕套嗰個方向去諗，即係依家啲人香港嘅感染率同用 promote 用避孕套做一個 prevention 個效益去比較，個效用有幾好既 improvement 呢？ 如果係呢個方面用咗呢樣。野可以睇得到係香港 safe sex 呢一個嘅觀念，咁可以用返做一個 basis 去諗然後 apply 落 safe sex 嘅其中一個方向。係唔係咁佢哋接其中一個方向。係唔係咁佢哋接納嘅認受有幾高呢。

S: 你個意思係唔係睇返避孕丸係香港同 condom 使用率有冇降低到？呢一樣野做一個 baseline 去比較。

H: 避孕丸同安全套使用率相關性的研究。

I: 你第時呢隻藥物推出市面之後會唔會同避孕丸一樣原理少咗人用套呢？ 會唔會冇咗本質上面個呀效果呢。

H: 因為你兩隻藥實在好相似，雖然好明顯就係之前同時雖然好明顯係事前同事後。

I: 只不過個分別係食兩粒糖食$200,000 嘅分別。

S: 咁或者可能問大家可能敏感少少嘅問題，member 圈之中係咪每一次都會進行安全性行為，例如話都會帶套或者個 percentage 係有幾高呢？即係你認識嘅 member 當中。

B: 我就覺得唔係咁高嘅，唔戴嘅居多嘅。我想講嘅係呢隻事前藥啦，其實係某時對我一出嚟開波，對話中我會問你係咪 HIV positive㗎，even 可能我都唔會信晒你，我都會問你 D 問題，有啲人就會同你講，有食緊事前丸，咁有啲人會唔會覺得你有食藥就係 negative 呢。都有可能係大話黎架喎，所以我覺得你應該更加要 promote 呢一件事，PREP 係香港唔係咁普及，因為係價錢上嘅問題，唔係每個人都 afford 到萬四蚊一個月，咁除非你一個月搵三四萬，起碼啦我估。所以會有咁嘅情況。好多人都會攞住呢樣野黎 avoid 做 safe sex，可能佢已經係 HIV positive 嘅人囉。

S: 即係佢可能會講佢係 on Prep, HIV negative。

B: 或者會同你講係 undetectable。咁用一啲 term 去欺騙人。

H: 咁你其實帶出一樣野。我講呢啲唔係關乎種族歧視既問題，可能有點外籍嘅雇員係香港係外派嘅性質，所以佢佢公司嘅保險係會跟返美國或者歐美嘅性質，可能真係食緊呢隻藥都唔定。咁但係我唔係幫佢哋辯論，係我擔心講會引致另一個問題會唔會有啲 member 會覺得見你一個大機構做高層嘅更加相信你應該係 negative 呢。但其實未必夠喎即係架喎。

S: 其實會唔會就係你都講到話 member 圈當中用套唔係好高，咁原因可能係有呢啲大王...

B: 同埋會覺得舒服啲，咁你食藥就係想舒服啲唔戴架啦，咁個一群人會咁諗。其實個一群人先係高風險，咁你都係 target 嗰群人即。正常人戴套預防率都好高架啦。預防呢啲人好過啦。

H: 因為如果你話我認識嘅，咁認識有好多層次啦，我了解嗰啲呢，據我嘅了解都係安全性行為嘅。但係你話有啲所謂嘅英文嘅 acquaintance，中文叫做我認得佢係邊位佢認得我係邊位，但係唔係一個深交，咁可能經過一啲 gossip 叫做是非，佢係 practice 呢一啲嘢嘅。如果你問我私人嘅，我周圍同我熟嘅嘅朋友都係安全嘅。佢哋都唔相信，因為佢哋 mindset 已經唔係話安唔安全，唔係話個病毒嘅問題，係衛生嘅問題囉。

J: 我又想問下咁對於 take 開野嗰班人，咁佢哋 take 開野會唔會影響事前丸嘅藥效呢？佢地 take 咗咁多野，仲有冇 take 事前丸既習慣呢？

K: 即係唔好講萬四蚊個問題，講錢的話其實就唔駛講落去啦。其實再講香港都冇咩人可以 afford 到。即係我當好似避孕丸咁平，或者係政府 $ 20 攞一次，咁如果係嗰班所謂高風險人係比較需要食呢隻事前丸，但係佢哋入到身體內已經無效，咁做黎又有咩意思呢？

S: 係咪其實問緊 (K:佢地 take 野) Prep 同佢地嘅 drug 會唔會有 drug drug interaction？

K: 係啦。即係佢哋 take 野個劑量已經食到咁大啦。

I: 係啦佢哋食到個劑量咁大。

H: 咁有冇，無論係事前定事後，呢兩隻藥有冇衝撞到？唔好話 take 野嗰啲 drugs，會唔會有啲咩呢？

I: 或者好似有 d 長期病患者，俗稱藥煲，食咩野都無效架啦。

K: 係呀，即係佢已經好似藥煲咁，佢未必有心同力同你做呢啲嘢。咁我唔需要 promote 俾佢啊。我即係講 sexually active 個班，好大部份都係從事，好大部份都係從事緊 take 野嘅活動。(A: 明白。) 咁或者佢哋聽唔聽呢個 message 呢？

I: 佢已經食緊咁多隻藥，我咁樣食落去都係糟質佢姐。

H: 我唔係認識好多呢啲人，即係朋友與朋友之間，似乎一個趨勢，食得越多嘅人就有個趨勢會好 relax on 安全性行為呢樣野，反正佢都食咗咁多有毒嘅嘢落去，佢未必係因為 HIV 死囉。佢已經唔在乎，我唔知你有冇做過你一類研究。

S: 其實呢一個因為我上個禮拜都同阿聰一齊去咗 apcon 嘅一個關於 Prep 嘅國際會議。咁裏面其實我哋都有問到講者，有冇關於一啲 recreational drugs 嘅一啲研究去睇下 Prep 同 recreational drugs 有冇 drug-drug interaction 呢。咁佢嘅答案呢就暫時嚟講都未有依 D 研究，但佢只不過係發現個機會性係比較低，嗰個 Prep 應該同啲娛樂性藥物係應該冇咩關係同相衝嘅 effect。

C: 佢唯一提過的係，咁其實清楚理解食藥嘅話，應該明白，但係其實食呢啲藥物佢嘅服從性，例如每一日都要食啊，依方面可能有 D 影響。即係會令我睇到 drug 個交錯嘅問題未必係最大。我覺得答嗰陣時個個人都答得好模糊，咁即係一個要去注意嘅地方。

S: 咁呢一點係需要更加多嘅研究嘅，但現時我哋仲未搵到。

K: 咁正如頭先話齋，玩到天昏地暗嘅，我諗果隻藥每日都要食架嘛，佢一定唔會記得架，返工都唔會記得嘅話，又點會記得佢食藥呢？

G: 我想再撇開呢個 recreational drug 嘅問題，drug user 用呢隻嘢嘅角度同方向。作為呢一隻嘢係咁新，系 market 裡面未出現過，可以用咩嘅方式 promote 作為帶俾所有呢個高風險嘅群組呢？跟住佢哋有興趣知多啲嘅話，你地又有咩支援可以比到佢哋呢去嘗試作為第一 batch user，去點 follow 呢個 case，改變到或者 improve 嘅呢個 risk 嘅問題呢。

D: 姐係你個問題係 launch Prep 之前應該係香港要有相關嘅研究。

G: 有冇相關嘅 communication 同制定嘅 tactic。

C: 亦調返轉你話，不如我哋問返你地，其實呢個場合正正係 AIDS concern 你假設係要去 promote 要去推廣呢件事，覺得作為一個機構係一個社群裏面可以做啲乜嘢嘢呢？去推廣啲嘅嘢？你頭先講咗啲有關 supplier，可唔可以講多啲？

G: 因為佢地而家 obviously 想攞番 R&D 嗰個費用同埋再賺錢。

C: 唔好意思，咩係 R&D？

D: research and development

G: 即係大藥廠無返 100 幾十億賺番番黎，都唔會將呢隻藥普及化，咁呢樣係 obstacle。

L: 我想話我聽左咁耐有個 confusion 就係…我唔知關懷愛滋係咪 focus 係 HIV 上面，所以一講出嚟話開始啊有呢個 talk 喎，有呢一樣野喎，even though 我係讀呢一類野嘅人，我係有讀 vaccine 嘅，我自己係 expert 都唔算係嘅。我都係類似接觸過呢一類，咁我會有個 confusion 就係，咁就

係以後唔使用藥。去比較呢兩隻 drug 嘅時候，要分返開囉，始終因為 straight 嘅人我會扑完之後會生仔嘅，用左藥就唔生啦。哦唔係嘅，你講 MSM 即係男性，衛生署都係咁講，男性同男性接觸嘅人士係最高風險接觸 HIV，但係其實你其他病毒性嘅 STI 都好多架嘛。即係你唔可以話我呢隻 drug 好強個喎，即係我相信關懷愛滋應該係 focus HIV，但係應該分返開去 promote。變返做話一定要 safe sex，但 on top，你一定要做返呢樣野，啊你係高風險人士喎，咁你 afford 到 afford 唔到，我自己睇法啦，咁藥廠啲專營權都係二 30 年啫， 40 年之後大家有咗差唔多野之後，大家都知個 structure 嘅，咁冇咗個專利費，我唔講咁多呢啲嘢啦，我信大家清楚啦。咁但係係未有之前，我唔相信係好早期，係香港來講我自己加入，外國係真係可以將 safe sex 個一欄，Prep 個一欄，HIV 個一欄，combine 做兩樣嘢一樣。咁即係唔係咁啊，你淨係講 HIV 我會覺得好 bias 囉，咁你會好 confuse 咗其他 STI 唔使你理啦，即係其實政府我自己親身去經驗，係其他 STI 真係唔理個喎，最多咪驗下菌，撩下龜頭就係咁簡單咋嗎。但係如果你係講真係病毒性嘅菌嘅時候，你應該不停咁去 promote 我諗到時 HIV 都係生野即，HPV HSV 呢仲有其他東西呢，而家仲未搵到姐，咁你而家就好 focus 講呢隻，我驚你會 out focus 左。變得大家記得呢隻藥每日食個喎，大家 quality of life，你要記住喎嗰個人啊一定要每日食，咁可能遲早一個禮拜食一次，一個月食一次，咁一年食一次家姐。咁呢啲科技嘅嘢好難講，但係好難講，我建議就係點樣都唔好同個 condom level 咁一樣囉。

S: 唔好講話食咗 Prep 就等於 safe sex 喇。

L: 係呀！ 因為我聽到個感覺就係 even though 我係讀你一方面嘅嘢，可以 promote safe sex oh，呢樣就搞掂啦，但係唔係，只係 HIV 咋嘛，你記住 focus HIV，仲有大把野。

N: 聽落大家都係會擔心呢隻藥會影響到其他我哋社群嘅 drug use 或者其他係一個藉口有機會唔用，其實我有想問下，如果其實呢隻藥我哋真係推出俾 MSM 社群用嘅時候一路都有用開 condom，佢哋會唔會因為呢隻藥而改變佢哋性行為嘅模式以選擇唔用 condom？

S: 即係可能啲人已經九成或者 100 percent 用 condom，但呢隻藥有好平喎，價錢又好喎，會唔會想 switch to Prep 呢？你覺得從社群你睇會有幾大嘅興趣呢？

N: 可以同時一路用 Prep 一路用套。

S: 或者唔用套，就食 Prep 喇。

L: 咁又好睇你之後點宣傳，之後你會令到人哋誤會左，即係好似頭先咁講咁即係好似頭先咁講。舒適嘅角度來講我係會食嘅，一粒藥就解決左啦嘛，大佬我唔係成日有個套架 ma，套又要唔穿，又要唔過期，又要有 loop 又要剩，搞咁大彈野都係算喇，咁我食粒藥咪得囉。

J: 所以最終既宣傳係令人哋嘅第一身覺得食咗呢隻藥就可以唔使用套，或者食咗呢隻藥都係要

用套嘅。

H: 即係其實話呢個係一個代替品取代咗 condom，定係雙重保險，定係一種相輔相成，定係一種算係我兩樣都食但係我可以叫做 take risk 冒險嘅比率係高咗，因為我多左一樣野墊底，就係多咗一樣事前丸，所以就係話話返呢幾個選項你哋要令到啲人要去邊個方向諗囉。因為我頭先講嘅呢四個選項都有可能發生嘅，就睇返個人嘅。

J: 就好似 D 人食 pandol 咁止痛，唔痛囉。去到第時就未必係你地宣傳，可能係藥廠宣傳，咁個宣傳策略會係點樣呢，會唔會令人誤會呢隻藥呢？

H: 藥廠既宣傳就會講到佢係萬能嘅，仙丹黎既。

J: 之後啲人就會...

H: 即係你問我我咁怕死呢我都覺得係相輔相成嘅，但係有啲人呢唔係喎人生苦短，咁梗係食完呢隻就乜都得啦，呢個係每一個人嘅取態唔同囉。

S: 你意思即係話會增加社群人士個高風險嘅行為，唔好睇我地點宣傳呢樣野。

H: 因為佢哋覺得香港啲人會，就我個人觀感，會趨向都驚嘅怕死嘅，不過佢哋冒險嘅機率就會高咗囉。以前就以前唔好啊不斷宣傳一定要帶 condom，唔係喎可能係我自己自信，我查完佢家宅，之後再用自己嘅 common sense 去，呢個人可以放棄用 condom wor。

B: 其實係我角度睇其實你哋點樣去宣傳都唔會影響到個結果嘅，因為呢一樣野好講緊嗰個人係點樣接收呢件事，就算好似你頭先成場都係只係講係預防措施，無論係食事前定事後都好，但係有啲人就會覺得已經將佢當做一個 condom 代替品。其實成件事冇咁樣講過，只不過有啲人接收係咁樣接收左入去，反而我覺得就你哋做嘅行為既影響只會係好低，但係調返轉，我會覺得如果可以做到嘅就係，可以令到呢啲人就不斷咁解釋返個一件事唔係你咁樣諗，要做多啲呢一方面嘅工作。因為你講嘅唔係話佢等於 condom，但係就因為有啲人咁樣諗 even 你唔係咁講，向咗個方面諗，clarify 番呢件事，要做多啲呢一方面嘅工作。

S: 咁其實同大家講多少少關於嗰個 risk compensation 嗰方面嘅研究。其實好多外國嘅研究都指出一啲有服用 Prep 嘅人士嘅用套率係冇降低到嘅，亦都冇因此多咗成伴侶嘅，但係呢啲全部都係佢自己 self-reported 啦，我哋冇辦法佢每一日睇嗰個人係咪咁做，因為係 self-reported 佢自己講嘅，咁樣樣囉。佢意思即係話我作為一個男同志，我嘅用套率已經係 50%，咁我服用之後都係 50%，無低到無高到。因為其實本身可能本身用 Prep 嘅同志都唔係好鍾意用套，或者唔係經常帶套，咁佢服用呢都冇因此而降低度。呢個就係近呢幾年嘅研究報告話俾我哋聽，現時係咁樣囉，但係我哋都好希望睇返香港嘅情況或者大家係咪真係咁樣睇呢，係啦，我好相信大

家頭先都聽到大家嘅意見都係覺得都未必係咁樣。

N: 頭先呢都有人提過如果我俾一般社群人士會去影響去戴套，有人提到會唔會選擇高風險啲嘅例如話 drug user 去用啦，但聽落都有啲 obstacle，佢哋可能未必會每一日食到藥啊，但如果你哋覺得我哋淨係 target 佢哋高風險嘅人同社群人士值得去做，同埋係咪有效呢對佢哋嚟講？

J: positive 的 partner

S: 咁有個長期穩定 positive 既 partner...

J: 即係我嘅理解，我聽外國，就係有原因，有 positive 既 partner 先去食呢隻事前丸，唔係好似派街坊咁。因為個成效唔會高架，始終宜家呢個 HIV positive 唔係話太多，太多意思係 over 一半。淨係針對性去做某 D 好高風險既人等佢等佢去，無論佢價值幾貴都好。

S: 除左有 HIV positive 嘅伴侶之外呢？ 有冇其他？ (H: 性工作者) 性工作者...

B: 我想問吓啦係香港因為啲數字上個感染率其實係上升緊，點解唔可以做多啲工作去引入去呢(S: 你意思係 Prep？) 係喇。即係令到佢可以同啲保險公司或者政府可以著手呢一方面嘅工作，因為其實係個感染率高，因為香港始終係大城市，又人口密集啦，咁我覺得盡快去引入，去平民化會係一個方向去做嘅嘢囉。

I: 我反而想問下事後丸呢一樣野係幾時開始出現架呢，有冇話，因為呢一樣野好似係新個喎，因為你話係 2012 阿嘛，後面嗰個系 20 幾多。

S: 每一個國家都唔同個喎。你講 Prep 呢，係 2009 年呢 WHO 世界衛生組織已經係有一個 guideline on Pep 呢一樣野。係唔同國家來講，其實 Pep 呢一樣野係一啲職業途經之下去接觸愛滋病病毒嘅人士去服用，就比較少係非職業途徑嘅原因之下。

L: 你哋呢度嘅支援服務其實應該要多 D promote 事後，而唔係事前。係香港冇咩人 afford 得到，暫時咁嘅價錢。如果真係可以做嘅 provide service 係事後既，公立醫院裡面都可以有，咁你會唔會禮拜六日 store 定 D 係到，派下街呀，喂大佬 72 過晒啦。(咁如果我星期五玩完，我禮六日一咁我都死啦)咁我四點三十一分我發現我玩完。(N:我地一陣間個 session 再討論)我暫時就覺得事前嘅討論嘅價值就去咗咁多囉。

S: 大家關於 Prep 有冇啲咩其他意見想繼續講？

N: 頭先嗰位朋友就睇到盡早引入就可以因為而家個疫情好高啦，就覺得可以處理到嘅疫情，即係大家覺得可以同意呢個睇法，即係 Prep 對成個同志吋嘅疫情有幫助啊，定係其實用咗 Prep

反而令到個疫情更加差呢？基本嘅資料可以話俾你知香港大約男同志感染率 5.x%啦，大約 17 到 20 個裏面有一個 member 感染左。咁你覺得係政府推行 Prep 或者機構推行 Prep 會唔會對成個疫情有幫助呢？

B: 我覺得會有幫助，同埋睇番個感染數字嘅話，其實最後所有人都會轉晒去食愛滋病嘅藥，最後其實呢舊錢都係政府比架啦，好大部份，因為我都有 friend 係食緊呢啲藥啦。所以我覺得應該係 promote 用呢一隻藥 instead of 令啲人變晒愛滋，之後免費比佢哋食囉。

S: 即係 cost effective 呢即係。

B: 長遠來講都係，因為啲數字越嚟越上升。pool 就係度，人係得咁多架啦。

L: 我想講個策略可唔可以唔 target gay groups 入面，因為我知道你而家做緊嘅嘢係好好對係 focus 嗰個 group，諗住隊稟嗰堆數字先，咁但係最後加多五至十年就就會形成僱主知你係 gay，insurance 會貴啲啦，即係我唔好請你啦。你見到呢一批藥，insurance companies 一定會搞到好似 gay only 咁，我地會覺得好 confuse 就係你 come out 咪會更低？ 就係會有咁既 concern 即係話，變左隻 drugs 好似 gay only 但 actually 係 HIV，用 lesbian 去 promote even strict 都去，但係又唔好又好似 exclude 左 gay 係成件事咁囉，gay drug 呀抵你死啦。

B: 呢樣嘢我覺得唔係呢一隻事前藥，in general 會覺得你都應該係 gay 啦，人就係咁樣架啦。

L: 咁而家睇番衛生署既數字 most high risk group。Science 老師都係話係你抵死，鬼叫你係！

N: 睇番 privacy 個問題，我覺得可以之後處理嘅，而家都未真係實行，可以同保險公司在處理嘅，會唔會係政府去處理，呢一個我哋都未知嘅，呢一個都可能係我哋要推行嘅配套上面要諗既野。(L: 真係個社群先去 promote)

S: 呢個都想同大家講返嘅，因為其實 audience 唔同我哋頭先都冇講到要持續食 Prep 達 21 日，你嘅陰道組織先可以有足夠嘅藥物濃度去阻隔愛滋病病毒。而對於 gay men，係性接觸方面食 PrEP 會快啲可以食到夠嘅濃度去阻隔呢隻病毒，所以其實點解好似好多 promotion 都淨係係 gay community 呢。其中一個原因都係本身隻藥係咁樣樣，所以想同大家 clarify 返。

C: 其他人又點樣睇呢，會唔會對疫情有幫助，定加劇左個疫情呢？

D: 咁我覺得就應該可以幫助減低個疫情嘅。答番你頭先個 age group 問題，應該 target MSM 邊一 group community 啦。睇返個 community 嚟講，都係 30 樓下，22 至 28 ,所以可能後生啲嘅反而...可能會特別高啲感染率，所以可能需要 D。

L: 不如你哋係大學搞多啲 event，學生會啊都好鐘意派 condom，定期有新生入嚟就會派包奶，一包 condom，一個 welcome kit，咁我相信你地加返多啲大學 event 會好啲囉，因為我見到其實 hot topic 都係最都係大學嗰啲 age group。嗰個靚仔係最需要知因為……我都唔識講就係咁啦。

I: 其實大學有自動 condom 機好恐怖架，一日就可以買清個部野，至少你都聽過一日可以買清幾部機。所以達到宣傳功效，係大學可能大過係街外，因為你會有宿舍架嘛。

L: 30 歲以上我都未到，但係個 focus 係 30 歲以下，而家 HPV vaccine 都落到去中小學階段做，因為個 vaccine 都係 26 歲樓下嘛，咁如果係中小學，你地做會有少少難度，所以大學以上甚至公司以上，四十，四十歲以上我真係唔知。

N: 其他人呢？對 member 圈，仲有冇 D 咩睇法？覺得好唔好？

H: 我覺得而家好有興趣聽，聽到最後尾，聽到每個月要食咁多嘅時候，個個都其實咩興趣都冇晒。或者就算啦，forget it，因為遙不可及，都係囉 (C: 如果俾你買得到呢，甚至好平，唔使錢添。)(A:你話好唔好呢？) 香港人咁鐘意貪小便宜，你話唔使錢嘅，又唔使死嘅，梗係試啦！

F: 唔使錢佢又可能唔會準時食藥。

I: 你唔使錢又唔使付出。

H: 你要俾佢知道你要付出少少為自己負責任，又唔好完全話...

F: Condom 夠係周街派，你唔用嘅話你指住支槍對住佢都係唔會用。反而你去睇醫生，$260 一張單，你又要日日記得食咁囉。

H: 回應番之前避孕丸同 condom 個問題，食左避孕丸又唔會用 condom，真人真事黎嘅，唔止一次，有啲 straight 異性戀嘅人士去 gay 既 venue 攞一啲免費嘅 condom，即係唔平嘅如果佢係 sexually 活躍嘅話。但係調返轉，但係佢真係自己用錢嘅時候佢就好 serious 正經咁可以用一個 condom。正如頭先有位咁講好求其咁樣用，反正呢啲隨手拈來嘅，其實呢啲唔要錢嘅都啱架，唔好唔要錢。都要收番錢。因為都係頭先回應返，有啲係北美洲，因為佢哋唔使錢啦嘛，佢哋就會依靠咗，呢一樣野，總之我就唔需要用 condom。同埋我有 keep 住三個月驗一次嘛，咁我兩年黎都冇事啦 wor，個心就越黎越雄，覺得我以後都唔需要再用。

S: 咁但係你地覺得點解 member 圈會咁冇 motivation 去用套呢？有冇一 D 既人，可能會係俾人呃呢可能會話 undetectable，仲有冇 D 咩原因會唔用套呢？咁即係太便宜太免費所以求其...

F: 技術上又會上唔用既..

B: 生理上又亦都入唔到既…

N: 你覺得技術上係佔一大部份？

F: 即係一般既男女，解佢哋咁驚要用呢，因為佢哋嘅後果承受唔到，所以佢哋無論舒唔舒服都一定要用。但係兩個男人嚟講呢個後果唔係咁 imaginable，所以加埋佢哋技術上有啲困難，所以佢哋就唔用囉。

N: 即係愛滋病冇 bb 咁可怕…

F: 咁你諗下愛滋病可能 cut off 就冇喎，但係 bb 可能要忍到 50 幾歲，你都脫離唔到個喎。(N: 你都要食藥食到六 70 歲個喎。) 但係你食藥可能係每日做一次家姐，但係你對住你一個係廿四小時個喎。

H: 頭先可能提過話 30 歲以下點解個 percentage 用套低就係話，刺激囉，就話刺激囉。

F: 同埋你諗到個後果會係點，年紀大既都會知道哦，個後果係咁嚴重既就會去 bear in mind。

H: 有部份人同我即係 share 過即係話，要用套並試過唔用套，佢地話兩樣野個感覺係有分別既個感覺，係個過程個到。有部份人都會話個刺激感係唔用套係大 D 既。但調返轉並係個人睇法囉，有 D 人兩樣都試過既，但都堅持會用套既因為覺得佢生命係可貴過佢個快感既。

S: 咁大家覺得如果香港真係要用 Prep，有冇 D 咩配套係需要配合先可以做得到呢？

J: 都係政府政策既問題啦，(A:講緊 Prep 即) okay okay，政府你而家 Prep 都要有得買啦，最緊要平，或者唔需要搵咁多醫療機構就可以買得到啦。(A: 容易 D access 既) 容易 D 搵，同得到。

J: 如果你唔係醫療機構到攞到個話，你會否係邊度攞到呢？(可能指定機構，你地 AC 都得架)，NGO 既。你哋可以處方出嚟嘅，你哋有需要嘅可以(F:醫生紙)係囉就可以 Prescribe，去介紹直屬或者有關既。

H: 同埋 promote 多 D 呢 D 私人...私營既機構，或者公營既醫療機構，而家得個幾間，或者你話而家中環個間係私人既，或者係養和係私人既，其實而家出面私人既醫療機構真係唔多囉，係咪因為佢近蘭桂芳所以就...

S: 我地所知淨係個間即，所以大家知道有其他呢都可以回饋番俾我地，我地都唔係特登 promote

個間，因為呢一隻藥真係太唔流行喇。

G: 仲有一樣我一定要強調就係頭先講 habit 呢個問題，第一批落左黎既話，如果你地有咁既 connection 既話，可以有呢 D 藥從其他人 prescribe 到出黎，係咪長期食都有個效果都係一個好大既因素。可唔可以做到一 D program 話用一個優惠既價錢而 commit 到一個長時間而達到呢個效果呢，咁呢個都係可以諗諗。

C: 咁有個具體既問題又黎啦，頭先都講到價錢啦。係而呢條路都好遙遠啦，但係外國係都會搞一 D 叫做 demonstration project 既計劃出黎，咁基本上參加者都係免費既，或者都係用一個比較低既價錢可以使用呢個 Prep，咁你覺得呢個 idea，係香港呢個環境，member 又願唔願意去參加呢一 D 計劃呢？

B: 絕對會有人參加囉，我會第一個參加囉。

L: 多左一個保障咋嘛，又免費既 why not！試下又冇死既。

H: 好睇個本身個人有冇動力去做呢一樣野。可能有朋友讀開呢樣，又知道呢個 risk 就會去做，但係一般普通既人士就可能會諗我做咩無端端要食藥姐，同埋仲要食粒？ 平時唔食既，佢地就唔會有動力，就算免費佢地都唔會去食囉。即係 condom 咁樣囉，免費都唔會有人攞架。

E: 你本身話一定要，咁你一定要個諗法又係咩呢？

B: 咁好坦白咁講，我都唔係 100%會帶套，even 帶套都試過穿套，咁我會覺得呢一樣野係我唔想自己係一個 HIV positive 既人囉。係囉所以如果有 D 咁既野架話，我一定會去做囉。

C: 你又係咪會咁？

G: Er 我會係高風險同低風險去試呢個 program，因為如果你係好少 practice 你好少出去玩既，咁就算參加呢 D program 都可能係貪得意即。咁你都要知道佢 background 同埋佢地肯透露佢地安全既情況。

H: 反而我會諗如果你想資源用得其所既話，反而如果你有呢 D promotion program 呢你地可以 focus 係呢位頭先提過高風險既 HIV...

H：如果想資源用得其所，如果你有呢啲 Promotion program，你可以 Focus on 啲高風險嘅，譬如佢有一個 HIV positive 嘅伴侶，或者其他你地可以 Identity 到一啲高風險嘅群組，去用呢一個反而我覺得對防治有更大功效之餘，亦都可以真正睇到佢個效用有幾大。

L：會唔會同政府有多啲溝通，例如衛生署，我以前都有朋友私下私下咁講下，原來有個蜜月期，Hepatitis C 乙型肝炎就話免費計劃，係某一個組織就有得做，我自己都有去做，但係嗰啲係衛生署 Funding 嘅計劃。你地會唔會考慮下向衛生署攞 Funding 呀做呀？

H：最緊要你要話到比佢地聽呢道要筆錢，然後係平過跟住啲人嘅 HIV 藥物嘅錢，平左幾廿年既，係平左嘅。因為政府最鐘意就係睇住盤數，無論幾有錢都好 。

B：其實政府個度都有個社會衛生科都會做緊呢啲嘢，會唔會叫佢地多啲 Promote，其實相信有好多人都係嗰道 Test，免費咁，咁點解唔多幾個渠道比人知？

G：仲有另一個角度係間藥廠未開發呢個 city，但亦都係佢嘅 prime target，相信呢個人口密集，消費力高，社會經濟指數高，咁所以佢地開始第一步個陣，你地機構就可以同佢地傾，做一啲試驗 program，等呢隻藥 Common 啲呢？In the eventually 個價錢大眾化到呢，假設十萬人、二十萬人都有食嘅，咁除返開個錢賺又有錢賺嘅咁個 Cost 咪低啲。

S：明白，話比人地聽呢樣嘢有 demand，話比藥廠比人聽呢隻藥係有 demand 嘅，咁不如降低啲個價錢比多啲人食，就有錢賺啦。

G：係啦，佢都花少啲錢去 promote 隻偉哥個價錢。

H：會唔會有啲數據呢隻藥其實係唔同國家既價錢係有唔同，因為咁好快就會有啲水貨嘅藥，(可能有人買緊添啦)，可能係唔需要萬四蚊，可能係用緊幾千蚊去做呢隻藥。

I：可能係個價咁貴(D：係呀…)，因為香港市場啲係特別貴架嘛，任何嘢都係。

H：而且政府有關卡就收你萬四囉 (E：可能入口嘅時候…)，但其實可能(S：唔洗咁貴。)，係呀.....因為有好多藥品，有人會引入泰國嘅水貨，咁其實個 cost 可以係四分一。

S：係，而家泰國，一人三、四十蚊泰銖(A：即係食呢隻藥？)係呀。二百幾蚊港紙.....(A：一個月？) 係呀。(H：如果佢可以做到泰國咁低，緊係有人買啦)

B：但係咩原因泰國佢會做得咁平呢？

S：因為佢本身同藥廠有 Deal 囉(F：姐係政府同佢本身有啲…)

D：我想 Clarify 少少嘢，因為呢啲 HIV 藥呢，藥廠點樣 set 價錢呢，係跟世界銀行個城市發展指數，咁點解泰國咁平係因為佢地算係落後國家，而香港咁貴係因為我地算係發展得最好嘅

國家，咁而 HIV 藥物嘅定價策略其實講緊係最好嘅城市或者國家去補返最差例如非洲國家個價錢，所以你啲非洲係可以好平好平，好多原因 let say 香港賣 HIV 藥個價錢，補貼返，咁同埋香港...

B：但咁樣攞啲藥過黎係咪一個合法程序？(眾人：哈哈...)可唔可以一個大量引入或者合法咁做呢？(眾人: 不是合法的，但唔可以話非法...)

I：無香港衛生署嗰嘢，唔係一個持牌嘅唔係藥劑師，係入口商 (L：變左輸送危險藥物)

D：如果香港要買，其實有個名叫 generic drug，多數係問印度買嘅，印度買 Truvada，其實真係平好多，因為印度個間藥廠其實係水貨黎，因為知道個 Format 然後自己出，印度政府都比佢地做。如果香港要買 generic drug，無論係唔係 HIV，可能係其他標靶藥，香港買係十幾萬一個 treatment，咁可能係其他地方係平好多嘅，合唔合法呢就睇你本身係咪危險藥物啦，Truvada 據我所知唔係，需要一樣嘢叫醫生嘅處方，係香港想要醫生處方就可以聯絡返 (H：自己搭路啦叫做)，上網其實會有啦。(H：淘寶就無嘅)

B：姐係你意思係上網 search 返 gen..gener

N：不過暫時我地都未搵到醫生處方，要等黎緊..

B：而家香港都係得養和...

H：未有醫生處方姐係咩意思，姐未經衛生處核准係香港售賣咁嘅意思？

N：而家香港都無做 Prep 嘅一個推廣。

B：但佢註冊左未架係香港呢隻藥？

N：藥可以攞到嘅，其實同 Pep 一樣，但係未有供應，未有供應嘅醫院可以做。

C: 頭先資源問題，頭先講個泰國，其實有其他 program 呢，有啲外國人都會買嘅，姐係個邊醫生 check 跟住之後買，呢個係有興趣都話聲比你地聽等之後.....有一啲外國人已經知道呢個方法。

B：以你地識嘅 NGO 其實係唔 suppose 去 promote 呢樣咁嘅嘢？我意思姐唔會...例如...如果真係有人咁問開會比 information，但唔會話介紹呢隻嘢個時會建議咁樣做架嘛？

S：我地無咁做。

N：違反海關條例。如果係合法嘅，如果係搵到合法渠道買嘅，都可以 promote 俾社群既。

S：咁不如我地開始講下 Pep 呀，頭先都話 Pep 可以 promote 多啲，但大家覺得 Pep 值唔值得 promote 呀？

H：我覺我係好事黎嘅，同事後同女仔食事後九個 case 一樣囉，都叫下普渡下眾生呀...

I：由其是你講到個預防率.....咁高。

H：因為有啲真係唔知架嘛。

H：但係問題都係有啲相似啦，有所似問題就係要去推廣係好，但係推廣同時呢個唔係一個補救嘅辦法囉，唔好話比佢地聽前期嘅嘢就可以隨便地... ，我前期既野都要做啦

K：姐同家計會個策略相同囉，有緊要事先可以用。

A：真係好緊要嘅情況之下先可以用，不過你唔好因為呢個救嘅方法而係隨便做一啲唔安全嘅性行為。

S：但你覺得會唔會 AIDS concern 好 active 地 promote Prep 係點樣食呀，點樣做呀，會唔會好似你地頭先所講，如果 Prep 係唔洗錢咁就個嗰都... 唔 take it serious 啦。

H：你如果咁樣明光社首先就黎劏你地先...

S：姐係如果咁樣好 active 地 promote，好似我頭先咁講都係正確嘅資訊的話，都係講係補救措施.....係邊道邊道可以食，但 let say 公營醫療機構真係無好似我頭先咁樣落咁多閘嘅，淨係比你 HIV negative，即刻食即刻食，好唔好.....對社群黎講係唔係一件好事。

B：我覺得係，因為係呢一隻嘢其實係你驚奶嘢先食架嘛，咁你咩情況下先會驚奶嘢呢，一係搞完嘢嗰個人話比你聽我係 HIV positive 嘅，一係就你同一個 HIV positive 嘅人搞搞下嘢穿左，或者係一個安全嘅人點知搞搞下嘢穿左，呢啲先至係一啲會去做呢件事嘅，其餘嘅人我都唔會覺我佢地會去做囉，因為我反正我都唔 care 架啦，我先會唔戴套架嘛，咁反而係中間個步驟，會唔會係傾一傾唔係好似佢嗰張 check list，係咪咁樣係咪咁樣先會去處方，反而有 D 人係話比你聽，我係搞嘢穿左嘅，而我好擔心呢件事，或者係搞嘢個人係 HIV positive 同我講嘅時候，

之前我係唔知嘅，咁呢啲就應該係處方呢。

L：同埋我想問返把關係咪處方藥物啲人把關架？(D：係呀，醫護人員把關架) 就算點樣講都好，都可以唔比佢，(D：係呀係呀係呀)最大問題係我而家唔知有呢個 service，我連呢一樣嘢都未見過，wow brand new，完全未見過。

B：其實呢一樣嘢應該去 promote，但係調返轉頭點樣比，應該要轉一轉。

H：強調返唔係來者不拒咁樣比，(B：可能好似家計會咁樣)姐你跟返家計會個模式都差唔多 OK 架啦，姐個道係幫少女呢道係幫少男咁姐。

L：可能係大學嗰啲需要囉有機會。

I：姐當人剔分，分高就姐風險愈高，就唔係話好似之前個，到最後搵個人，姐係撈攪啦 (K：因為一定係搵唔到)，因為熄左燈嘅時候就唔記得左個個係邊個...

K：係佢話一定都搵唔到囉...

I：如果唔係嗰個人就好撈攪架啦，如果剔分計左嗰陣做出黎係好高.....

H：同埋一定唔係試十次就十次有效囉，因為家計會嗰啲都唔係一定有效，姐可能食多幾次都就會無效，好似咋下！

S：姐其實你地覺我 AIDS concern 都應該 active 地 promote 有 Pep 呢個 service，但只不過係正確地 promote 呢個補救措施，呢個 service。

H：係啦，有啲咩嘅 concerns 係後面.....

K：我睇 TVB 啲劇呢係有講過下呢樣嘢。

S：TVB 啲劇有講過下 Prep？嘩我都唔知有.....

J：一號皇庭，好似係。

B：係咪蘇永康呀？

S：哦醫護人員！

K：妙手仁心？

J：姐佢係接觸過啲污染血液所以獲得處方咁嘅。

D：嗰個陣係職業途徑，但我地 promote 一定係非職業途徑架 ma。

K：好似六七年前咁 TVB 一定要講到最維穩個資料先得架嘛(D：係呀……) 。

N：聽頭先咁講就要 promote 啦，但就要有啲 criteria，可能有啲分或者要睇嘅，但有無啲一定要比嘅情況或者有無啲 criteria 一定要 set 架？

B：要睇嘅唔應該 set 得咁高，應該例如嗰個人如果 concern 呢件事其實都應該要比佢，可能我試過搞完嘢穿左嘅，其實個一刻我都好 lost 架個人，咁點算呢，個一刻其實我就唔清楚原來係有啲咁嘅嘢，只係過多幾個月之後 check 下有無感染。As 一個唔知嘅人個處理方法就係咁囉，如果佢係知嘅，就已經去做左呢一件事。

N：姐你都係會比呢個錢去試，去公營醫院嘗試做呢個。

B：公營醫院個做法，或者幾千蚊比錢其實我都唔介意，當然都係一個合理價錢啦係我既角度，我覺我值唔值得去洗嘅姐嘛。

H：但真係一般人唔知個途徑囉，我地就梗係知啦，年年平安夜都賣廣告架嘛，但我地唔知，應該去邊囉如果真係需要嘅話，姐一個男男嘅性接觸之下。

I：所以話如果 promote 多啲，大家社群都係知呢件事嘅，有 B 問我：我啱啱同我條友乜乜乜呀，我就可以話佢知去邊道邊道。但你唔話我知我真係唔知。

N：但呢個情況會唔會都同頭先你講事前丸個情況會有出現一啲問題，就係當大家都知道，原來有個補救措施架喎……

I：之前講過啦，唔係次次得架嘛，食得多一定唔得，姐都唔擔保一定得，姐唔幫你落添直情。

L: 好似家計會咁，佢幫你落一次仔，咁唔代表佢會幫你做第二第三架 ma。

S：強調唔可以重覆使用咁多次…

N：姐係限 quota 嘅…

L：姐佳係如果講最多只係可以做三次，第三次之後就做完都無用嘅，咁人地就會計囉。

I：咁同人工流程一樣嘅，流得多佢都係唔生得嘅。

N：但唔會擔心啲人覺我，開始意思到有呢隻藥啦，佢會 interprete 有呢隻藥啦就唔駛用 PrEP，唔洗用套，總之我到醫院就有人俾藥我啦，咁呢？

I：家計會你去第一次比你食，但你去到第二次啦，就拒絕你喇，你已經用左呢個服務，好決絕咁講。

L：有無啲實例話 quote 到出呢。關於呢個 Service 多啲嘅數據，究竟實際上非 professional 感染嘅人有幾多，佢地實際情況又係點樣，可唔可以有少少數據...我都知衛生署唔會比你嘅，盡量經過你地呢個關懷愛滋...打正旗號「關懷愛滋」ma，姐係都係因為愛滋先會出現嘅…

I：如果去公立醫院同呢個服務，用嘅可能十年都唔夠一個人，因為無人知，姐係無用啦，咁你醫護人員另計嘛，醫護人員接觸到，佢主管同 officer 會處理得到嘛，就唔同啦。

K：同埋要同醫院傾定先，咁你做 promotion，多左人用，你話三四個月之後唔夠貨。

S：姐呢個都係我地都覺得難嘅嘢嚟嘅，其實 private lobbying 會唔會容易啲做呢，呢個係 question 嚟嘅姐，因為我地如果好 actively 去 promote，然之後等好多人排晒去公立醫院外面，可能佢就會落閘架啦。姐係而家可能無來源對象嘅情況底下，可能 GP 覺得見你咁嘅情況我都比你啦，可能你都攞到，因為仲有個模糊性。如果係一個醫院、醫療機構未 ready 嘅情況之下好 actively 去 promote 呢樣嘢，令到好多嘅男同志不停咁樣去，佢地就會落閘架啦，可能令到呢樣嘢更加差對社群群講唔係一件好事。

L：我想問你話可唔可以係社會公共衛生科搞多啲嘢，我話搞多啲呢啲呢，姐我呢個 age group 呢，係社會衛生科係完全唔知有呢樣嘢，係要自己瘋狂 dig in，瘋狂 dig in，你唔係想做 rapid test，你係想做 traditional test，先話知到有咁既 solution。咁會唔會話希望係衛生署個道 stress 多啲，然後從而等人地唔會因為呢個 service 而 overuse，就算就咁公立醫院我唔係睇專科睇普通科，睇急症都排八個鐘啦而家，我撞甩左個頭撞到瘀晒訓都要訓係走廊都係等四個鐘，斷隻腳又係四個鐘，呢啲咁非緊急十二個鐘既先算啦。

H: 你睇完個醫生仲要其他驗呀，咁你話專科既時候…

K：係咪應該去急症室呢？定係直接走去社會衛生科排隊睇呢，究竟係邊個對口呢？

L：會唔會話希望社會衛生科都搞好自己個 system，我自己都去一間診所睇，我發現原來第二間所佢係唔俾睇嘅，我驚人地發現，我諗住無論去邊都睇，無論男女，straight 定係 gay 嘅都好都得，但係我發現原來佢地個 system 自己每間診所都係各自為政，唔compatible，咁你話如果再行呢個 Pep 嘅時候，佢地梗係落閘啦，都無一條龍服務咁處理，你隊淋左個道，我落閘啦，無呢個 service 架，理得你關懷愛滋你關懷愛滋你自己搞掂去囉。

I：又或者你好似急症室咁樣囉，去到急症室有個程序，有呢啲人嘅，佢就俾封信你就可以即刻睇得到，就唔洗係急症室排咁多個鐘，排完之後真係……

B：但頭先你話唔 promote 咁咪有需要嘅人都未必知道有呢件事囉，姐都應該係要去 promote 嘅嘢呢。

C: 我想問一個問題，頭先傾咁耐都係講緊個醫療系統，姐係制度完善的話就皆大歡喜，但而家嘅現象正正就係連政府都唔想郁呢樣嘢住，衛生署都係比較低調去處理，佢地好低調啦呢樣嘢。咁所以我地講緊係一個社群嘅人，姐如果你講緊從第二啲方面有啲咩可以做起而去推動呢樣嘢，而佢地(政府)真係唔做住啦，佢地都好靜嘅，亦都好低調去處理，但作為社群 AIDS concern 我地可以有啲咩可去做，可以令呢件事...

B：其實如果調返轉頭話呢件事你去 promote 嘅，有好多人知道呢件事啦，到佢地個 policy 上都改變呢，成件事都係返返轉頭，姐係唔係上面壓落黎，而係調番轉頭。

I: make more noise...

K: 例如我話唔係 gay 啦(唔係 gay 啦)

L：有咁既 need 既人啦，想要啲福利呀嘛，咁好啦我地係政府個道，even thought 我當你 list out 晒所有政府 out 啦.....list out 晒政府嘅所有 service 啦，咁你可以做嘅流程，process form 係點做，再唔得，加埋 NGO 個 force 落後，NGO 都係 compensate 成個政府個 community 既不足架姐，如果都係唔夠，我覺得 NGO 係有個 power 去幫我地去 say 返話政府你係唔夠做呢樣嘢，唔該做多 D，比多啲 funding，而家就好似一盤散沙，各自為政，做下做下，香港彩虹又做.....咁無架喎，冇 noise 散收收，咁一盤散沙最後咪死囉。

I：因為政府而家係架嘛，無人出.....個陣佢唔會做架嘛，你無份去鬧佢嘅時候佢都係唔會做！都係停留係個位置.....

D：我會比較擔心如果 Prep 同唔 Prep 一齊 promote 嘅話呢，隻藥一樣架嘛，就有問題啦。

如果我食 Pep 嘅話去公立醫院係一百定九十蚊一次藥架嘛？係架可？咁如果我一個月去公立醫院聲稱我有 high risk behavior，我一個月去一次我係食緊 Prep 嘅姐，明唔明我意思？

N：姐你驚人會攞左呢個 Pep 利用嘅 procedures 攞 PrEP，事後當事前一樣。

K：嗰兩隻藥其實係唔係一樣嘅呢？

N：都係用同一隻藥...

S：都有用 Truvada 唔同藥物嘅 combinations...

E：成份唔同但藥名一樣定係.....

D：都係 Truvada。

E：成份都係一樣，只不過係當事前定事後藥咁既分別？

F：會唔會當左係事前藥當左事後藥咁食？反正日日都要食架啦，咁我咪食少少囉，大家性質一樣嘅姐嘛.....

(一片喧鬧)

C: 不過而家，我個時聽就算公立醫院急症室呢...因為 AIDS Conern 有少少資料仲要再搵，我聽過急症室呢，其實最終只係比第一個星期你，最終都係要自己搵。

S：去九龍灣個道囉埋淨低嘅藥...

J：係啦...

I：都係十蚊姐，唔會係千幾蚊咁誇張啦...

I：姐其實藥係道架啦，但係睇你點樣攞嘅姐，而家帶出個問題.....個隻藥連個成份都一樣，咁即係好易攞嘅姐，如果比人知道黑市仲有市場賣添，等於美沙胴一樣姐嘛，含左落口再 LUR 返出黎嘅時候係有市場賣架呢樣嘢.....

K：第一粒係咪要即場食架？咁你食左一粒就變左六粒架喎一個禮拜..... 唔係咁你黑市個情況都係一粒姐一個禮拜。 姐係有 iphone 同冇 iphone 個盒一樣姐。

G：但政府有無可能真係比我地 abuse 呢樣嘢落去呢，同埋可以 last 幾耐呢？

L:同埋會唔會扔晒所有嘢資源淨係去九龍灣,九龍灣搞掂佢啦唔好煩.....咁樣做左咁多野出黎，搞我驚最後大家個諗法都係，straight 既 搞大咗去家計會，唔掂檔其餘所有人去九龍灣.....skip 咗你地啦變左。

I：可能你地可以做到人地咁，轉介信咁樣囉，姐係呢邊轉介左你，先可以.....

S：你講緊 Pep？

I:唔係.....兩隻都得.兩隻都得，因為有你地評估完之後佢地個邊就會簡單得多，做既唔會咁複雜，做咁多多餘嘢.....

L：你想做大個 pool，做左 first front，姐係我而家呢道一定要做左門診部咁先呀，定係做個小冊子都係攝下攝下咁.....

N：無一個既定講法，都係講係社群入面點適合你地點樣推廣.....

I：可能有人覺得對住醫護人員都唔知點開口，可能對住你地講會易講啲。

N:聽落去就係希望政府會有啲要求,criteria 出黎係比到同志機構,機構去做一個 first screen，去睇下係咪一個適合做啦，又幫到一啲醫療機構限制啦，就好似佢地禮拜六、日唔開，過左佢地門診服務又唔開。如果我地係 screen 到嘅，就直接幫佢地做啲轉介...

I：呢個方便得多啦。唔好話方便得多，容易啦...第一件事唔好麻煩先啦，72 個鐘頭唔見左一半啦基本上。

H：變左就係你地把關要做我好啲囉，唔係一有啲咩事就有一大堆人成日黎煩你地囉，萬一有 D 咩事，又為被迫陷於不義，d 人係咁鬧你啦。

J：姐係做左個 pilot 嘅計劃之後，個個就 expect 就話係你做架啦！

E：係呀係呀，政府好鐘意... 仲好，慳番啦...budget 個度唔使計 。

A: 就算佢每年批錢比你仲平過係衛生署做...

L：會唔會係長期既計劃等你地年年都做.....

K: 我覺得佢個講法係可以相輔相成嘅，但千祈唔好覽晒係呢道。總言之你話政府 office hours 就絕對一概不理囉最好就。

L：其實會另一個諗法就，政府係諗…會唔會「關懷愛滋」係咪同埋啲藥廠打龍通架，因為專利係佢地架喎，點解你咁大力會去 promote，你有無數據去 fight 先，你有冇 data 話有無迫切需要用先，點解你要同藥廠 fight 呀，我地又唔買 generic 呀？政府好多呢啲嘅 challenge 架嘛。

S：咁好多謝大家嘅參與啦，都去到四點半啦，好多謝頭先大家好豐富嘅討論，去幫助我地諗個 position 係點做都係好緊要嘅。咁係臨走之前大家都可以填一填份問卷，好快嘅姐。

Transcript 02

S: 好！咁首先好 er 歡迎大家黎到我地呢個焦點小組啦咁樣。係十月二十四號既。咁等一陣呢大家其實如果要講任何自己既經歷啦!或者其他 member 既經歷呢都唔需要透露自己既或者人地既個別人士既身分啦。Ok？ 咁如果大家咁興奮,突然之間講左都唔緊要既,我地既 transcript 都唔會打個別人士既身分既。咁只係會將大家既意見留底既啲!咁我地等一陣依個錄音既用途呢只係會係 for 我地之後既一 D 研究用途既啲。咁亦都唔會係對外公佈既。OK？咁求先大家聽到好多 PrEP 同 PEP 既資訊啦。咁其實係呢一方面大家覺得,不如講左 PREP 先啦,即係暴露前預防性投藥。係呢一方面大家覺得係同志圈裡面去推行係好事,壞事,有冇效？ 大家都可以去發表大家既意見。有冇人想講先？

A: 我諗我支持既~有多一種藥物去預防。去減低~即係好事黎既。你話成效,始終~如果聽返之前既，即係，即係解說啦下，咁都係好新啦係咪，但即係如果多一個途徑既，可以減輕，可以幫到既，即係咁其實係對病患者係，或者預防係有好處。從呢個角度去諗先。即係唔好諗個成效,因為大家都未知個成效係幾多先係咪。個出發點係好囉。

S: 咁即係可以多一個選擇黎做 HIV prevention。咁頭先其實所講個個效用個個 presentation 都有講既。個個 real world study 都有八成六既。

B: 我諗呢就覺得其實出黎玩既都分開兩類。一類就經常都會戴套囉。第二類就係慣左唔戴既。咁戴開個 D 我相信如果有呢一隻 PrEP 呢隻呢佢都未必會用囉。因為其實都用緊安全套，但係如果係個 D 某 D 原因唔知點解佢無用既，不嬲都唔用既,即係我識左有 D 朋友係真係唔用既。可能有 D group 呀 drugs 既 user 呀。我都有問點解唔用呢？佢話用左冇咁放呀咁，即係有 d 原因我都唔係咁理解。我諗對個 d 朋友可能會有佢既用處多少少。可能會多種途徑比佢，咁佢唔鍾意戴套既。唔知咩原因啦，咁佢可以多個途徑防止 HIV。但係佢地會唔會用呢種藥呢咁亦都係另外一個問題啦。

S: 咁嘅頭先參加者都有講到啦。就係其實對於一 D 可能經常持續會去戴套嘅人士嚟講可能未必會使用 prep 嘅，因為佢哋一直都戴套啦。咁對於一啲戴套率比較低嘅人或者一啲 drug user 嘅人來講，可能佢地真係需要另一種嘅藥物幫佢哋 prevent HIV。經常用套嘅人士如果有 PrEP，佢哋就唔會去使用 PrEP，而繼續去用安全套呢？對於一啲唔係經常用套既人士來講，take PrEP 興趣有幾大呢？大家覺得？

C: 如果我覺得…但其實唔一定嘅，因為我都聽到你用事前九個數字其實都達八成以上呢個數字都好高。其實我都相信應該會有人去採用呢樣野！你其實你用套都有機會令你中招。即無論用套與唔用套，呢樣野呢事前呢樣嘢呢，我相信呢係有人樂意去試。不過就話另外衍生一個問題姐會有人話我用咗事前，好安全嘅嘢啦！掉低咗唔用套呢樣野。咁就可能會衍生到話呢，因為事前呢樣野只係 prevent 愛滋病呢樣野而唔係預防性病呢樣野！佢哋就可能忘記果樣野而唔戴

套！要有呢啲措施係好嘅，但係都要教育大家，要提醒番大家，因為始終人呢樣野呢就有好多野記呀這樣那樣，會丟低左，或者唔記得！係需要提點大家嘅。(04:02)

B: 其實我覺得 PrEP 依樣野，都會帶出另一個風險 ge。就係，本來我用套，有 d 人可能個意識性減低左，就唔戴啦。第二就係，食食下藥 miss 左兩日，中間唔記得，呢個好正常囉，即係食藥都會食漏。都有佢個唔好處囉。

A：同埋藥物嘅價錢囉。普通藥房攞買過一排必理痛幾十蚊，我都覺得 OK 啦咁方便啊。呢個價錢，仲要指定醫院，仲要係處方。即係呢個複雜性大左。

C: 不過其實如果話價錢，你話以前防止愛滋既藥。但依家其實我聽講食既藥好似都應付得黎既,好似係一個月千零蚊就一大包,好多粒咁樣。我都聽人講過咁樣。即係第時如果同政府反映返等呢樣野普及，你話價錢呢樣野,即係等政府知道呢一樣野。咁即係 voice out 返比佢聽咁，即係等佢地，即係要求，又唔係要求，或者建議政府幫助咁樣,資助咁樣,我相信應該會調低返…….

S: 呢點其實都可以補充返少少資訊既。因為 PrEP 始終係一個比較新既藥物啦,咁去到 2017 年呢先致佢個專利就會完啦。咁意思即係話 2017 年之後你有其他藥廠可以去 produce 呢一種既藥物呢,咁可能個價格會因此而調低既。咁其實大家都可以諗一諗如果撇開價錢既因素。因為得一陣我地既 questionnaire 都會問一問大家如果撇開價錢既因素大家有幾大興趣去食 PrEP 呢？或者你會花幾多錢一個月去食 PrEP 呢？ 咁大家個 LEVEL 或者大家心目中既期望都可能有 D 唔同既。咁大家可以諗一諗如果撇開價格個因素，淨係用其他既因素去(抗藥性呀,副作用呀)頭先所講既，drug adherence 呀，咁對於 member 黎講係好定唔好呢？

D: 咁我自己睇呢，數據上面呢，隻藥用左之後呢，即係剩係用藥咁都有 86 至九十幾個 present 可以防禦到。咁但係要睇返個情況就係起碼食 4 日先有足夠既抗體係個腸道到。咁 7 日就勁 d 啦。咁但係對比如果一個人同另一個人發生性行為既時候，佢用一個 condom 個被感染率都好似可以防禦到九十幾個 present 架麻。咁當你好簡單咁用個 condom 同你最少要連續食四日藥，咁我估計大部份個結果係，從方面個角度黎睇會係用 condom 啦，咁當然有 d 人係性行為係真係鍾意唔用套既。覺得正 d 既，諸如此類既。但佢有會唔會去試下事前食 4 日呀,7 日呀,或者一直 keep 著食落去去 for 你下一次既不安全性行為呢？ 我自己就有一個咁既疑問，真係有咁既作用？ 我諗有既,但係個 d 真係未必係普通既可能會進行不安全性行為既人，反而用藥的人會係個 d 性工作者或者因為金錢而同人發生性行為既一班人。

S: 頭先呢位參加者都講左，可能 PrEP 唔係 for 所有人既,即係可能 for 某一 d 人黎講，可能係性工作者，佢會比較適合啦，大家點睇？你覺得呢個係 for 所有 member 都值得推行呀？定係 for 某幾種既，或者某種既 member 既朋友會比較適合？

B: 應該係講緊進行不安全性行為既人。唔一定講緊男男啦，男女都會有呢個不安全性行為架麻。係囉，個 d 性工作又係迫於無奈，即係個個條友，個個個個嫖客唔鍾意用套既，咁為左個幾兩，佢都無辦法。所以唔一定係男男，女女，男男，男女，其實性工作者佢有需要即係會做到不安全性行為，咁就應該建議佢地使用。

D: 同埋我見 d 人都係有病先會走去食藥，如果無病，有幾多人真係唔怕麻煩就去食藥呢？即係 d 人都有有血壓高先走去食血壓藥，頭痛食頭痛藥。你無呢個病係未真係會去食呢？即係調返轉你都係有左愛滋病先會用雞尾酒療法。你知道要 keep 著食先無其他問題衍生啦。但調返轉你無病，係味真係會對比一個 condom 黎講你真係會用呢？即係甚至，你用其他既，可能你會用事後，你都知道佢係高風險架啦，真係好驚 wo，咁不如事後啦。咁樣我覺得個機會大 d。

S: 其他人呢，其他人點睇呀？

E: 我會 concern 如果放係屋企，咁 D 屋企人會問係咩黎。

S: 即係係收藏 D 藥個到有 D 麻煩啦係麻。人地問起,屋企人問起都唔知點答。咁但係又問返啦，因為我頭先都聽到好多就係話，可能有 d member 朋友，或者有其他社群既人士啦，都可能有不安全性行為啦，但以你所接觸既 member，或者以你地認識既 member，其實佢地戴套率會係點樣呢,或者佢地其實唔戴套個原因又係 d 咩呢？

C: 唔戴套或者用呢個預防性藥物係多左。因為我自己都係 member，咁我都會用 apps 既，我見到搵人玩 chem fun，或者唔戴，搵人玩 bb 既都係多左。

S: 咁但係大家接觸既朋友,佢地唔戴既原因係點樣樣呢你地覺得係？

A: 快感啦，都係快感，同埋佢地 d 伴侶要求，多數都係呢一樣野。

B: 其實我問過既,即係(bareback)個 d 人呢點解佢地會咁做。第一就無咁硬囉，有 d 就話：都唔會既,我地識對方既，無事既。即係佢地會搏囉。即係覺得應該唔會中既。即係玩開啦，識既，知道邊個，就唔戴。即係有 d 人係新人都會咁做。

S: 咁 HIV testing 呢大家覺得？ 即係其實 HIV testing 係 member 圈裡面個 awareness 有幾高呢，有幾多人會做 regular 咁去做。咁點解我會問一個咁既問題呢。因為某一 d 外國人士就佢會講話 PrEP 呢，其實係一個 programme 呢既。 因為其實佢會 connect d 人去做 HIV testing 同 counseling。因為你每 3 個月要再攞 PrEP 你一定要去做一次 HIV testing 你先可以繼續去食 PrEP，

服用 prep。咁 d 人就 normalize 左 HIV testing 啦。等人知道會定期去做性病或者愛滋病病毒測試啦。所以都想問一問大家依一樣野係香港會唔會行得通呢？ 呢一樣野會唔會令到 member testing 既數字會增加左呢？ 定其實覺得都唔會既，依家 d member 都經常做呀咁樣。都想問一問大家的意見。

D: 外國同香港既數字都唔同啦。因為香港大家返 5 日工 6 日工既情況係好普遍架麻，加埋 d 打工時間令到 d 人冇咩空閒時間，咁外國人做係因為相對地得閒。咁但係香港做到我覺得最重要係，做測試既機構，或者政府既診所部門方便程度，例如 18 區緊有間係左近呀。夜晚會開呀，即係紅日都會開個 d 比較重要囉。係囉我覺得用唔用呢個藥物變左成個 programme 去睇……我覺得呢一刻推行好似未咁快住。反而係從唔同途徑去做宣傳，去叫 d 人去定期做測試既好處，甚至姐係令到佢地定期做，就算真係中左，你 3 個月後知，都可能 stop 左你同某 d 人既性行為，減低其他人感染呀，諸如此類既機會囉。

B: 其實我都想補充，因為其實我就其實我通常都會係油麻地診所到做測試。即係快速測試，個 d 係有機會唔準。即係佢係抽血，個 d 係驗愛滋病，梅毒既。我多數都都係會去油麻地個面。不過無奈佢夜診只係得星期二，佢講到係 5 點到 7 點半剩係呢段時間夜診既姐。其餘個 d 只係日頭既，咁所以有時真係有時射波排街症既時候順便去埋抽血，驗一驗埋，咁其實，呢位哥哥都講得岩，要多 d 宣傳多 d 測試既服務。要放多些少資源，即係唔好只係話星期二呀，即係唔好只係話一日呀，即係可能二四，或是一、三、五，多少少。因為我地都可能係夜晚先收工，日頭大佬你都係出黎做緊野架啦。夜晚先叫有機會叫得閒 d，夜晚有時都未必得閒。除左返完工,夜晚都可能有野做架。即係娛樂呀，諸如此類，something like that。咁你仲有咩時間姐。咁政府應該投放多 d 資源做測試呀或者倡導教育之類。

N: 不過講多少少，其實依家快速測試呢，個準確度好高既。即係如果陰性係 100%準確既，而陽性就係 99.7%。所以快速測試都已經係非常準確既。咁其實係油麻地個測試同快速測試個空窗期都一樣既。

D: 同埋我知道最近有隻口腔個隻，即係用口水個隻 test 呢，其實我諗政府都可以投放一定既資源落去，即係可能提供比一 d NGO 又好，或者一 d 關注愛滋病既部門啦。由佢地再去將呢 d 既比返一 d 比較高危既，或者係有機會感染既持份者囉。同志界啦，或者係性工作者都好方便，一盒野睇完冇野就掉得，或者如果驚既，先再去做測試囉。即係方便就係一個好重要既因素等人做唔做測試既，我自己覺得。

S: 大家係呢方面仲有冇其他意見，係 HIV testing。有冇咩可以令佢好 d 呀，多 d 人做呀。有 d member 可能成日冇去做測試個原因又全點解呀？

C: 我覺得有 d 係唔知有得做測試既。咁都係要去做多 d 宣傳。

N: 咁返返去 PrEP 啦，我知道大家都有好多唔同既意見既。個好處就因為真係可以降低個感染率，有 8 成至 9 成既有效啦。亦可以幫助到一 d chem fun 或者鍾意 bb 既人一個選擇黎。咁但係有 d 唔好處，即係都會覺得麻煩呀，都會覺得係唔記得左食呀，同埋其他性病既傳播都會係到既。 咁你地覺得除左呢 d 好處同壞處，有冇其他因素令影響你覺得值唔值得推行呀？ 同埋你覺得呢 d 好處壞處都係到啦，如果我地推行呢個 PrEP。你覺得對影響香港愛滋病既疫情有冇幫助呢？

B: 如果真係推，我覺得最重要係政府一定要參與啦。如果係公營機構到呢一刻係冇架麻，岩岩都講到。咁如果政府肯推，公營機構有，咁政府一定係以成本價提供藥物啦，或者去進行一 d 專業既評估提供返一 d 既。咁數字黎講佢都係高預防率既都。咁如果真係推行俾某部份人，咁係一定會減低疫情個 wo。數據上黎睇唔會令佢高左架 ma。

E: 我反而覺得靠呢隻藥會令 d 人發生不安全性行為，而唔會令個數字拉低番。

N: 即係你覺得冇我地想像咁好，降低個疫情，你擔心反而會提升？

E: 係呀! 即係有 d 人又唔用番套呀個 d。

B: 同埋我覺得如果你真係大規模推廣呢，其實好多人都唔係咁乖食藥食得咁好，咁整整下呢個隻藥的 d 抗藥性可能會增加既。我估好大部份人都唔係咁聽話個 d，食藥都食得唔好。所以難既。即係我寧願你 specific 一 d 人，target 個 d 人，好過你 target general public 去做。

A: 政府其實都係一個社會資源最大既控制者啦。其實佢唔使自己動手既，但分多 d 資源比其他機構啦，好似 Aids Concern 呀，或者其他組織，佢地係最直接接觸呢個社羣既。始終係靠佢地幫手，即係打手，黎靠佢地帶動呢 d 宣傳啦，係社區教育個到。同埋個藥物既成本啦，政府可以多 d 控制係個到。多一樣係好事既，但係睇下係點樣做教育既姐。姐係教返 d 藥物呀，呢個唔可以減低其他性病既機會個 wo，我覺得依個訊息係好重要囉。我之前係到諗,咁唔同套未得囉，但岩岩聽完你咁講，都係會感染其他性病。所以呢 d 重要信息，呢 d key message 一定要係社區教育個度做。但始終政府既資源好重要,冇錢冇野可以做到。始終單靠朋友傳朋友，一個傳一個，始終唔係最有效。希望政府多 d 啦。

S: 多 d resources。

A: 多 d 推廣啦，尤其頭先有朋友話齊，你話做測試咁，日頭返工，好多都係係在職既，你未要多 d 時間。係星期六日呀，夜晚咁。其實星期六日就最好既。你又唔一定要全日既。你預 d 人都未起身朝早。或者晏就呀，某幾個鐘咁。15 至 20 分鐘一個，你未可以計到一日可以做到幾多個。呢 d 就幫到。即係個 d 社區教育個 d 又係一定有幫助。

B: 教育啦，提醒啦，即係最重要政府投放返，又唔一定係佢自己既，可以係多 d 資源比志願團體做返 d 宣傳。

S: 咁我都想問多少少既，咁其實岩先我都有聽過一 d 關於不安全性行為既一 d 擔心啦: 即係會唔會 d 人食左 PrEP 之後就唔戴套呀？外國流行兩種說法，我想睇下你地 buy 邊一種多 d。其中一種說法呢,就係 d 人就算冇 PrEP 都好啦，佢地都係唔戴套架啦，佢都係有機會感染愛滋病病毒同埋性病架啦。咁你加左 PrEP 落去，佢雖然都會感染性病，但至少佢唔會感染愛滋病病毒。咁係未咁樣黎睇就會好 d 呢？

另一種睇法就唔係既。 佢話如果你好 active 咁去 promote PrEP 呢，就會令一 d 一時戴套一時唔戴既人呢，更加減低佢地戴套既比率。令到佢地更加唔用套啦,咁就令到呢件事更加差。咁大家點睇呢？ 呢兩種說法係外國都有好多人去討論去 debate 呀咁。咁大家係？ 大家可能有第三種說法呀。我唔知架姐。

B: 我覺得第 2 種說法我 BUY 多 D 囉。因為第一種，佢地都唔戴套,，佢地都唔 take care 自己既 health 架啦。佢真係要去食 PrEP 會更加難，都唔係咁易。

J: 即係佢地已經視死如歸架啦？

B: 係呀! 佢已經唔 care 戴套，佢都知唔戴套會有咩 risk，佢都要照做姐麻。所以你仲話要佢食 PrEP 都唔係咁易。

S: 其他人呢，其他人點睇呀？ 你地會 buy 邊種多 d，定會唔會有第三種？

D: 第一種我自己覺得個班人，如果有左呢種藥我覺得佢地係會用既。因為我覺得佢地未必係視死如歸，我覺得未必既，即係佢地純粹係快感，方便我覺得都係一 d main 既諗法啦係個班人。另一個說法呢就…可唔可以講多次？

S: 另一個說法呢就…本身都乖仔架啦，都戴七八成架啦，就會減少用套轉左食 PrEP。

D: 如果你講好方便既，食一次就一世，我覺得會。但好似頭先話咁講，好似食糖尿病藥，血壓藥咁，每日食既先有用既話呢，我覺得用一個套就可以，大家都九十幾個%啦。即係如果一路乖乖 Keep 著食，用套都九十幾個%既話。咁如果佢唔介意用套冇咁過癮，我覺得佢會 KEEP 著用套囉。

S: 其他人點睇呀？

B: 始終有好過冇，多個選擇。

E: 我覺如果有左呢隻藥呢。我覺得本身 100%用套個 D 會少左用套。因為佢冇試過冇套個種滋味。如果佢試左，鐘意左，就會唔用，次次都唔用囉。

S: 你呢你又點睇呀？

A: 唔潔身自愛個 D 都好難搞。有一班人 Feedback 都係話佢地唔會諗安全既野。佢地點講呢….當試囉…試個種心態，無防既咁囉。但都有個方法…但係…但係都要比佢地知就係話唔防預其他性病。但都要比佢地知對感染 HIV 係有幫助。最緊要比佢地知呢樣野個作用係咩先。即係輕微既幫助囉。你話係未 100%,我覺得就唔係呢回事。

S: 即係你意思係未話，有 D 唔係好 care 自己既 health，都唔係好潔身自愛的人，都未必會食 PrEP 既，但多一種選擇都輕微幫助到，係未咁既意思？

A: 我睇呢，如果真係 touch wood，佢地都會簡暴露後囉，而唔會選擇暴露前。我諗呢個會暢銷過暴露前。或者佢會諗有咩快 D 頂著檔，救急呀，止著血先都好。

S: 大家對 PrEP 仲有冇咩想表達？ 如果冇我地就開始去講 PEP 啦。

N: 我有朋友提出我地未必好 general 咁去 promote 呢件事。而係簡 d 特別既社群去講。咁可唔可以講多少少有咩社群你覺得係值得去做多 d？

B: 例如性工作者啦。咁例如佢地工作都係要做呢樣野既。咁有 d 客唔想戴套,咁佢地都係有需要既一 group 人。或者一 d…… er……咁其實你地個 topic 唔係剩係同志呀，而係成個社….

N: 其實係同志為主既。 **S:** 係啦。

A: 咁你話其他 members 黎講，都算係 specific group 黎既。

N: 咁睇下你地 members 裡面都有其他 sub- group 架麻。睇下你覺得仲有邊 d 再特別有需要 d。

A: 咁可能係 drug users 或者係依家已經係 positive 個堆。呀仲有，呢種藥係溝得到架麻？

D: 為金錢而發生性行為個班啦。援交又好，小姐又好。咁同埋一 d 高危既社群，或者落去桑拿個堆朋友可能係。咁你去玩下玩下呀，咁有人唔用佢唔知，你又控制唔到，又黑媽媽。個班去做宣傳都可能實際 d，即係高風險個班。

S: 咁一係我地開始講 PEP 啦。PEP 即係暴露後預防性投藥既。咁大家覺得係香港推行 PEP 係好處呀壞處呀定點樣呢？

A: 係有好處既，已經寫到明，減低個風險。咁都係好既。盡量幫到，都多一樣野。

S: 即係可以減低疫情既呢方面。但係我記得你頭先岩岩講左就係會唔會就係唔安全性行為之後不停去食 PEP 呢？大家會唔會覺得就係推行左 PEP 之後，會增加 d 人不安全性行為既機會率呢？ 即係我知道左食 PEP 之後就冇事啦，有 8 成機會都冇事啦，不如就唔戴套啦。

D: 咁其實可唔可以引用返女士同男士發生性行為食事後丸既一 d 研究有類似。佢就係知道唔用套之後大左肚可以食事後避孕藥架 ma。咁其實可唔可以引用黎呢 d 數據，就係有事後避孕丸同冇事後避孕丸前後 d 男女唔用安全套性行為個個數據黎做參考。我覺得有一定參考價值。

S: 其他人呢點睇呀？

D: 我覺得一定有好過冇既，即係都講過八成前後啦。咁當你唔安全啦，玩個陣唔理。但玩完之後驚既。咁依家真係有種藥可以，如果依家香港引入呢 D，而又比人知道左。咁佢地可以認識呢隻藥既時候，佢地睇醫生去減低 8 成風險佢地會去做。如果公立醫院有既時候價錢又唔係高呀。講緊百零二百蚊，點解唔推行呀？應該推行添。即係百零二百蚊就可以減低 8 成機會 wo。咁等佢驚一次之後,雖然知道有,咁會唔會驚一次之後下次唔敢再做呢？都可能有機會既。

S: 即係 d 人其實係知驚先會食 PEP 咁 d 人都係驚，先會食 PEP (D:驚左先睇)。咁所以下次就應該會小心 d 啦？ 係未諗既意思？ (D:希望會啦)

B: 咁其實 d 藥都有好大副作用既。個個原理，即係要食一個月架 ma。咁其實我聽到 d 姑娘就話，佢地話個個月好辛苦呀，要試 d 藥呀，唔係個個都試到呀。咁其實係一個 warning 定咩都好囉。起碼佢都會知驚，都知道唔係隨隨便便就試呢隻藥呀。都有好多 guidelines，有個 flowchart 個 d 先做到架麻。都唔係話一個好隨便就用到既藥。

S: 咁或者都問一問返啦，咁頭先都見到個個 flowchart 好長架麻。咁最後都要睇一睇可唔可以 trace 到個個來源對象呀，先睇下會唔會處方 PEP 啦。但係大家都知衛生署個防護中心指引係，就係話對於因為非職業途徑而疑似感染愛滋病病毒既人士呢處方 PEP 係一個特殊既操施黎既。個個 guideline 係一定要 trace 到來源既對象啦，知道個來源對象係一定要 HIV positive 既，同埋唔過 72 小時啦，先至可以處方 PEP 啦。咁對於呢一方面大家有冇 d 咩意見呢，係個 guideline 上面。大家或者覺得呀，係 PEP 係香港推行，呢個 guideline o 唔 ok 呢？ 有冇 d 咩對方需要改變呢？ 或者個個 benchmark—姐係去處方 PEP 既 benchmark 應該有幾高呢？大家都可以就著呢方面去諗一諗。

B: 如果緊 casual sex 或者去玩一玩個 d 係會有難度個 wo。即係有難度去 trace 個個來源者。即係好似前日同個 A 既,今日同個 B 既,咁樣樣，我唔知邊個 a 同 b，咁唔通拉哂兩個去試。

S: 即係係 trace 個來源方面有困難架。(B: 係，係，其實係有困難架) 咁即係你覺得個 guideline 係應唔應該 set 個 benchmark 係一定有個來源對象？ (B: 係囉，係未一定係有需要？)

D: 我自己睇個 guideline 呢由第一句開始，衛生署防護中心個指引，係比較得意。即係如果唔係做野，簡單 d 講你話因為性行為，真係會感染到愛滋病啦。呢個就用特殊既方法去處理啦。咁我就諗緊已經知道呢隻藥有 8 成上下有效啦。咁政府點解要設定一個指引，而知道呢隻藥有機會減低 8 成感染率既一個藥物，而唔將佢定義為一個…我唔知叫咩啦...叫首要或者叫一個主要既方法，主要既對策啦。而將佢定義為特殊情況先用，我就覺得好得意啦。8 成都係特殊情況先可以用,而唔係評估過就用啦咩？ 咁第二個就係我覺得個 flow 個到啦,佢落到去高風險，知道你個 partner 係高風險先可以用。我就覺得可以合理地接受既。咁如果你話 trace 唔到邊一個就唔處方既話呢。咁我覺得呢一個指引，我就覺得唔應該存在。係啦，因為講緊係呢隻藥真係有效。可能個政府岩岩講到個價錢個到。私人機構萬六蚊比一個療程你。(S:萬二至萬四) 係囉。即係政府係未為左限呢一畢錢而唔去做呢？ 我自己有好大疑惑係呢個位置到囉。

S: 即係個成效咁高 (D: 成效高) 只係萬幾。 (D: 係囉,萬幾蚊你無理由睇著個人感染而再傳染比人，而個個人可能再中左蕉。Sorry，佢應該知架,佢有去睇但係有機會去減低個感染率點解唔去做呢。某程度上都冇咩可能萬幾蚊 for 一個人唔係好多錢姐。

A: 係未仲有時間性限制？ (女: 72 小時，唔超過 3 日) 呢個都係一個好大既阻力。

S: 不過呢 72 小時就唔係政府既 guideline 黎既。其實係 world health organization， WHO 個個 guideline。其實你 3 日之後去食係經已冇效架。所以先有個 guideline 你一定要係 3 日之內食既。

C: 我都覺得，同意如果 trace 唔到就唔比係唔應該囉。因為一來你真係 trace 唔到呢。第二樣可能都尷尬架麻。Trace 邊個呢？ 同埋個個人 trace 到佢佢又係未會講真話又唔知。 基本上呢個唔係一個好重要既因素。就算 trace 到可能講大話。唔係好重要，因為 trace 唔到而唔比囉。

B: 係呀，Trace 到佢都可以話自己 negative 架 ma!

D: 同埋佢講得大話既，你 trace 到都冇用。佢都會繼續用不安全既性行為，同其他冇感情既人發生性行為都唔出奇個 wo。咁嘗試想去做預防呢個工作，唔需要透過呢個 flow 去達到呢個目的囉。做 testing 已經得啦。

S: 想澄清返一點。如果真係 trace 到個來源對象呢，個姑娘都一定係要同個來源對象做返 HIV

testing。咁佢先至會考慮會唔會處方返 PEP 既。咁當然會有空窗期啦。
C: 即係你又要搵返個個,你都會 delay 左 72 小時啦。

S: 你又要搵埋個個人,個個人又要肯做 HIV testing。

D: 藥又要食 28 日啦。咁又可能會有副作用啦。我又覺得冇人會咁無聊，即係明明係安全性行為。兩個都好安全，固定性伴侶，仲要用 condom。都大家走去食 28 日藥咁我覺得呢個機會又唔會。咁個 d guideline set 出黎真係有咩為呢。即係政府除左考慮錢之外，我真係諗唔到。

S: 或者大家都會諗下，其實都講左，其實就係話唔應該一定需要 trace 到個來源對象，仲要做埋 testing 之後先處方 PEP 啦。咁如果真係搵唔到個來源對象啦。話我每日都有不安全性行為啦,我要食 pep 咁樣。大家覺得係呢個情況之下處方 pep 個 benchmark 應該要 set 到有幾高呢？即係所有不安全既性行為，都要處方 PEP 呢？ 大家都可以係呢一方面諗一諗。

D: 可以讓有興趣既朋友自行決定囉。 即係持分者,或者發生不安全性行為既人士，睇下佢地自己係咪高風險。即係醫生你話個個人點點點點，醫生都唔知個個人係未高風險人士黎架。呢個都係評估黎喳麻,咁我覺得呢個評估可以交返比不安全性行為個個人自行評估決定佢拎唔拎呢隻藥。

A: 即係需要做左測試先啦係麻。個原意就係做左呢樣野先。先再決定肯唔肯俾錢去救你。睇緊成本去救人。即係佢係考慮緊睇錢先。

S: 其他人呢,其他人點睇呀？

A: 我咁諗啦即係，PEP 呢隻藥啦，即係個 d 已經係 positive 個 d 藥啦。即係政府都叫我地食藥架麻。但個 d 藥既成本呢。唔知呀，我想問下係咩價錢。即係政府係咪諗呢，個樣平 d 我梗係揀平啦點會揀貴呀。定係依家有隻新藥 wo，貴咁多 wo，不如你地食隻平藥算啦。會唔會係咁諗。即係諗 d 縮數，哈哈。

N: 其實感染者每個月用既藥物既費用都係同 PEP 差唔多。一個月就等於個個價錢架啦。但仲未計感染者去複診啦，睇醫生，再計佢其他身體既問題出現既一 d 醫療費用。

A: 擴散個下，係惡性循環。

N: 係呀。政府就要自己補貼萬零蚊一個月囉。咁都要睇下個病人食咩藥啦。基本上都要過萬架啦。

J: 其實 life long 都…

N: 係呀!其實我 20 歲感染，我最起碼都食到 80 歲既。咁政府就要比 60 年，每個月萬零蚊。

A: 係政府補貼個人，定個人要自己比。

多人: 政府補貼。

N: 咁就每年 12 萬，即係 7 百零萬囉。即係一個後生仔感染要比 700 萬啦。

D: 咁但係個服藥者佢要比幾多錢呀？

N: 每一隻藥 10 蚊。(D:一個月？) 睇你複診幾耐。(D:即係每次 10 蚊？)

N: 每次去睇 10 蚊。所以政府其實都補貼頗多既。

N: 即係聽大家咁講，都係所有不安全性行為既都可以睇左呢個攞到呢個 PEP 係 okay 既。即係就唔需要 trace 啦。

B: 即係好似你咁講。佢唔食 pep 可能中左蕉既每年都要咁多錢既。咁食一次 pep 就可以 eliminate 到佢冇事。咁未化算 d 囉，如果純粹用錢黎推理。

C: 我覺得 trace 仲係可以問下佢提唔提供到。但唔係個必要既條件，有 trace 到先比你。無所謂,問多個問題。咁知咪知囉，唔知咪唔知。

S: 咁大家係 PEP 個方面仲有冇其他意見想表達既？

N: 其實會唔會擔心 pep 會影響個疫情，多左人唔用套呀或者 unsafe sex？ 多左其他性病既傳播呀，會唔會有呢 d 睇法？

A: 我就唔擔心,但係個信息你一定要攞得好清楚。即係其他性病個 d 幫唔到架下。

B: 我諗真係要出黎先知。因為大家都冇人會知道真正個結果。因為都冇好 solid 個數據。都係要推左出黎，做返個 survey，先知個結果。推左出黎，相輔相成，我地就做提點呀教育呀咁囉。

D: 推我就覺得可以照推呢 d 藥物。呢 d 藥物可以推左先既。之後再研究，之前都有提過不論經大學也好，再經情況去做數據收集去整理返數據出黎也好。我覺得可以同步進行既。我覺得 d 藥係有幫助架麻，某程度上，咁個作用大唔大就事後先評估啦。唔應該為左知道成效高低，而令到一段時間可以減低感染率而唔做架 ma。即係有一段時間係可以減低個感染率咁點解唔

去做呢。

B: 要實行左先知個樣野得唔得架麻。

S: 你唔實行就唔知冇數據架啦。

B: 如果你知道唔得就唔會推出黎啦。一定係推出黎做左個成效點樣樣大家再睇囉。

S: 咁呢個都想補充問返一條問題既。咁之前都有講過 prep 啦，暴露前預防性投藥。如果香港有一 d 咁樣 local 既 demonstration project。即係好似頭先大家所睇既一 d worldwide 既 study 睇一睇，係香港既同志社羣個個效用有幾大。大家會唔會想做 participant 呢？ 真係想 enroll 去個到試下食呀。大家會唔會有興趣呢係呢方面？ 純粹問下既姐,因為岩先都聽到香港應該嘗試去推行 wo! 應該睇下 d 數據邊到黎。我都要參加者。咁大家會唔會有興趣參加呢 d project 呢？ 如果第時有機會既話。

E: 咁會好睇個個人本身個情況。例如個個人佢居住既地方啦，到底佢係同屋企人住,定係佢同佢伴侶一齊住都唔同。如果自己住或者同伴侶住既參與度會大 d 既。因為如果你同屋企人住，而加上你未出櫃既話呢。有 d 咁既藥係到就會問長問短。例如你會被迫出櫃，會引發好多既問題呀咁樣。

S: 其他人呢？

E: 係咪有副作用？ (S:係架。有副作用架) 體重減輕。(E:當減肥囉) 多人:哈哈哈哈。

J: 岩岩個個 study 呢,250 個人有 13 個人因為有 side effect 呢曾經停過既。但有 12 個人有再開始返，但有 1 個人冇再開始返。咁我地都有數字顯示返 250 個人有 1 個人因為 side effect 完全停左。即係 withdraw 左。

E: 咁如果個個人係有 100%安全性行為既咁佢都唔需要試依個。

S: 嗯。好，咁 er 我係呢一到停一停先…好多謝大家的意見！

PrEP Fact Sheet

Q: 什麼是接觸前預防性投藥(PrEP) ？

A: 接觸前預防性投藥 (pre-exposure prophylaxis, PrEP) 是一種用抗愛滋病病毒藥物減低非感染者在高度暴露的環境下感染愛滋病病毒風險的預防措施，下稱 PrEP。PrEP 的藥物成分是舒發泰(Truvada)，是結合 tenofovir 及 emtricitabine 的複方。這兩種藥物是用來阻斷 HIV 病毒感染宿主的重要途徑。若持續服用 PrEP 來預防 HIV，則血液中此藥物成分可阻止病毒進展到感染確立階段以及在人體內擴散。需注意的是，PrEP 並不是疫苗，身體並不會因為使用 PrEP 而產生愛滋病病毒抗體，所以需要定期口服使用才有其預防效用。

Q: 接觸前預防性投藥(PrEP)能有效預防愛滋病病毒嗎？

A: 如果定期並持續使用，服用接觸前預防性投藥能夠有效預防愛滋病病毒。根據 2011 年針對男同志社群在美國進行的臨床試驗(iPrEx)，對於服藥順從率高的男男性接觸者，服用 PrEP 能夠達到 96%-99%的預防效果。但如果沒有服用足量的藥物或是間斷性服藥，其效果就會大打折扣。需要注意的是，接觸前預防性投藥的效用視其服用者的服藥依從性而定，服用者必需嚴格跟從服藥指引才能減低感染愛滋病病毒的風險。

Q: 我適合服用接觸前預防性投藥嗎？應該如何服用？

A: 美國疾病控制與預防中心建議未感染 HIV 以及易接觸 HIV 病毒的高風險人士服用 PrEP。根據世界衛生組織的指引，PrEP 是另一項預防感染的新措施。服用 PrEP 時需要同時搭配安全套使用，來降低感染愛滋病病毒及其他性病的風險。而且，服用 PrEP 的人士需要每三個月定期進行性病及愛滋病病毒測試，他們的服藥依從性及高風險性行為亦需要被長期密切觀察。

Q: 接觸前預防性投藥(PrEP) 有沒有副作用？

A: 接觸前預防性投藥(PrEP)的副作用因人而異。短期副作用包括頭痛、腸胃不適與食欲不振、疲倦及體重減輕。在一些接觸前預防性投藥的研究中，有 2%服用 PrEP 的人士有肌酐清除率和腎小球濾過率輕微減少，以及骨質密度輕微流失的情況。但一般人士在停止服用 PrEP 後，副作用都會消失。我們建議所有考慮服用 PrEP 的人士長期密切觀察自己的健康狀況，並向醫生討論用藥問題。

Q: 長期服用接觸前預防性投藥(PrEP)會引致抗藥性嗎？

A: 由於舒發泰是長期用於控制愛滋病病毒感染者病情的藥物，有個別人士擔心長期服用 PrEP 會讓體內出現對舒發泰藥物的抗藥性，若果日後感染愛滋病病毒，將影響日後的療程的效用。

事實上，對於**已受感染的人士**來說，長期間歇而怠慢地使用接觸前預防性投藥(PrEP)有可能使

身體出現抗藥性。綜合多項臨床研究，在 9222 個服用 PrEP 的人士當中，只有 11 個出現對舒發泰藥物抗藥性，0.1%，而且這樣的情況大多出現於開始服用 PrEP 前已經感染愛滋病病毒的人士。換言之，如果服用 PrEP 的人士沒有嚴格遵從服藥守則，並長期暴露於被愛滋病病毒感染的風險當中，則有可能在不知情的情況下感染愛滋病病毒。這個時候，PrEP 的使用則可能令他/她體內出現對舒發泰藥物抗藥性。

因此，服用 PrEP 的人士必須在服用 PrEP 前先進行愛滋病病毒抗體測試，確定未被感染才能開始服用藥物，並需嚴格遵從服藥守則，每三個月進行一次愛滋病病毒測試，確認自己的感染狀況，才能減低身體出現抗藥性的可能性。

PEP Fact Sheet

Q: 什麼是暴露後預防性投藥(PEP)?

A: 暴露後預防性投藥 (PEP) 是一種抗愛滋病病毒(HIV)的藥物，在疑似接觸愛滋病病毒後 72 小時內服用，並完成四個星期的服藥療程，能減低感染愛滋病病毒的風險。

Q: 暴露後預防性投藥(PEP)能否有效預防愛滋病病毒?

A: 研究顯示，在疑似接觸愛滋病病毒後 72 小時內及早服用，暴露後預防性投藥能有效減低感染風險達 **81%**。預防性投藥的效用具時效性，一般而言，在疑似接觸病毒後 72 小時內愈早服用效果愈好，預防效果亦會根據服藥時間不同而有所偏差。而且，接受療程的人士必須持續服藥四個星期，才能確保預防投藥的成效。如果該人士沒有妥善完成整個療程，則會增加確診 HIV 的機會，體內亦可能因此產生抗藥性，有機會影響確診後使用抗愛滋病病毒療法的效用。

Q: 暴露後預防性投藥(PEP) 有沒有副作用?

A: 暴露後預防性投藥(PEP)的副作用因人而異，一般包括腹瀉、頭痛、噁心及嘔吐，並會在停止用藥後消失。

Q: 暴露後預防性投藥(PEP) 能否代替其他預防愛滋病病毒的方法?

A: 不能。PEP 只是主要預防措施(如: 持續及正確地使用安全套)失敗後所採用的次級預防措施或補救措施。根據世界衛生組織(WHO)的指引，PEP 的使用應配合追縱及輔導服務，改變用藥人士的高風險行為模式，以減低他/她依賴或重複使用 PEP 的機會。

Q: 我接觸過可能含有 HIV 的血液或體液，不知道自己是否已經感染 HIV，該怎麼辦?

A: 你可以先以接觸可能含有 HIV 的血液或體液的**方式**及**時間**的來評估實際感染 HIV 的風險。一般而言，PEP 的使用需符合以下幾個條件:

1. 黏膜或破損皮膚直接接觸可能或已知含有 HIV 的血液或體液
2. 疑似接觸愛滋病病毒後不超過 72 小時
3. 接觸者之前並未感染愛滋病病毒

一般而言，當帶病毒的血液、前列腺分泌、精液、陰道分泌物、直腸分泌接觸到龜頭、陰道、肛門內壁、破損皮膚及帶有傷口的較厚的黏膜組織(如口腔黏膜)，HIV 病毒才有機會進入人體。即使完整皮膚接觸上述帶病毒的高風險體液，並不引致感染。感染 HIV 的風險可能會根據所接觸的血液或體液的病毒載量，破損皮膚或黏膜上傷口的深度及接觸高風險體液的時間長短而有所不同。

Q: 我可以在哪裡得到有關暴露後預防性投藥(PEP)的醫療評估?

A: 根據衛生防護中心的指引，對懷疑因非職業途徑接觸愛滋病病毒人士處方 PEP 是一個特殊措施(exceptional measure)。只有在來源對象的愛滋病病毒感染狀況已確診為陽性，以及接觸病毒後不超過 72 小時的情況下，才會考慮處方。不同醫院或診所的醫生將對個案作出個別診斷。注意當值醫生將按個別實際情況考慮是否處方 PEP。