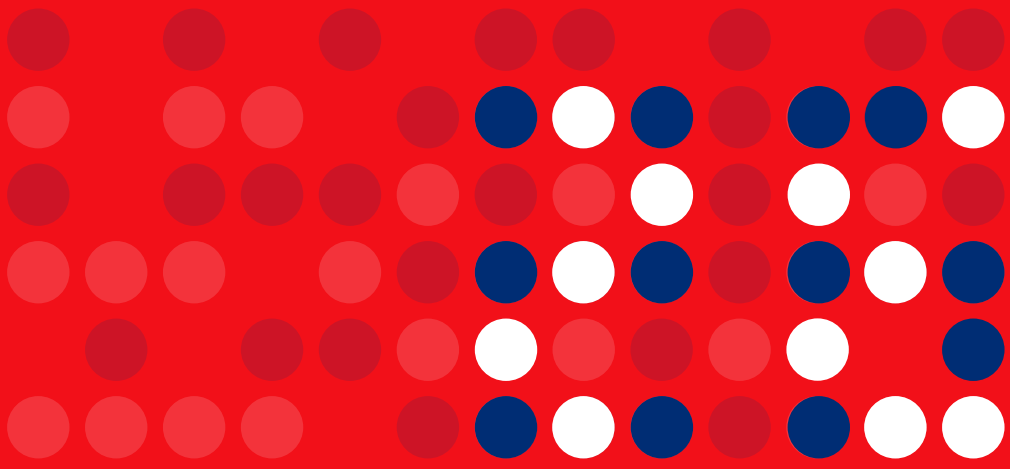
Human Immunodeficiency Virus (HIV)
Infection in the Netherlands

hiv Monitoring

HIV Monitoring Report 2026

Chapter 2: Prior use of pre-exposure prophylaxis



2. Prior use of pre-exposure prophylaxis

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Summary

The proportion of men who have sex with men (MSM) and transgender (TG) persons newly diagnosed with HIV in the Netherlands for whom information is recorded in their electronic medical records about use of PrEP prior to being diagnosed with HIV continues to increase and has reached 71.7% in 2025. The number and proportion of MSM and TG people newly diagnosed with HIV in the Netherlands who reported prior use of PrEP continued to increase from 7.3% (20 of 275 individuals) in 2020 to 20.8% (55 of 265 individuals) in 2025.

For 407 MSM and transgender people there was information available why they did not use PrEP: 38.6% of these individuals had indicated they would have wanted to do so, but either had no access to PrEP (18.2%), were on a PrEP waiting list when they tested HIV positive (3.7%), or tested HIV positive during screening for HIV before initiating PrEP (16.7%). A further 16.7% of MSM and TG people indicated they did not know that PrEP existed. These proportions were fairly stable over time.

Of the 222 individuals who had used PrEP prior to their HIV diagnosis in the Netherlands, 205 had used PrEP while living in the Netherlands, and 17 prior to migrating to the Netherlands. Of these 205 individuals who had used PrEP in the Netherlands, 23 (11.2%) had obtained PrEP through informal means, and 27 (13.2%, most of whom obtained PrEP through informal means) did not receive medical check-ups during PrEP-use.

Of the 205 individuals who reported prior use of PrEP while living in the Netherlands, 172 received a genotypic resistance test prior to initiation of antiretroviral therapy (ART), showing that 16 (9.3%) of them harboured resistance-associated mutations (RAMs) in the reverse transcriptase (RT) gene that are associated with the use of PrEP. All individuals in whom PrEP-associated RAMs had been detected, were still using PrEP at the moment they tested positive for HIV, or had discontinued PrEP only a few months earlier. When limiting this analysis to 83 individuals who had tested HIV-positive while still using PrEP or within 3 months of discontinuing PrEP, 14 (16.9%) harboured PrEP-associated RAMs. Reassuringly, the virological treatment response after initiation of ART appears to be largely unaffected by the prior use of PrEP, also in those individuals where PrEP-associated RT RAMs had been detected.

Aims

Pre-exposure prophylaxis (PrEP) is the use of antiretroviral drugs by people without HIV, to prevent HIV acquisition. In the Netherlands, individuals at high risk of HIV acquisition are eligible for PrEP care at the Sexual Health Centers (SHC) of the municipal Public Health Services (GGD), via a national programme from 2019 to 2024, followed by a structural care provision. General practitioners can also voluntary prescribe PrEP, but this is not included in standard primary care services. The primary target groups are men who have sex with men (MSM) and transgender (TG) persons. Prior to this national programme, PrEP use prescribed by other healthcare providers (mainly general practitioners) or accessed via informal routes like buyers' clubs, was monitored through demonstration programmes such as the AMPrEP study in Amsterdam.

In this section we describe time trends in the proportion of MSM and transgender persons, who constitute the main target populations for PrEP in the Netherlands, aged 15 years and older who were newly diagnosed with HIV-1 in the Netherlands and who reported prior use of PrEP at the time of entry into HIV care in the Netherlands. We compared demographic and other characteristics of MSM and transgender persons who reported prior use of PrEP with those who did not.

Among MSM and transgender persons who did not report prior use of PrEP, we investigated their reasons and barriers for not having used PrEP.

Among MSM and transgender persons who did report prior use of PrEP, we evaluated if HIV acquisition occurred while using PrEP or after discontinuation. Furthermore, we report on acquired HIV drug resistance as a potential consequence of acquiring HIV while still using PrEP, and we investigate possible impairment of the initial treatment response on first-line ART in this group.

Data collection

SHM collects data on prior use of PrEP in all people diagnosed with HIV who have entered care in one of the 24 Dutch HIV treatment centers since 1 January 2018. SHM has prospectively collected PrEP-related data from the electronic medical records (EMRs) of individuals with HIV first entering care, since July 2019. This is done in consultation and collaboration with the Dutch Association of HIV-Treating Physicians (Nederlandse Vereniging van HIV Behandelaren, NVHB), and the Dutch Nurses Association's HIV/AIDS nurse consultants unit ('Verpleegkundigen & Verzorgenden Nederland – Verpleegkundig Consulenten Hiv', V&VN VCH).

The population of interest for this report consists of the primary target groups for PrEP in the Netherlands: MSM and transgender men and women. In this report, cisgender men were classified as MSM when the recorded mode of HIV acquisition was 'sexual contact with other men' or 'sexual contact with men and women'. Whenever cisgender men had another or unknown mode of HIV acquisition recorded but were known to have male sex partners, they were also included in the MSM group. Because the national PrEP programme was first operational for a full calendar year in 2020, all analyses start from that year.

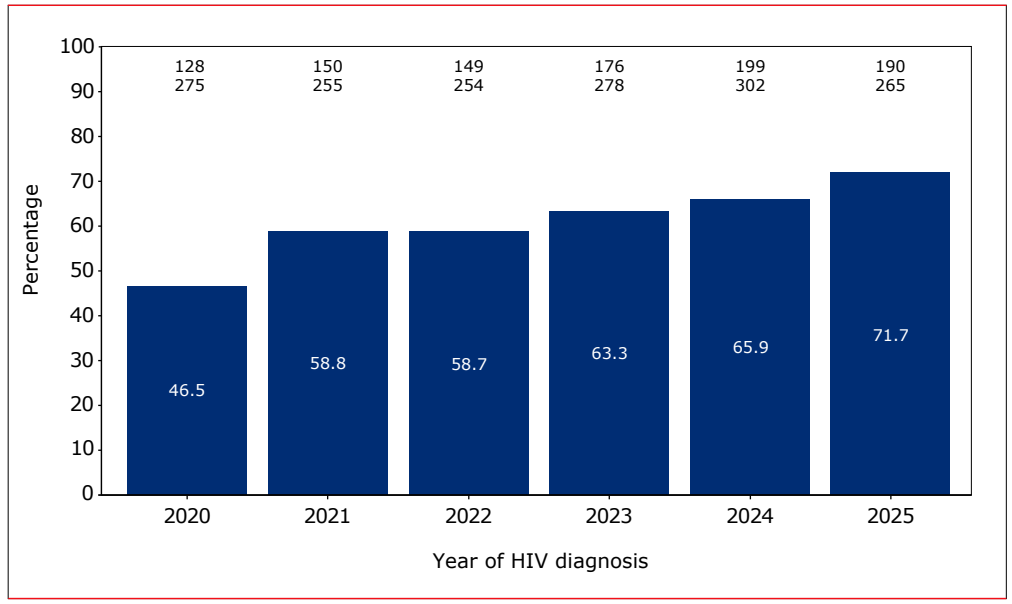
A substantial proportion of individuals entering HIV care in the Netherlands, were not born in the Netherlands, and some of them were already diagnosed with HIV before migrating to the Netherlands. Furthermore, some had used PrEP prior to migrating to the Netherlands, while others used PrEP while living in the Netherlands. When appropriate, the analyses take these factors into account.

Of note, SHM does not record data about a person's race / ethnicity, nor can we identify second or third generation migrants. In our analyses, we make a distinction between those who are born in the Netherlands and those born in another country, irrespective of race / ethnicity and migrant status of their (grand)parents.

Population of interest

Between 1 January 2020 and 31 December 2025 1,629 individuals (1,534 MSM and 95 TG persons aged 15 years and older were diagnosed with HIV-1 in the Netherlands and entered into HIV care. In the EMR of 992 (60.9%) individuals, information was recorded on prior use of PrEP. The proportion of individuals for whom this information was available in the EMR increased from 46.6% in 2020, to 71.7% in 2025 (*Figure 2.1*).

Figure 2.1: Number and proportion of MSM and TG individuals diagnosed with HIV in the Netherlands per calendar year for whom information on prior use of PrEP is available.



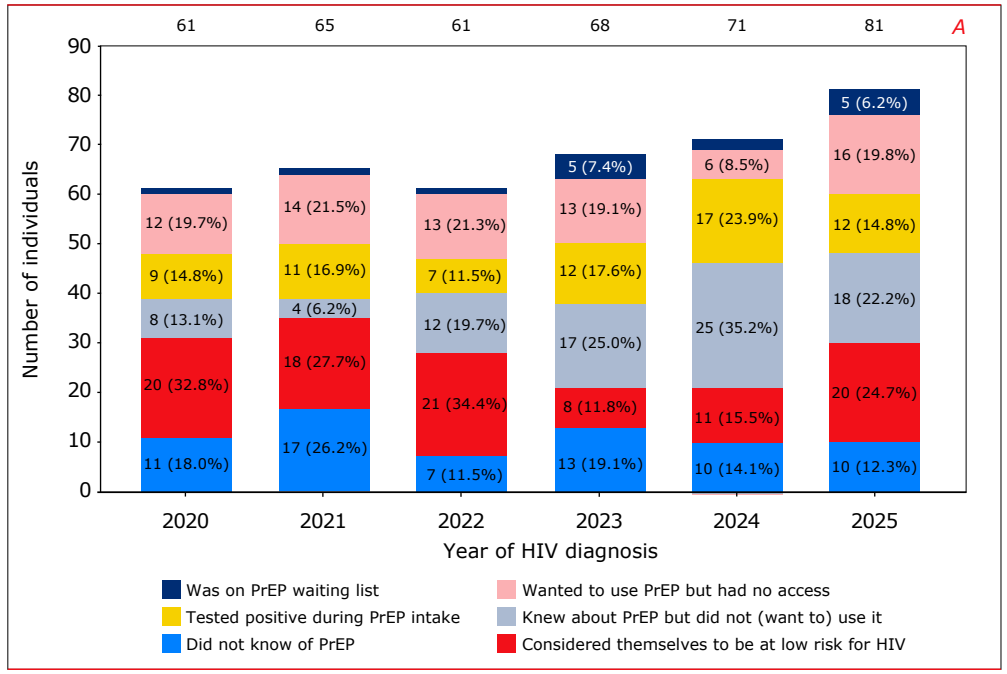
Legend: *The numbers in the top line are the number of MSM and TG individuals for whom information on prior use of PrEP is available in their electronic medical records. The second line is the total cohort size of each calendar year.*

PrEP awareness and uptake

For 407 (52.9%) of the 770 MSM and transgender people who reported no prior PrEP use and who had been newly diagnosed with HIV in the Netherlands, information was available on their reasons for not using PrEP. 'Presumed to be at low risk for HIV' (24.1%), 'Knew about PrEP but did not (want to) use it' (20.6%), and 'Wanted to use PrEP but had no access' (18.2%), were the most commonly reported reasons. In total, 68 (16.7%) individuals had wanted to start using PrEP but tested positive for HIV at screening before entry into PrEP care. Fifteen individuals (3.7%) reported that they tested HIV positive while on a PrEP programme waiting list.
Of the 68 individuals who reported they tested positive for HIV at screening before entry into PrEP care, 32 (47.1%) had evidence of a recent infection. Of the 15 individuals who reported they tested positive for HIV while on a waiting list for PrEP care, 9 (60.0%) had evidence of a recent infection.

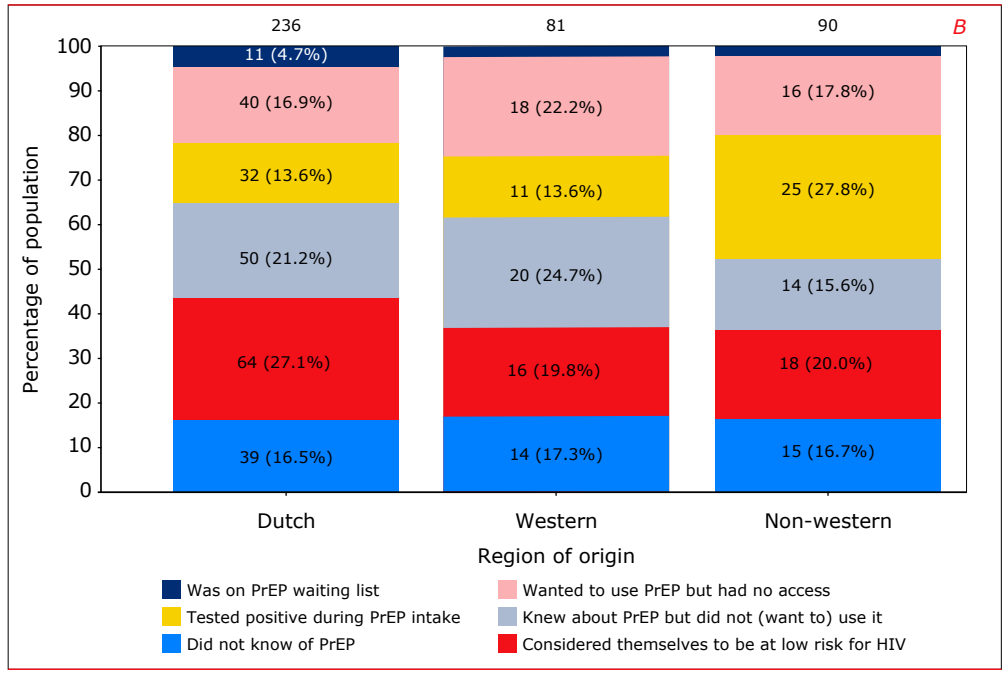
We compared the reasons for not having used PrEP between people born in the Netherlands, and those originating from western or non-western countries (*Figure 2.2B*). People born in the Netherlands most frequently reported 'Presumed to be at low risk for HIV'. People born in non-western countries most often reported 'Not knowing PrEP existed'.

Figure 2.2A: Time trends in the reported reasons for not having used PrEP in MSM and transgender persons newly diagnosed with HIV in the Netherlands.



***Legend:** The numbers in the top line are the total number of MSM and transgender persons per calendar year for whom the reason was known why they had not used PrEP.*

Figure 2.2B: Reported reasons for not having used PrEP in MSM and transgender persons newly diagnosed with HIV in the Netherlands, stratified by region of birth.



***Legend:** The numbers in the top line are the total number of people born in the Netherlands, in western countries, and in non-western countries for whom the reason was known why they had not used PrEP.*

Prior use of PrEP

Of the 992 MSM and TG individuals for whom information on prior use of PrEP was available in the EMR, the majority (770, 77.6%) reported no prior use, whereas 222 (22.4%) reported having used PrEP previously (*Table* 2.1).

Table 2.1: Comparison of individuals with and without prior use of PrEP.

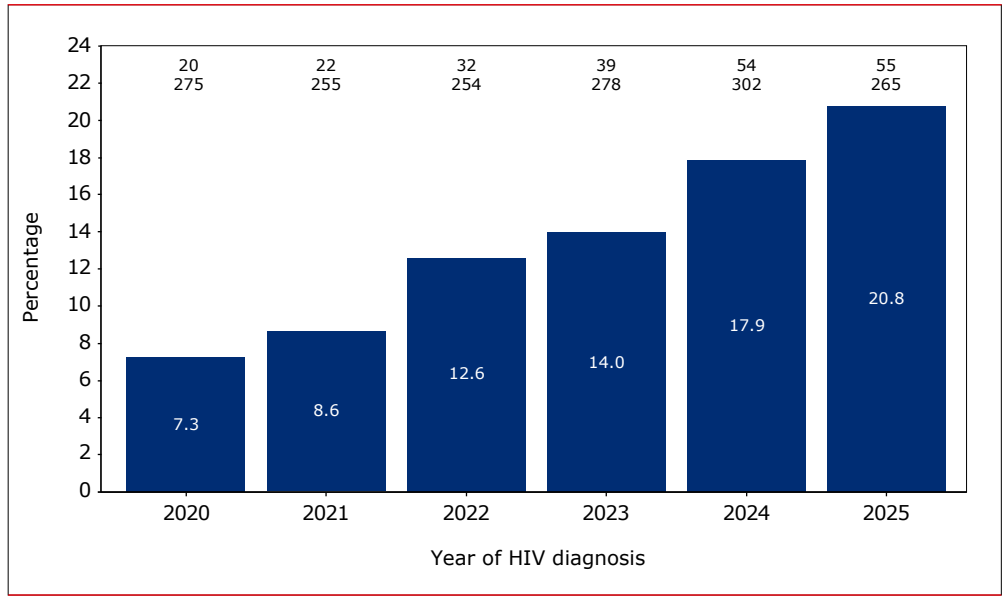
	Prior use of PrEP	No prior PrEP use	No info on prior PrEP use	p-value
Number of subjects	222 (13.6%)	770 (47.3%)	637 (39.1%)	
Age,median (IQR)	32.9 (27.9-43.7)	36.7 (28.5-50.2)	37.1 (28.9-51.1)	<.001
HIV acquisition group				0.423
MSM	207 (93.2%)	731 (94.9%)	596 (93.6%)	
Transgender people	15 (6.8%)	39 (5.1%)	41 (6.4%)	
Region of birth				0.141
Born in the Netherlands	104 (46.8%)	433 (56.2%)	348 (54.6%)	
Migrant, western background	54 (24.3%)	159 (20.6%)	127 (19.9%)	
Migrant, non-western background	64 (28.8%)	178 (23.1%)	162 (25.4%)	
Recent HIV acquisition				
tested pos. <365 days after last neg. test	157 (70.7%)	223 (29.0%)	115 (18.1%)	<.001
tested pos. <180 days after last neg. test	103 (46.4%)	126 (16.4%)	63 (9.9%)	<.001
CD4 at HIV diagnosis	538 (380-697)	440 (260-620)	350 (170-537)	<.001
Late presenter (CD4<350)	45 (20.5%)	283 (36.8%)	314 (49.6%)	<.001
Very late presenter (CD4<200 or AIDS)	17 (7.7%)	148 (19.2%)	198 (31.1%)	<.001
Reason known for not having used PrEP		407 (52.9%)		
Reasons for not having used PrEP				
Did not know of PrEP		68 (16.7%)		
Presumed to be at low risk for HIV		98 (24.1%)		
Knew PrEP but did not want to use it		84 (20.6%)		
Tested positive at PrEP intake		68 (16.7%)		
Wanted PrEP but had no access		74 (18.2%)		
Was on PrEP waiting list		15 (3.7%)		

***Legend:** target group = MSM and transgender people; n.a. = not applicable.*

Of the 222 people who reported prior use of PrEP, 207 were MSM and 15 transgender persons. 104 (46.8%) were born in the Netherlands, 54 (24.3%) came from Western and 64 (28.8%) from non-Western countries. Individuals who reported prior use of PrEP were younger and had higher CD4 counts at diagnosis compared to those diagnosed in the Netherlands who did not use PrEP.

We calculated percentages of prior PrEP use of all 1,629 MSM and transgender people who were newly diagnosed with HIV in the Netherlands between 2020 and 2025. We conservatively assumed that when no explicit mention was made in the EMR about prior use of PrEP, the individuals had not used it. The percentage of MSM and transgender people newly diagnosed with HIV in the Netherlands for whom prior PrEP use was recorded in the EMR has increased since 2020 (P_{trend}<0.0001, see *Figure 2.3*), with 7.3% in 2020, 8.6% in 2021, 12.6% in 2022, 14.0% in 2023, 17.9% in 2024 and 20.8% in 2025.

Figure 2.3: *Time trends in the number and proportion of MSM and TG people newly diagnosed with HIV in the Netherlands who reported prior use of PrEP.*



Legend: *The numbers in the top line are the number of people who reported prior use of PrEP. The numbers in the second line are the cohort size of that calendar year.*

Access to PrEP and usage patterns

The characteristics of all 222 individuals who reported prior use of PrEP are shown in *Table 2.2*, with a stratification by those who used PrEP in the Netherlands and those who used it while still living abroad. Migrants who initiated PrEP before they migrated to the Netherlands but continued PrEP after they migrated to the Netherlands are included in the former group.

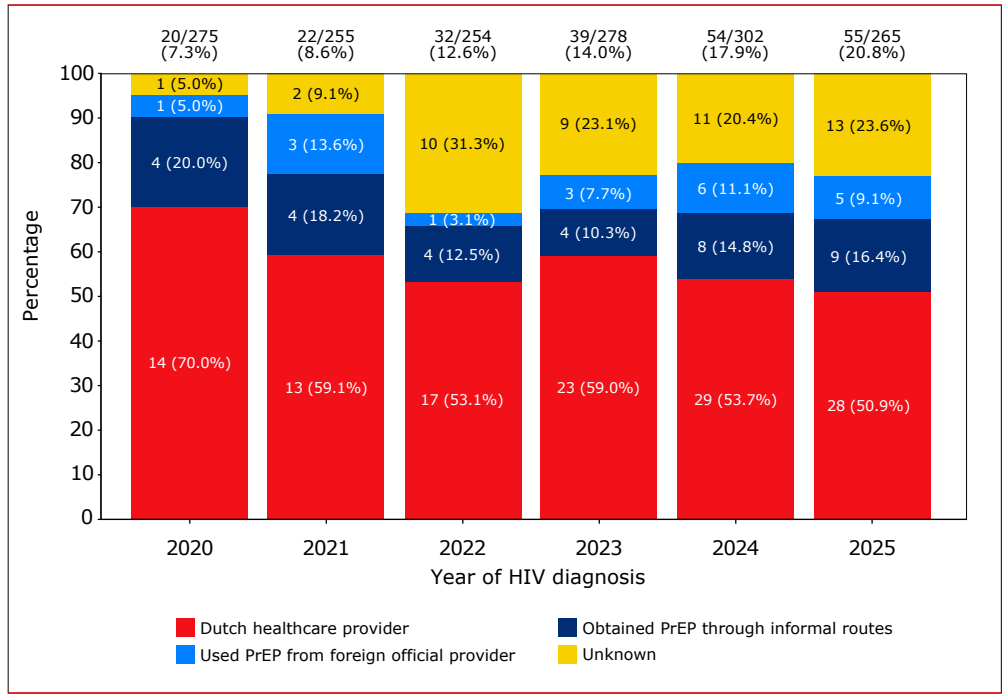
Of the 222 individuals who reported prior PrEP use, 17 (7.7%) were migrants who had used PrEP before moving to the Netherlands. The remaining 205 individuals had used PrEP in the Netherlands, among them 7 had started PrEP prior to migration but continued using it after they arrived in the Netherlands. In the remainder of this chapter we will report on these 205 individuals who used PrEP while living in the Netherlands.

Of the 205 individuals who had used PrEP in the Netherlands, 124 (60.5%) obtained it from a healthcare provider in the Netherlands (see *Table 2.2*). The remaining individuals for whom this information was recorded, obtained their PrEP: through informal routes like buyers' club/internet/store outside the Netherlands (23); from a healthcare provider outside the Netherlands (7); or from a friend living with HIV who had donated some of their own antiretroviral medication (4). There was no information available about the PrEP provider for the remaining 47 individuals.

Dosage schedule information was available for 132 of 205 individuals: 93 (45.4%) reported on-demand use, 36 (17.6%) reported daily use, and 3 (1.5%) reported having used PrEP less than a week. For the remaining 73 individuals (35.6%), no dosage schedule information was available.

Of the 205 individuals who had used PrEP in the Netherlands, 115 (56.1%) had regular medical check-ups, 27 (13.2%) reported that they did not have any medical check-ups, and there was no information available for the remaining 63 (30.7%) individuals. Most of the 27 individuals who reported they had received no medical check-ups had obtained PrEP via informal means (n=15, 55.7%), only 6 (22.2%) of them had received PrEP from a healthcare provider in the Netherlands. *Figure 2.4* shows the time trends in the PrEP providers of the MSM and transgender people who had used PrEP.

Figure 2.4: Time trends in the number and proportion of MSM and transgender people newly diagnosed with HIV in the Netherlands reporting prior use of PrEP, stratified by PrEP provider.



The median (IQR) number of days between the last dose of PrEP and testing HIV-positive was calculated only for those individuals for whom the relevant dates were known with sufficient precision (to within a month), and was 32 (0-165) days. A total of 47 (22.9%) individuals tested HIV-positive while still using PrEP. Of the 158 individuals who did not test HIV-positive while taking PrEP, 64 reported having tested HIV-seronegative after their last use of PrEP, while 66 reported that they did not have an HIV-test shortly after discontinuing PrEP. There was no information available for the remaining 28 individuals.

Table 2.2: Characteristics of MSM and TG individuals who reported prior use of PrEP.

	PrEP used in the Netherlands	PrEP used abroad	p-value
Number of subjects	205 (92.3%)	17 (7.7%)	
Age	32.7 (27.9-43.7)	34.1 (29.5-39)	0.878
HIV acquisition group			0.322
MSM	192 (93.7%)	15 (88.2%)	
Transgender people	13 (6.3%)	2 (11.8%)	
Region of birth			<.001
Born in the Netherlands	104 (50.7%)	0 (0.0%)	
Migrant, western background	50 (24.4%)	4 (23.5%)	
Migrant, non-western background	51 (24.9%)	13 (76.5%)	
STD diagnosed at entry into care			
HBV (HBV surface antigen positive)	2 (1.0%)	1 (5.9%)	0.092
HBV (HBV core antibody positive)	29 (14.1%)	3 (17.6%)	0.693
HCV (antibody positive)	4 (2.0%)	2 (11.8%)	0.016
Syphilis (RPR/VDRL positive)	70 (34.1%)	6 (35.3%)	0.924
PrEP started before migrating to the Netherlands	7 (3.4%)	17 (100%)	
PrEP provider			<.001
Provider in the Netherlands	124 (60.5%)	0 (0.0%)	
Provider outside of the Netherlands	7 (3.4%)	8 (47.1%)	
Obtained PrEP through informal routes	23 (11.2%)	4 (23.5%)	
From friend living with HIV	4 (2.0%)	1 (5.9%)	
No information	47 (22.9%)	4 (23.5%)	
Seroconversion during PrEP use			
Tested HIV-positive while on PrEP	47 (22.9%)	0 (0.0%)	
HIV-negative test performed after last dose of PrEP	64 (31.2%)	4 (23.5%)	
No HIV-negative test performed after last dose of PrEP	66 (32.2%)	12 (70.6%)	
Unknown if HIV test was performed after last dose of PrEP	28 (13.7%)	1 (5.9%)	
Days between last PrEP use and testing HIV-positive **	32 (0-165)	306 (97-536)	0.001
Recent HIV acquisition			
tested pos. <365 days after last neg. test	152 (74.1%)	5 (29.4%)	<.001
tested pos. <180 days after last neg. test	102 (49.8%)	1 (5.9%)	<.001
CD4 at HIV diagnosis	540 (382-708)	472 (340-592)	0.239
ARVs used for PrEP			0.220
TDF/FTC	101 (49.3%)	7 (41.2%)	
Genvoya	0 (0.0%)	1 (5.9%)	
Dolutegravir	1 (0.5%)	0 (0.0%)	
Unspecified	102 (49.8%)	9 (52.9%)	

	PrEP used in the Netherlands	PrEP used abroad	p-value
PrEP schedule			0.075
On demand	93 (45.4%)	3 (17.6%)	
Daily	36 (17.6%)	6 (35.3%)	
No data	73 (35.6%)	8 (47.1%)	
Used PrEP <1 week	3 (1.5%)	0 (0.0%)	
Duration of PrEP use (days)	182 (30-459)	180 (15-304)	0.984
Routine medical check-ups while on PrEP			0.001
Dutch healthcare provider	115 (56.1%)	3 (17.6%)	
No medical check-ups	27 (13.2%)	2 (11.8%)	
No data	63 (30.7%)	12 (70.6%)	
Resistance test performed after testing HIV-positive	**172 (83.9%)**	**9 (52.9%)**	**0.002**
Resistance mutations documented	**16 (9.3%)**	**1 (11.1%)**	**0.856**
Resistance associated mutations in RT			
M184VI	14 (8.1%)	1 (11.1%)	
K65R	4 (2.3%)	0 (0.0%)	
K70EG	0 (0.0%)	0 (0.0%)	

Legend: ** Calculated for migrants only; ** Zero days means person was diagnosed with HIV during PrEP use*
STI sexually transmitted infection.

Prior use of PrEP and HIV drug resistance

Genotypic resistance tests were performed in 172 (83.9%) of the 205 individuals who reported having used PrEP in the Netherlands when first entering HIV care. Reverse transcriptase (RT) resistance-associated mutations (RAM)[a], associated with the use of PrEP, were detected in 16 individuals (9.3%). Fourteen individuals harboured an M184VI RT RAM, which reduces susceptibility to lamivudine and emtricitabine, and 4 individuals harboured a K65REN RT RAM (2 K65R and another 2 K65N), which is selected for by tenofovir and reduces susceptibility to tenofovir, abacavir, lamivudine and emtricitabine. Two of these 16 individuals harboured both the M184V and K65R mutations. Because M184V and K65R carry a fitness cost and are quickly overgrown by faster-replicating wild-type virus once drug pressure is removed, finding either mutation in someone still on TDF/FTC PrEP is more consistent with de novo selection than with transmitted resistance.

a All RT RAMs mentioned in this chapter start and end with capital letters; i.e. M184VI ends in the capital letter 'i' and should not be confused with the number 1.

Among the 96 individuals who had tested HIV-positive while still using PrEP or within 3 months of discontinuing PrEP, 83 (86.5%) had received a genotypic resistance test, and 14 of these 83 (16.9%) harboured PrEP-associated RAMs.
In the 17 individuals who had used PrEP prior to migrating to the Netherlands, 9 had genotypic resistance test results available. Of these, 1 showed M184VI RT resistance-associated mutations.

For ease of comparing individuals with and without detected RAMs and those not tested, we provide Appendix *Table 2.1*, which contains the same data as *Table 2.2* but stratified by presence of RAMs.

Prior use of PrEP and response to antiretroviral therapy (ART)

We investigated the virological treatment response to first-line antiretroviral therapy in 218 individuals who reported prior use of PrEP, were diagnosed with HIV in the Netherlands, and subsequently initiated ART. Data on at least 4 months of virological treatment response were available for 215 of these 218 individuals, including 16 of 17 individuals with M184VI and/or K65REN RT RAMs, all of whom started a regimen containing an integrase inhibitor. Nine of these 16 individuals with baseline RAMs received a combination of an integrase inhibitor and a protease inhibitor, with or without additional nucleoside-analogue RT inhibitors (NRTIs). And 1 individuals combined and integrase inhibitor with a non-nucleoside RT inhibitor (NNRTI).

Of the individuals with either no baseline resistance test results, or whose test showed no evidence of the M184VI or K65R RT RAM, 202 initiated a first-line regimen consisting of:

- an integrase inhibitor plus two NRTIs (n=133)
- a protease inhibitor plus two NRTIs (n=1)
- an integrase inhibitor plus a protease inhibitor, with or without additional NRTIs (n=45)
- an integrase inhibitor plus a non-nucleoside RT inhibitor (n=1)
- a non-nucleoside RT inhibitor plus two NRTIs (n=12)
- lamivudine / dolutegravir (n=10)

The 16 individuals with an RT RAM had a median follow-up time of 164 weeks (IQR 72-223) after initiating ART. All 16 individuals with RAMs achieved an optimal treatment response with sustained viral suppression below 200 copies/ml after initiating cART.

Of the 202 individuals with no evidence of RAMs in the baseline resistance test, or for whom no test data were available, and with one or more viral load measurements available at least four months after the initiation of ART, 21 individuals showed a viral rebound (defined as having a viral load measurement above 200 copies/ml following an initial treatment response) was recorded, mostly because of treatment interruptions and/or they spontaneously re-suppressed without a change of the regimen. In two individuals virological failure occurred: both were switched to a second line regimen after which the viral load durably re-suppressed.

Summary and Conclusions

The number and proportion of newly diagnosed MSM and transgender individuals entering HIV care who reported prior use of PrEP has continued to rise over time. In 2025, 20.8% (n=55) of newly diagnosed MSM and transgender people reported prior use of PrEP (see also Chapter 1). However, this is probably a conservative estimate, as individuals for whom no explicit information about prior PrEP use was recorded in their EMR were considered not to have used PrEP. The observed increase over time is likely only partly explained by greater awareness or improved documentation by health care providers, suggesting a true rise in PrEP use among this population. The total number of people who use PrEP in the Netherlands is increasing, both through SHCs and via general practitioners, thereby contributing to more reports of prior PrEP use among people diagnosed with HIV.

The group of individuals who reported prior PrEP use is highly heterogeneous. Of the 222 individuals who reported prior PrEP use, 17 (7.7%) were migrants who had used PrEP before moving to the Netherlands. Among the 205 individuals who used PrEP in the Netherlands, 124 (60.5%) obtained it from a healthcare provider in the Netherlands, while others accesses PrEP through informal channels or from providers abroad.

Of the 205 MSM and TG individuals who had used PrEP in the Netherlands, 47 (22.9%) were diagnosed with HIV while still using PrEP. Of the 205 individuals who reported prior use of PrEP, 172 (83.9%) received a genotypic resistance test prior to initiation of ART, of which 16 (9.3%) were found to harbour resistance mutations that were probably associated with continued PrEP use after seroconversion. Reassuringly, the virological response to ART initiation appeared to be largely unaffected by prior PrEP use, even in those with detected resistance associated mutations; almost all achieved and maintained viral suppression after starting ART.

A substantial proportion (38.6%) of MSM and transgender people who reported not using PrEP, and for whom information on reasons was available, indicated they would have wanted to use PrEP, but either had no access to PrEP (18.2%), were on a PrEP waiting list at the time when they tested HIV positive (3.7%), or tested HIV positive during screening process before initiating PrEP (16.7%). HIV screening during the intake for PrEP care contributes to earlier detection of HIV.

These findings highlight the importance of improving access to PrEP and ensuring timely initiation for those at risk, as well as the continued need for education, monitoring, and support for individuals using PrEP—both to prevent HIV acquisition and to manage potential drug resistance if HIV infection occurs during PrEP use.

Appendix Table 2.1: *characteristics of individuals who reported use of PrEP, stratified by presence of resistance associated mutations.*

	RAMs detected	No RAMs detected	Not tested, no data	p-value
Number of subjects	17 (7.7%)	164 (73.9%)	41 (18.5%)	
Age	30.9 (27.1-50)	32.4 (27.5-42.1)	34.3 (30.9-46.6)	0.326
HIV acquisition group				0.801
MSM	17 (100%)	152 (92.7%)	38 (92.7%)	
Transgender people	0 (0.0%)	12 (7.3%)	3 (7.3%)	
Region of birth				0.340
Born in the Netherlands	10 (58.8%)	80 (48.8%)	14 (34.1%)	
Migrant, western background	4 (23.5%)	39 (23.8%)	11 (26.8%)	
Migrant, non-western background	3 (17.6%)	45 (27.4%)	16 (39.0%)	
STD diagnosed at entry into care				
HBV (HBV surface antigen positive)	0 (0.0%)	3 (1.8%)	0 (0.0%)	0.584
HBV (HBV core antibody positive)	2 (11.8%)	27 (16.5%)	3 (7.3%)	0.312
HCV (antibody positive)	0 (0.0%)	5 (3.0%)	1 (2.4%)	0.757
Syphilis (RPR/VDRL positive)	5 (29.4%)	56 (34.1%)	15 (36.6%)	0.871
PrEP started before migrating to the Netherlands	1 (5.9%)	14 (8.5%)	9 (22.0%)	
PrEP provider				0.180
Provider in the Netherlands	14 (82.4%)	93 (56.7%)	17 (41.5%)	
Provider outside of the Netherlands	0 (0.0%)	11 (6.7%)	4 (9.8%)	
Obtained PrEP through informal routes	2 (11.8%)	20 (12.2%)	5 (12.2%)	
From friend living with HIV	0 (0.0%)	4 (2.4%)	1 (2.4%)	
No info	1 (5.9%)	36 (22.0%)	14 (34.1%)	
Seroconversion during PrEP use				
Tested HIV-positive while on PrEP	11 (64.7%)	29 (17.7%)	7 (17.1%)	<.001
HIV-testing following end of PrEP				<.001
HIV-negative test performed after last dose of PrEP	5 (83.3%)	54 (40.0%)	9 (26.5%)	
No HIV-negative test performed after last dose of PrEP	0 (0.0%)	60 (44.4%)	18 (52.9%)	
Unknown if HIV test was performed after last dose of PrEP	1 (16.7%)	21 (15.6%)	7 (20.6%)	
Days between last PrEP use and testing HIV-positive **	0 (0- 2)	56 (3.5-184)	70 (0-306)	0.002
Recent HIV acquisition				
tested pos. <365 days after last neg. test	13 (76.5%)	117 (71.3%)	27 (65.9%)	0.680
tested pos. <180 days after last neg. test	12 (70.6%)	74 (45.1%)	17 (41.5%)	0.105
CD4 at HIV diagnosis	618 (472-708)	511 (370-667)	591 (370-740)	0.343
ARVs used for PrEP				0.034
TDF/FTC	13 (76.5%)	81 (49.4%)	14 (34.1%)	
Genvoya	0 (0.0%)	0 (0.0%)	1 (2.4%)	
Dolutegravir	0 (0.0%)	0 (0.0%)	1 (2.4%)	
Unspecified	4 (23.5%)	82 (50.0%)	25 (61.0%)	
PrEP schedule				<.001
On demand	8 (47.1%)	74 (45.1%)	12 (29.3%)	
Daily	7 (41.2%)	31 (18.9%)	4 (9.8%)	
No data	0 (0.0%)	54 (32.9%)	25 (61.0%)	
Used PrEP <1 week	0 (0.0%)	3 (1.8%)	0 (0.0%)	
Duration of PrEP use (days)	92 (30-191)	190 (36-471)	124 (15-509)	0.752
Routine medical check-ups while on PrEP				0.288
Dutch health care provider	12 (70.6%)	89 (54.3%)	17 (41.5%)	
No medical check-ups	1 (5.9%)	23 (14.0%)	5 (12.2%)	
No data	4 (23.5%)	52 (31.7%)	19 (46.3%)	
Resistance test performed after testing HIV-positive	17 (100%)	164 (100%)	0 (0.0%)	<.001
Resistance associated mutations in RT				
Resistance mutations documented	17 (100%)	0 (0.0%)		<.001
M184VI	15 (88.2%)	0 (0.0%)		
K65R	4 (23.5%)	0 (0.0%)		
K70EG	0 (0.0%)	0 (0.0%)		