

# HPTN 073: PrEP Uptake and Use by Black Men who have Sex with Men in 3 U.S. Cities.

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## BACKGROUND

Among U.S. subgroups, Black men who have sex with men (BMSM) remain at disproportionate risk of HIV acquisition. Comprising less than 0.4% of the U.S. population, they accounted for more than 20% of all new infections in 2013. Identifying effective and innovative methods to deliver effective prevention and halt the epidemic in this key population is an urgent public health priority. HPTN 073 is one of the first studies to evaluate pre-exposure prophylaxis (PrEP) in a U.S. BMSM population.

## RESULTS

Table 1. Demographics of participants enrolled in the study by PrEP Initiation

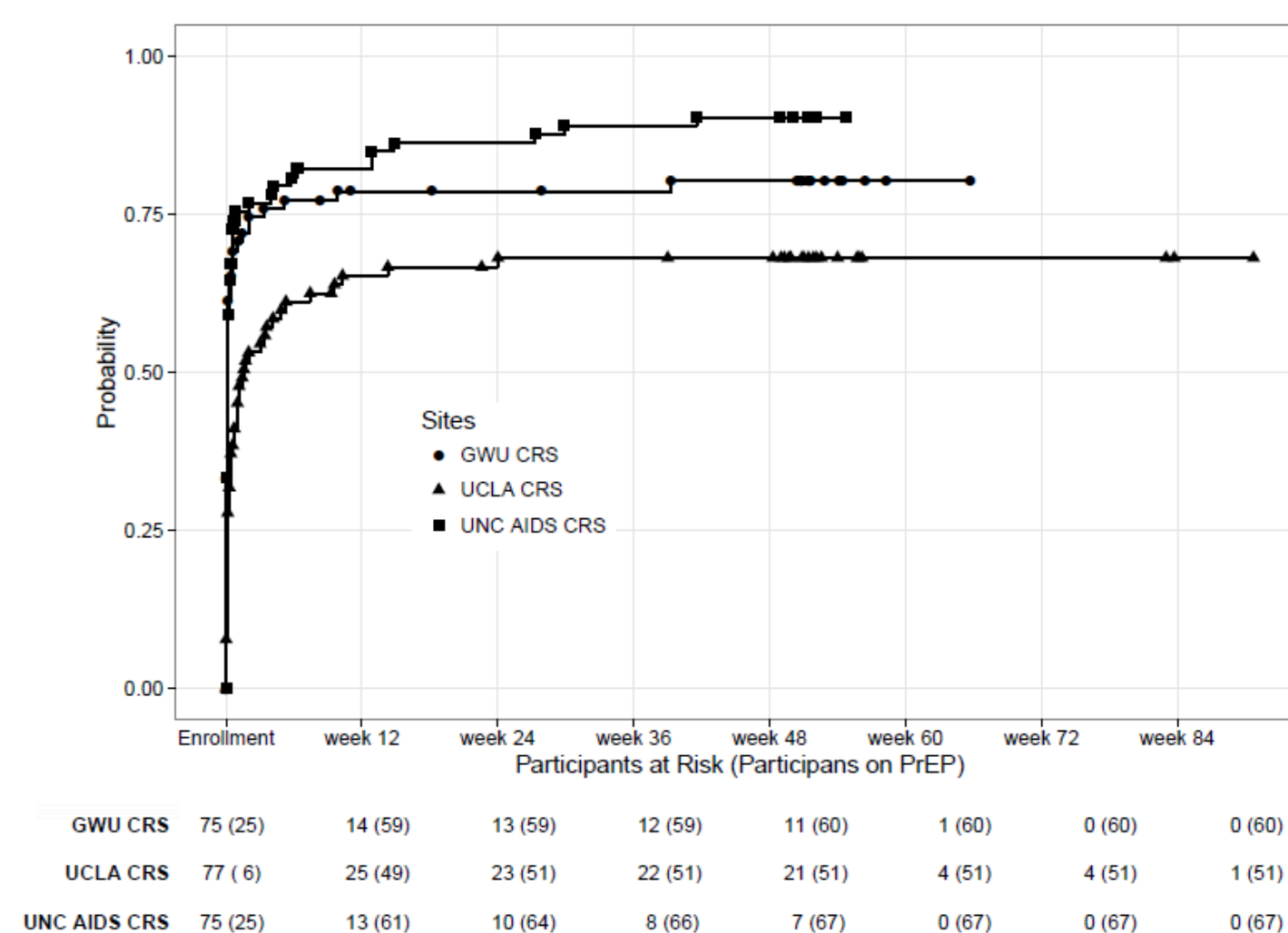
Demographics	Overall N	On PrEP	Not on PrEP
<b>Site</b>	226	79%	21%
<b>Age</b>			
<25	91	84%	16%
≥25	135	76%	24%
<b>Gay</b>	166	81%	19%
<b>Bi-sexual</b>	45	71%	29%
<b>Marital Status</b>			
Primary or main partner			
Male	74	78%	22%
Female	3	100%	-
Transgender	-	-	-
<b>Ethnicity</b>			
African-American/Black/Caribbean	204	78%	22%
Afro-Latino	17	82%	18%
Other	5	80%	20%
<b>Healthcare Coverage</b>	155	77%	23%
<b>Incarceration</b>	69	74%	26%
<b>Highest education level attained</b>			
High School or less	56	77%	23%
Some college/vocational school	93	77%	23%
2yr/4yr or greater	77	82%	18%
<b>Annual income (decline to answer 1%)</b>			
<20k	108	74%	26%
20k – 49k	64	81%	19%
≥50k	51	84%	16%
Declined to answer			
<b>Employment Status</b>			
Unemployed/disability/other	61	66%	34%
Employed part-time/self-employed	80	84%	16%
Employed full-time	85	84%	16%

## METHODS

HIV-uninfected BMSM were enrolled in three U.S. cities (Washington, DC, Los Angeles & Chapel Hill, NC). All participants were offered once daily oral FTC/TDF combined with client-centered care coordination (C4)—a theory-based counseling approach to promote and support PrEP use, which combined service referral, linkage and follow-up strategies to assist participants in addressing unmet psychosocial needs. Each participant was offered PrEP and followed for a total of 12 months.

- 40% were <25 years, 27% were unemployed, 31% did not have health insurance.
- The median number of male partners in the prior 3 months was 3 (IQR 1-4), 33% reported a primary partner and 73% casual male partners.
- 23/24 (96%) men reporting an HIV+ primary partner and 104/120 (86%) of men reporting casual partners with unknown or HIV+ status accepted PrEP.
- Those agreeing to take PrEP utilized a median of 6 C4 sessions (range 3–8) compared to men not accepting PrEP (median 4 range 2–6).

Figure 1. Cumulative Probability of PrEP Uptake



## RESULTS (CONTINUED)

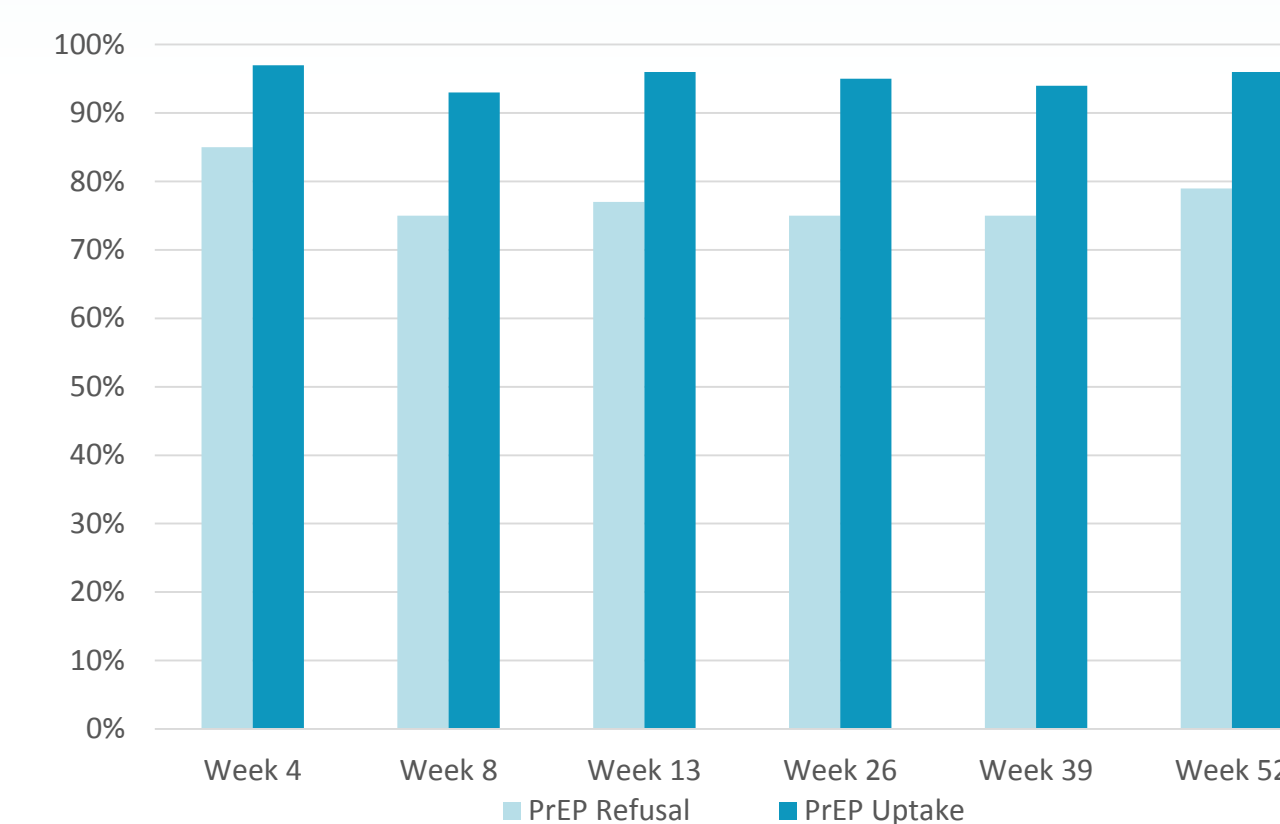
- PrEP was accepted by 178 (79%) of study participants; 68% remained on PrEP at 26 weeks.
- Self-reported adherence above 50% was 85% at 4 weeks and 78% at 26 weeks.

Table 2. Self-Reported PrEP Adherence

Week	Self-reported adherence ≥ 50%	Self-reported adherence ≥ 90%
4	85% (126/149)	67% (100/149)
8	82% (121/148)	67% (99/148)
13	87% (131/151)	70% (106/151)
26	81% (112/139)	62% (86/139)
39	85% (111/109)	70% (92/109)
52	86% (89/103)	67% (69/103)

Among the 178 men who accepted PrEP as part of this study, 5 HIV infections occurred resulting in 172 person years (PY) (incidence=2.9 95% CI (0.9-6.8)) compared to 3 in 39 PY (incidence=7.7 95% CI (1.6-22.5)) in men who never accepted PrEP. Of the 5 seroconverters who accepted PrEP, 2 reported discontinuing PrEP at 50 and 272 days prior to seroconversion.

Figure 2. Visit Completion by Visit and PrEP Initiation Status



226 BMSM men were recruited; 209 (92%) completed 12 month of follow-up.

## CONCLUSIONS

Providing theory-based culturally tailored programs for BMSM can potentially increase their ability to establish and maintain adherence and prevent HIV in this highly impacted group. HPTN 073 demonstrated high uptake of PrEP in BMSM utilizing a novel coordinated counseling model that was highly acceptable, and led to data that could support a reduced rate of HIV-infection for BMSM on PrEP. These findings help address a vital U.S. public health gap in HIV prevention.

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