Integrating PrEP Referrals into STD Partner Services Increases PrEP Use among MSM

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Abstract

Objective

We evaluated the effect of routinely offering MSM referrals to PrEP care as part of STD partner services on rates of initiation and continued use among those not on PrEP.

Methods

In 2016, 46% of HIV-negative MSM receiving STD PS in King County reported using PrEP. To address PrEP as a part of care for non-users, we expanded routine referrals and follow-up for PrEP care to all HIV-negative MSM receiving STD PS.

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Results

Referrals, & Follow-up Interviews among HIV-Negative MSM

HIV-negative MSM at high risk:
- Early syphilis or rectal SC
- Methamphetamine or poppers
- Sex work
- Uphall

Offer referral to PrEP at public health, STD clinics, or community providers.

HIV-negative MSM at high risk:
- CT in the previous 3 months requiring behavioral testing

Offer referral to community providers.

Table: PrEP Use Among STD PS at High Risk & Acceptance of Referral

<table>
<thead>
<tr>
<th>PrEP Use After STD PS by HIV Risk &amp; Acceptance of Referral</th>
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<tbody>
<tr>
<td>High Risk, Accepted Referral</td>
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<tr>
<td>Low Risk, Accepted Referral</td>
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<tr>
<td>High Risk, Did not accept referral</td>
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Conclusions

• Integrating PrEP referrals into routine STD partner services was feasible and associated with a high level of subsequent PrEP initiation
• Additional efforts are needed to improve delivery and uptake at each step of the referral process

Acknowledgments

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References


Limitations

• Not a randomized controlled trial – cannot directly attribute PrEP initiation to referrals
• Primary outcome refined on self-reported PrEP use
• Potential response bias among those completing follow-up interviews

Conclusions

Integrating PrEP referrals into routine STD partner services was feasible and associated with a high level of subsequent PrEP initiation. Additional efforts are needed to improve delivery and uptake at each step of the referral process. Following up with partner services recipients to offer additional PrEP referrals and navigation services may further increase use. PrEP referral should be considered as part of routine care for high-risk populations, including STD partner services.