Implementation of PrEP in STD Clinics and a Community Health Center: High Uptake and Drug Levels among MSM in the Demo Project

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Introduction

- Pre-exposure prophylaxis (PrEP) has been shown to be safe and efficacious in clinical trials.
- Demand for PrEP and levels of adherence in real world settings are unknown.
- We evaluated PrEP uptake and drug concentrations among men who have sex with men (MSM) and transgender women (TGW) in the first year of a US PrEP Demonstration (Demo) Project.

Methods

- From September 2012 to January 2014, HIV-uninfected MSM and TGW attending STD clinics in San Francisco and Miami and a community health center in Washington, DC, were assessed for eligibility and interest in participating in The Demo Project.
- Clients were approached in clinic while receiving services or self-referred to the program.
- Individuals who declined were asked their reasons for declining.
- Enrolled participants were offered up to 48 weeks of open-label tenofovir/emtricitabine/tenofovir disoproxil fumarate (TDF/FTV/TDF). Uptake was measured as number of clients assessed for participation in Miami were almost all assessed were MSM; only 14 (1.4%) were women. Individuals assessed for participation in Miami were more likely to be Latino, had lower education level, were less likely to have heard of PrEP and were self-referred, and reported lower risk behaviors. Predictors of PrEP uptake were assessed using multivariable poison regression.
- Tenofovir diphosphate (TFV-DP) levels in dried blood spots (DBS) were assessed in a random sample of participants at the 4 week visit using LC/MS/MS.

Results

- **Table 1: PrEP uptake by site, sociodemographics, PrEP knowledge, and risk behaviors**
- **Table 2: Predictors of PrEP uptake**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>GROUP</th>
<th>Characteristic</th>
<th>TDF/FTV/TDF level</th>
<th>Adjusted RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptake</td>
<td>SF</td>
<td>Male</td>
<td>76.6 (57.7)</td>
<td>1.22 (1.09-1.36)</td>
</tr>
<tr>
<td>Uptake</td>
<td>DC</td>
<td>Male</td>
<td>76.6 (57.7)</td>
<td>1.17 (1.02-1.33)</td>
</tr>
<tr>
<td>Knowledge</td>
<td>SF</td>
<td>Yes</td>
<td>79.6 (60.5)</td>
<td>1.15 (1.0-1.32)</td>
</tr>
<tr>
<td>Knowledge</td>
<td>DC</td>
<td>Yes</td>
<td>79.6 (60.5)</td>
<td>1.17 (1.02-1.33)</td>
</tr>
<tr>
<td>Risk behavior</td>
<td>SF</td>
<td>Yes</td>
<td>79.6 (60.5)</td>
<td>1.15 (1.0-1.32)</td>
</tr>
<tr>
<td>Risk behavior</td>
<td>DC</td>
<td>Yes</td>
<td>79.6 (60.5)</td>
<td>1.17 (1.02-1.33)</td>
</tr>
<tr>
<td>Site adjusted</td>
<td>SF</td>
<td>Yes</td>
<td>79.6 (60.5)</td>
<td>1.15 (1.0-1.32)</td>
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</tr>
</tbody>
</table>

Limitations

- The process by which clients were referred from clinic staff to study staff varied slightly across the sites and may partially explain differences in uptake, if clinic staff selectively referred clients to the PrEP team.

Conclusions

- Interest in PrEP is high among a diverse population of MSM when offered as part of a comprehensive prevention program in STD and community health clinics.
- Drug concentrations at week 4 are high among MSM in the Demo Project.
- In multivariable analyses, PrEP uptake was associated with site, being self-referred, having prior PrEP awareness, and reporting higher risk sexual behaviors.
- Despite limited advertising and outreach, there were a significant number of self-referrals to the study in both San Francisco and Washington, DC, reflecting built-up demand in the community for PrEP.
- However, relatively few TGW and young MSM of color were assessed for participation and enrolled in this study. Additional strategies to increase community awareness of PrEP and engage these populations in PrEP programs are urgently needed.

- *CROI 2014*