PrEP Implementation and Persistence in a County Health Department in Atlanta, GA

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BACKGROUND:

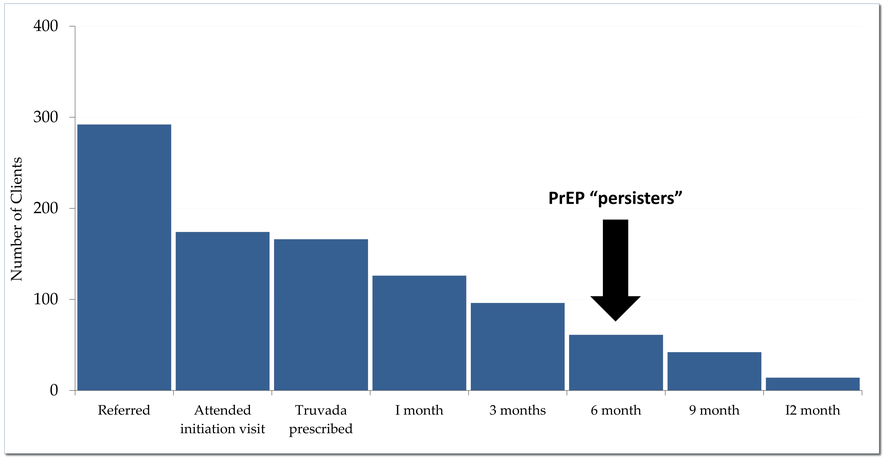
- African-American men who have sex with men (MSM) have the highest HIV incidence in the US, and the majority of new infections occur in the South
- HIV Pre-Exposure Prophylaxis (PrEP) is an effective HIV prevention method; however, implementation may be challenged by structural barriers such as lack of insurance and healthcare access
- CDC data demonstrate that only 4.7% of Atlanta MSM have used PrEP compared to 11.3% of San Francisco MSM, suggesting these barriers may play a larger role in the South
- Few studies have examined factors affecting persistence in PrEP care, and these data are urgently needed to inform the successful scale-up of PrEP delivery programs
- For marginalized populations, county health departments may be important PrEP access points however; there are little data on successful PrEP programs at these venues outside of incentivized demonstration projects
- We implemented an open-access, free PrEP clinic at a county health department in Atlanta, GA and describe early PrEP uptake and persistence estimates

METHODS:

- The Fulton County Board of Health (FCBOH) PrEP clinic launched in October 2015. Clients were mainly referred from the FCBOH Sexual Health (SH) clinic, community based organizations, and via partner referral from the FCBOH HIV clinic
- Eligible clients met CDC risk guidelines, had a negative HIV antigen/antibody test and creatinine clearance >60 ml/min. Those expressing interest initiated PrEP and attended follow-up visits per CDC guidelines
- FCBOH covered all costs associated with provider visits and PrEP lab monitoring; clients used their health insurance and/or manufacturer assistance program to obtain the drug
- Clients engaged in quarterly follow-up and seen within the last 6 months were defined as “persistent”, whereas clients with a lapse in follow-up of ≥ 6 months were defined as “not persistent”
- We examined PrEP uptake and persistence over time among all clients seen at the FCBOH PrEP clinic between October 2015-March 2017 to describe the PrEP care cascade
- PrEP uptake and persistence among MSM was also stratified by race to determine differences between black and white MSM
- Factors associated with PrEP persistence were assessed with unadjusted odds ratios

RESULTS:

Figure 1. The PrEP Care Cascade at the FBCOH PrEP clinic (October 2015-March 2017)



- As of March 2017, 201 clients started PrEP, 88% were male, 65% were black, 69% were insured, 72% were MSM, 78% reported inconsistent condom use, and 80% had a prior STI

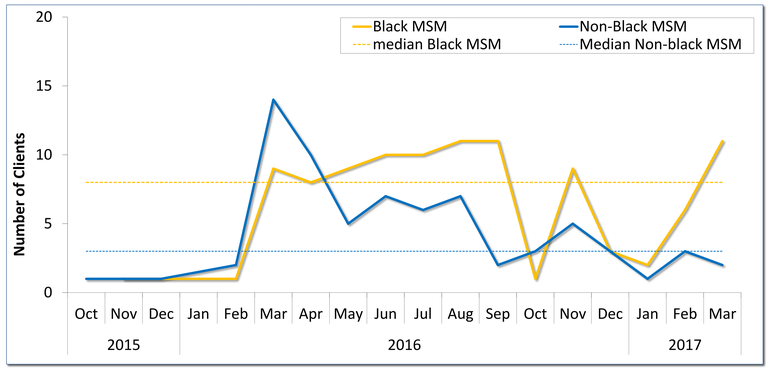
Table 1. Factors associated with PrEP persistence among PrEP clinic enrollees at the FCBOH in Atlanta GA 2015-2017

Characteristic	PrEP Persistent (n=78) n (%)	PrEP non-persistent (n=123) n (%)	Unadjusted OR (95% CI)
Sex			
Female	8 (10)	16 (13)	Ref
Male	70 (90)	107 (87)	1.31 (0.55, 3.22)
Age			
<30 y.o.	27 (35)	54 (44)	Ref
≥30 y.o.	51 (65)	69 (56)	1.48 (0.82, 2.66)
Race			
Black	55 (71)	76 (62)	Ref
White	15 (19)	29 (24)	0.72 (0.35, 1.46)
Hispanic	7 (9)	12 (10)	0.81 (0.30, 2.18)
Other*	1 (1)	6 (5)	0.23 (0.03, 1.99)
Education			
Pre-college/Vocational	15 (19)	31 (25)	Ref
College	40 (51)	54 (44)	1.53 (0.73, 3.21)
Post-College/Professional	6 (8)	7 (6)	1.77 (0.51, 6.20)
Income			
<10,000 annually	21 (27)	37 (30)	Ref
≥10,000 annually	39 (50)	55 (45)	1.25 (0.64, 2.45)
Insurance			
Yes	15 (19)	48 (39)	Ref
No	63 (81)	75 (61)	**2.68 (1.38, 5.36)**
Sexual Orientation			
Homosexual	58 (74)	87 (71)	1.20 (0.63, 2.28)
Bisexual/Other	20 (26)	36 (29)	Ref
Relationship status			
Committed relationship	42 (54)	61 (50)	0.97 (0.46, 2.04)
Single	16 (21)	24 (20)	Ref
Referral Source			
STI clinic	35 (45)	56 (46)	Ref
Friend	13 (17)	25 (20)	0.83 (0.38, 1.84)
CBO/ASO/External partners	14 (18)	17 (14	1.32 (0.58, 3.00)
Internet/social media	6 (8)	7 (6)	1.37 (0.43, 4.42)
Condom use[a]			
Always	14 (18)	22 (18)	Ref
Sometimes	46 (59)	64 (52)	1.13 (0.52, 2.44)
Never	4 (5)	11 (9)	0.57 (0.15, 2.15)
Prior reported STI Diagnosis			
Yes	53 (68)	79 (64)	1.23 (0.56, 2.70)
No	12 (13)	22 (18)	Ref
Number of partners			
≤5 partners	49 (63)	79 (64)	Ref
≥6 partners	16 (21)	21 (17)	1.23 (0.59, 2.58)

Note. Significant p-values (<0.05) have been bolded for ease of interpretation.
Abbreviations. PrEP, Pre-Exposure Prophylaxis; OR, Odds Ratio; HS, High School; STI, Sexually Transmitted Infection; CBO, Community-based organization; ASO, AIDS Service organization
*Other includes Asian, Hawaiian and Pacific-islander
[a]Condom use was self-reported

RESULTS cont’d:

Figure 2. PrEP Initiations among MSM at the FCBOH PrEP clinic 2015-2017, N=174



- Monthly median PrEP start was 7 initiations for black MSM vs. 3 initiations for non-black MSM

Figure 3. The PrEP Care Cascade among MSM at the FCBOH PrEP clinic 2015-2017, N=174

CONCLUSIONS:

- Prior data has demonstrated higher PrEP uptake among white MSM and lower PrEP persistence among black MSM, however our study reveals similar PrEP uptake and persistence among black and white MSM in this health department setting
- This suggests that PrEP implementation in the county health department setting is not only feasible but also effectively reaches key populations in need of HIV prevention services, and may be an important access point for minority MSM experiencing barriers to PrEP care.
- Overall, PrEP uptake and persistence was suboptimal despite amelioration of several barriers which may limit PrEP use
- Intensifying community outreach, providing targeted PrEP education, and streamlining follow-up processes may improve PrEP persistence at FCBOH.
- Further research is needed to understand mediators of PrEP persistence and inform interventions to optimize health department-based PrEP services

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