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

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**Background**

- HIV pre-exposure prophylaxis (PrEP) is effective at preventing HIV acquisition among men who have sex with men (MSM).
- Identifying acceptable, effective, and equitable approaches for promoting PrEP use is critical to scale-up current PrEP implementation.
- MSM with bacterial STDs, particularly syphilis and rectal infections, are at elevated risk for HIV acquisition.
- STD partner services (PS) offer an opportunity to promote PrEP among MSM at higher risk.

**Objective**

We evaluated the effect of routinely offering MSM referrals to PrEP care in part of STD partner services on PrEP initiation and explored barriers to enrollment among those not on PrEP.

**Methods**

**STD Partner Services & PrEP Referrals**

- May 2012: Washington state mandated STD partner services program to promote PrEP use among MSM.
- STD DIS assess HIV status & PrEP eligibility; Public Health staff provide PS. GC = gonorrhea. CT = chlamydia.

**STD DIS**

- HIV-negative MSM at high risk: Early syphilis or rectal GC – partner retested on GC or CS (50% of new referrals) without behavioral risk
- HIV-negative MSM at high risk: Early syphilis or rectal GC – partner retested on GC or CS (50% of new referrals) without behavioral risk

**Offer referal to community providers**

- HIV-negative MSM at high risk: Early syphilis or rectal GC
- Other sex work
- 'Other' (e.g., methamphetamine or poppers use, sex work, or an HIV-negative partner)

**Research Design**

- Randomized controlled trial
- Two sites: University of Washington and Public Health – Seattle & King County
- MSM at high risk for HIV infection
- Baseline: PrEP uptake not assessed
- Follow-up: PrEP use assessed

**Random Sample**

- STD DIS offered PrEP referral to 1000 HIV-negative MSM in 2016
- Stratified by HIV risk (high vs. lower) and acceptance of referral (did vs. did not accept)
- Primary outcome: PrEP uptake

**STD DIS**

- 65% of MSM at high risk and 29% of MSM at lower risk who were offered PrEP referrals during their PS interview in 2016, stratified by risk for HIV: early syphilis, rectal gonorrhea, methamphetamine or poppers use, sex work, or an HIV-negative partner

**PS**

- STD DIS assess HIV status & PrEP eligibility
- Offer referral to community providers

**STD DIS**

- HIV-negative MSM at high risk: Early syphilis or rectal GC – partner retested on GC or CS (50% of new referrals) without behavioral risk
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**Results**

**STD Partner Services & PrEP Use, Acceptance of PrEP Referrals, & Follow-Up Interviews among HIV-Negative MSM**

- 460 (41%) at lower risk
- 352 (55%) on PrEP
- 240 (82%) were interviewed at follow-up
- 97 (40%) did not accept the referral
- 65 (47%) did not accept
- 33 (73%) did not accept
- 143 (34%) on PrEP
- 65 (16%) not interviewed
- 46 (10%) not interviewed
- 31 (66%) interviewed
- 24 (58%) interviewed
- 19 (65%) did not accept
- 3% (19%) initiated PrEP
- 36 (65%) initiated PrEP
- 143 (34%) on PrEP
- 65 (16%) not interviewed
- 46 (10%) not interviewed
- 31 (66%) interviewed
- 24 (58%) interviewed
- 19 (65%) did not accept
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- 36 (65%) initiated PrEP
- 643 (96%) had PrEP use assessed
- 32/68 = 47% discontinued it. Of PrEP users, 70% were prescribed PrEP by community providers.

**Acceptance of New PrEP Referrals at Follow-Up**

- 352 (55%) on PrEP
- 240 (82%) were interviewed at follow-up
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- 65 (47%) did not accept
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**Conclusions**

- Integrating PrEP referral into publicly funded 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.
- PrEP referral programs should be considered as a potential mechanism of health outreach for high-risk populations, including STD partner services.

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**Summary**

- In 2016, 46% of HIV-negative MSM receiving STD PS in King County reported using PrEP.
- We offered PrEP referral as part of PS, 54% of MSM accepted 60% of high risk, 47% of lower risk.
- In a random sample of MSM participants who were offered PrEP referral: 60% of MSM at high risk and 29% of MSM at lower risk who accepted a PrEP referral through PS initiated PrEP.
- Accepting a referral was associated with a 2.5-fold increase in PrEP use at follow-up (OR = 2.44, 95% CI: 1.44-4.11).
- Not perceiving oneself as being at risk and routine follow-up with providers were the primary barriers to initiating PrEP among those who accepted referrals.
- 40% of those not using PrEP were interested in starting, 77% of whom accepted referral if they were to see their own provider.

- Not a randomized controlled trial – cannot directly attribute PrEP initiation to referral.
- Primary outcome refined on self-reported PrEP use.
- Potential response bias among those completing follow-up interviews.
- Variables at baseline may be correlated.
- May not be generalizable – intervention benefited from well-developed local PrEP infrastructure.