Poster ID: 1030

Assessing PrEP Needs Among Heterosexuals and People Who Inject Drugs, Washington, DC

DEPARTMENT OF HEALTH
Promote, Prevent, Protect.

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Background

- The CDC recommends PrEP use among sexually active persons at risk for HIV and people who are actively injecting drugs and sharing equipment.¹
- The PrEP continuum is a useful tool to assess the needs and gaps in knowledge, access and utilization of PrEP.
- We used the continuum to assess needs/gaps in knowledge, access, and utilization of PrEP among heterosexual men and women at high risk for HIV (HET) and people who inject drugs (IDU) in Washington, DC indicated for PrEP using CDC recommendations as a guide.

Methods

- Data were from National HIV Behavioral Surveillance System (NHBS), collected in 2016 (HET-4) and 2015 (IDU-4).
- For NHBS eligibility, HET-4 participants must report sex with an opposite sex partner in past year; IDU-4 participants must report any injection drug use in past year. Both groups were recruited using respondent driven sampling (RDS).
- Indication for PrEP use were based on CDC guidelines:
 - <u>HET</u>: Ongoing relationship with an HIV+ partner past 3 months; non-mutually monogamous relationship with HIV- partner past 3 months; non-regular condom use with partners of unknown HIV status past 3 months.
 - <u>IDU</u>: Injecting drugs and sharing equipment past 12 months; drug treatment past 12 months; ongoing relationship with an HIV+ partner past 3 months; non-mutually monogamous relationship with HIV- partner past 3 months; non-regular condom use with partners of unknown HIV status past 3 months
- The PrEP continuum^{2,3} presents knowledge, access and use among HIV-negative HET and IDU participants indicated for PrEP based on CDC criteria; inclusion in each step of the continuum is contingent upon previous step(s).
- All percentages were weighted for RDS recruitment.
- Data for continuum measures were also stratified by gender.

Results

Table 1: Characteristics of HIV-negative HET-4 and IDU-4 Participants by indication for PrEP based on CDC Guidelines

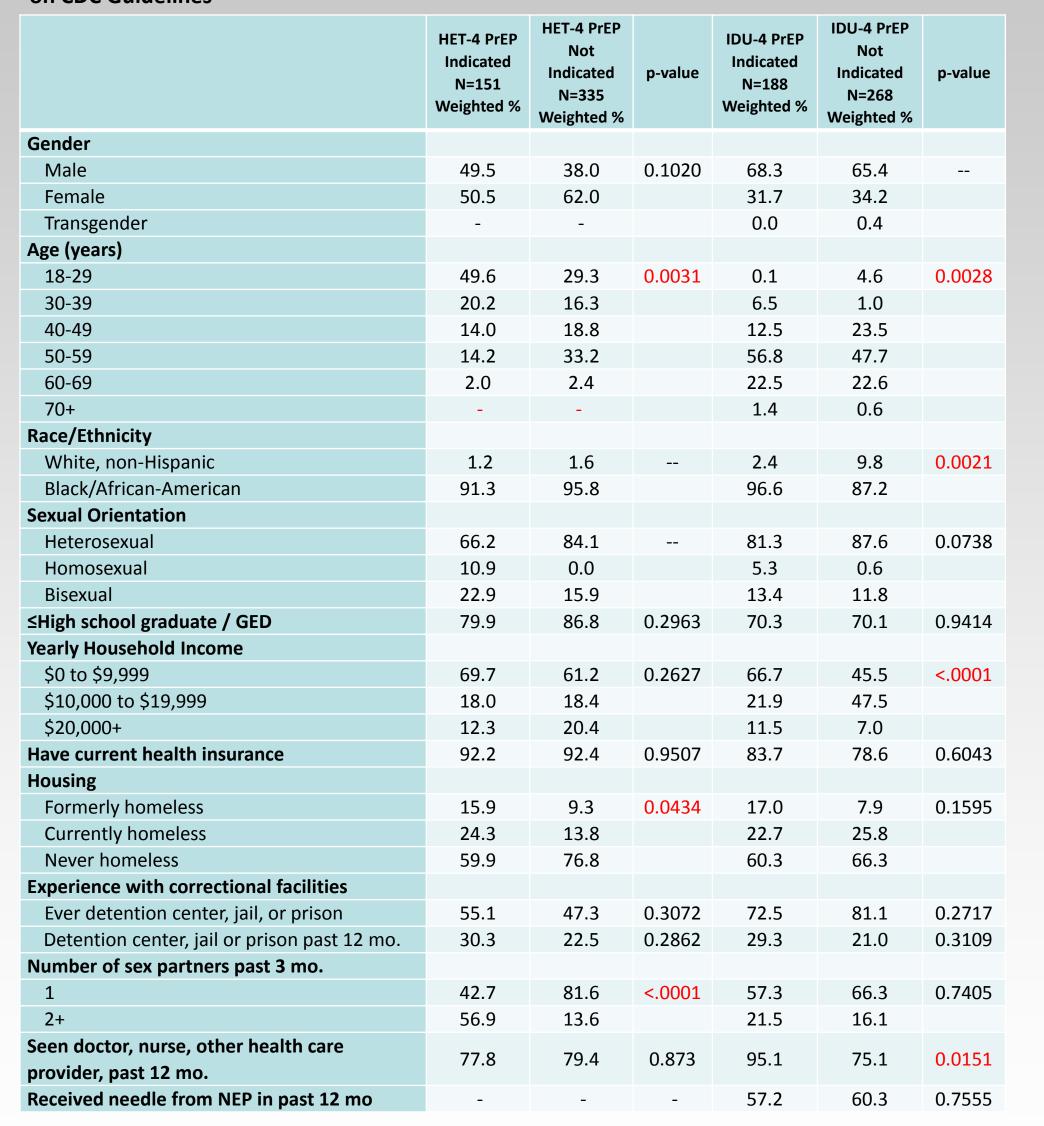
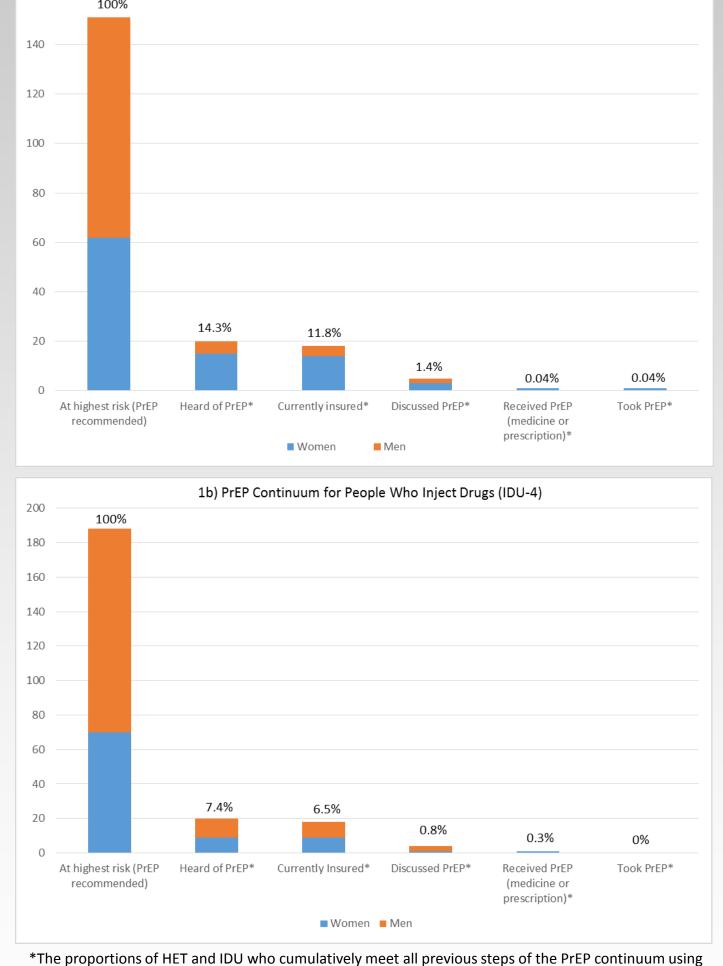


Figure 1: The PrEP Continuum for 1a) HET-4 (2016) and 1b) IDU-4 (2015) indicated for PrEP based on CDC Guidelines, Washington, DC. Stratified by Men/Women.

1a) PrEP Continuum for Heterosexuals at High Risk for HIV (HET-4)



*The proportions of HET and IDU who cumulatively meet all previous steps of the PrEP continuum us the total number of eligible persons as the denominator.

- Table 1: Among 486 HET and 456 IDU, 22.1% and 40.6% (both weighted) respectively were indicated for PrEP use.
- Among HET, those indicated for PrEP were more likely to be younger, have been currently or formerly homeless, and have had more sex partners in past 3 months.
- Among IDU, those indicated for PrEP were more likely to be older, have lower income, and have seen a health care provider in the past 12 months.

Results (cont'd)

Figure 1a PrEP Continuum for HET-4:

- Of HET indicated for PrEP, only 13% had heard of PrEP, 12% were insured, 3% had ever discussed PrEP with a provider, and <1% had ever received a PrEP prescription and took PrEP.
- More HET men than women were indicated for PrEP.
- HET women versus men were more knowledgeable about PrEP.

Figure 1b PrEP Continuum for IDU-4:

- Of IDU indicated for PrEP, only 9% had ever heard of PrEP, 8% were currently insured, 1% had ever discussed PrEP with a provider and <1% had ever received a PrEP prescription, and none had ever taken PrEP.
- More IDU men than women were indicated for PrEP.

For both HET and IDU indicated for PrEP:

• 78% of HET and 95% of IDU had seen a health care provider in the past year (Table 1).

Conclusions

- Of community-recruited HET and IDU in NHBS, approximately one-fifth to one-third engaged in behaviors indicating them for PrEP use.
- Among HET and IDU indicated for PrEP, knowledge about PrEP was very low, and few had discussed PrEP with a provider despite the fact that a large proportion had recently seen a provider. This suggests a large gap in knowledge and use of PrEP by those in need of PrEP, as well as a gap in PrEP screening among providers.
- Although increased education about PrEP has been focused around sexual risk, continued education of consumers and health care providers is needed, particularly among people who inject drugs.

Acknowledgements: Avery Barber, Jonjelyn Gamble, James Peterson, Michael Spiller (CDC), Monica Adams (CDC), and NBHS study participants. Funding for this project comes from the Public Health/Academic Partnership between DC DOH/HAHSTA and GWU Milken Institute School of Public Health, Contract Number POHC-2011-C-0073.

¹U.S. Public Health Service. Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014. https://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf
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