SUBSTANTIAL UNMET NEED FOR PrEP AMONG MSM IN HANOI

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Background

- **Sentinel surveillance data indicate 3-7% HIV prevalence among MSM in Hanoi from 2011-17.**
- **Pre-exposure prophylaxis (PrEP) is not yet publically available in Vietnam.**
- **Health in Men (HIM)-Hanoi is an ongoing, observational cohort of sexually active MSM with aims to describe HIV incidence and risk.**
- **We analyzed data from the first wave (7/17-12/17) of HIM-Hanoi recruitment to understand PrEP need among MSM in Hanoi.**

Methods

- ***Inclusion criteria*:** MSM aged ≥ 16 years who tested HIV negative at HIM-Hanoi enrollment (N=720).
- ***Recruitment***: Time-location sampling based on a comprehensive map of 53 identified MSM venues in Hanoi.
- ***Outcome:*** PrEP indications were based on 2017 CDC Clinical Practice Guidelines: recent sharing of needles, recent condomless anal sex, sexually transmitted infection (history of or diagnosed on baseline testing), or sex partner living with HIV.
- ***Analysis*:** Weighted, stratified analysis was performed, accounting for venue size and selection probability. Baseline survey and testing data were used to determine PrEP indications; among those with six month follow-up data (N=432), we identified 16 MSM who had seroconverted.

Results

Table 1: Baseline Descriptors

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Variable	n (%)	Weighted % (95% CI)
Age (years) (M, SD) (n=720)	24.3 (7.2)	24.8 (23.4 – 26.1)
Age category (years) (n=720)		
15-24	516 (71.7)	67.0 (57.9 – 75.0)
25-29	119 (16.5)	19.2 (14.3 – 25.4)
30+	85 (11.8)	13.8 (9.0 – 20.5)
Education (n=720)		
Finished grade 1-12	182 (25.3)	26.9 (20.5 – 34.6)
In vocational training/college/university	307 (42.6)	45.0 (36.8 – 53.5)
Finished college/vocational training/university	231 (32.1)	28.1 (22.6 – 34.2)
Currently employed (n=720)		
Yes	671 (93.2)	93.7 (88.3 – 96.7)
No	49 (6.8)	6.3 (3.3 – 11.7)
Sex work (n=720)		
Yes	8 (1.1)	1.5 (0.6 – 3.8)
No	712 (98.9)	98.5 (96.2 – 99.4)
Income and family support - last month (VND) (n=658)		
<3.000.000	116 (17.6)	14.2 (9.2 – 21.2)
3.000.000-<6.000.000	304 (46.2)	47.0 (40.4 – 53.7)
6.000.000-<9.000.000	125 (19.0)	19.1 (14.6 – 24.7)
9.000.000+	113 (17.2)	19.7 (13.8 – 27.5)
Gender ID (n=720)		
As a man	508 (70.6)	74.4 (68.4 – 79.6)
As a woman	26 (3.6)	2.9 (1.3 – 6.2)
As a transgender	16 (2.2)	2.0 (0.9 – 4.6)
Others	72 (10.0)	10.0 (6.7 – 14.8)
Not sure	98 (13.6)	10.7 (7.4 – 15.0)
Any substance use in the last 3 months (n=720)		
Yes	506 (70.3)	74.0 (67.5 – 79.7)
No	214 (29.7)	26.0 (20.3 – 32.5)
Injection drug use in the last 3 months (n=531)		
Yes	14 (2.6)	2.1 (1.0 – 4.5)
No	517 (97.4)	97.9 (95.5 – 99.0)
Use of ATS to enhance sexual performance in the last 6 months (n = 686)		
Yes	68 (9.9)	9.5 (6.1 – 14.4)
No	618 (90.1)	90.5 (85.6 – 93.9)
Ever had HIV positive partner (n=597)		
Yes	28 (4.7)	4.4 (2.3 – 8.4)
No	569 (95.3)	95.6 (91.6 – 97.7)
Condomless anal sex in last 6 months (n=665)		
Yes	409 (61.5)	53.7 (46.6 – 60.7)
No	256 (38.5)	46.3 (39.3 – 53.4)
Baseline STI (syphilis, gonorrhea, chlamydia) (n=720)		
Yes	272 (37.8)	38.1 (31.8 – 44.9)
No	448 (62.2)	61.9 (55.1 – 68.2)
History of STI (syphillis, gonorrhea, chlamydia) (n=720)		
Yes	106 (14.7)	15.3 (10.4 – 21.9)
No	614 (85.3)	84.7 (78.1 – 89.6)

Substance abuse includes: alcohol, tobacco, cannabis, cocaine, amphetamine-type stimulants (ATS), inhalants, sedatives/sleeping pills, hallucinogens, opioids.

Table 2: CDC PrEP Indicators at Baseline

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Variable	n (%)	Weighted % (95% CI)
Any indicator (n=720)		
No	187 (26.0)	28.4 (23.3 – 34.1)
Yes	533 (74.0)	71.6 (65.9 – 76.7)
Shared needles in the last 3 months	4 (0.6)	0.7 (0.2 – 2.5)
Ever had HIV positive sex partner	28 (3.9)	3.9 (2.0 – 7.5)
Condomless anal sex in the last 6 months	409 (56.8)	48.7 (41.8 – 55.7)
STI (history of or diagnosed at baseline)	313 (43.5)	42.9 (36.1 – 50.0)
History of syphillis, gonorrhea, and/or chlamydia	106 (14.7)	15.3 (10.4 – 21.9)
Rectal STI at baseline	126 (17.5)	19.0 (14.2 – 24.9)
Urethral STI at baseline	52 (7.2)	8.1 (5.2 – 12.5)
Pharyngeal STI at baseline	77 (10.7)	14.7 (10.2 – 20.8)
Syphilis at baseline	124 (17.2)	16.2 (11.7 – 21.9)
Number of indicators (n=720)		
0	187 (26.0)	28.4 (23.3 – 34.1)
1	273 (37.9)	36.5 (30.5 – 43.0)
2	157 (21.8)	19.9 (14.7 – 26.4)
3+	103 (14.3)	15.2 (10.9 – 20.7)

Table 3: Baseline CDC PrEP Indicators Among MSM who Seroconverted at 6 Month Follow-Up

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Variable	n (%)	Weighted % (95% CI)
Any indicator (n=16)		
No	3 (18.8)	21.6 (6.0 – 54.3)
Yes	13 (81.3)	78.4 (45.7 – 94.0)
Shared needles in the last 3 months	0 (0)	-
Ever had HIV positive sex partner	2 (12.5)	5.1 (.06 – 31.2)
Condomless anal sex in the last 6 months	12 (75)	73.8 (46.1 – 90.3)
STI (history of or diagnosed at baseline)	8 (50)	44.7 (21.7 – 70.2)
History of syphillis, gonorrhea, and/or chlamydia	3 (18.8)	12.7 (1.9 – 52.4)
Rectal STI at baseline	3 (18.8)	17.7 (3.5 – 55.8)
Urethral STI at baseline	0 (0)	-
Pharyngeal STI at baseline	3 (18.8)	21.6 (5.9 – 54.8)
Syphilis at baseline	5 (31.3)	39.2 (17.3 – 66.5)
Number of indicators (n=16)		
0	3 (18.8)	21.6 (6.0 – 54.3)
1	5 (31.3)	33.8 (8.3 – 74.2)
2	3 (18.8)	15.0 (2.6 – 54.0)
3+	5 (31.3)	29.7 (12.4 – 55.7)

Results

- **71.6%[65.9-76.7%] of MSM had at least one PrEP indication at baseline (Table 2).**
  - The most common indication was condomless anal sex in the past 6 months (48.7%[41.8-55.7%]), followed by rectal STI (19.0%[14.2-24.9%]) and syphilis (16.2%[11.7-21.9%]).
  - 35.1%[28.7-42.1%] of MSM had two or more indications at baseline.
- **Of 16 MSM found to seroconvert at 6 months, 13 (81.3%) had at least one PrEP indication at baseline; 5 (31.3%) had three or more indications (Table 3).**

Conclusions

- **Nearly three-quarters of MSM accessed through venues in Hanoi have at least one indication for PrEP.**
- **Condomless anal sex and STIs are frequent in this population and constitute the most common PrEP indications.**
- **Plans to implement PrEP in Vietnam are underway to address demonstrated PrEP need.**

References

Bui H, et al. Prevalence and Correlates of HIV Infection Among MSM in Hanoi, Vietnam. AIDS 2018, Amsterdam; Vu D, et al., High Prevalence of Sexually Transmitted Infections Among MSM in Vietnam and the Need of STI Intervention. AIDS 2018, Amsterdam.

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