Implementation of Mobile PrEP, STI, and HIV Prevention Services in South Florida

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BACKGROUND

Pre-Exposure Prophylaxis (PrEP) can substantially reduce HIV incidence among those at risk for acquisition. To achieve population-level impact, effective dissemination of PrEP to priority groups in areas with a high incidence of HIV, such as black and Hispanic men who have sex with men (MSM) living in South Florida, is needed. To address multiple social, logistical, and structural barriers to PrEP uptake, we implemented PrEP/HIV and sexually transmitted infections (STI) services combined with cancer screening through the Sylvester Gamechanger vehicle. We describe demographics, utilization, and early retention in PrEP care during the first year of operation.

METHODS

To address and overcome multiple structural and social barriers to PrEP care, we conceived and implemented a mobile prevention clinic providing HIV and STI testing as well as PrEP care (including provider evaluation, all laboratory evaluation, PrEP prescription, counseling, condom and lubricant distribution, and PrEP navigation) to service priority populations and locations. These services were delivered in collaboration with the University of Miami Sylvester Cancer Center's *Gamechanger* vehicle, allowing packaging of cancer prevention and sexual health services. Key program personnel were a medical provider, HIV/PrEP counselors, and a pharmacist. In addition to self-referrals, Prevention305 and Latino Salud, community-based organizations, developed focused patient recruitment through social media. All services were provided at no cost. Normative demographics, risk behavior, STIs, and early-maintenance-in-care data, were collected. Descriptive statistics were compiled using SPSS.

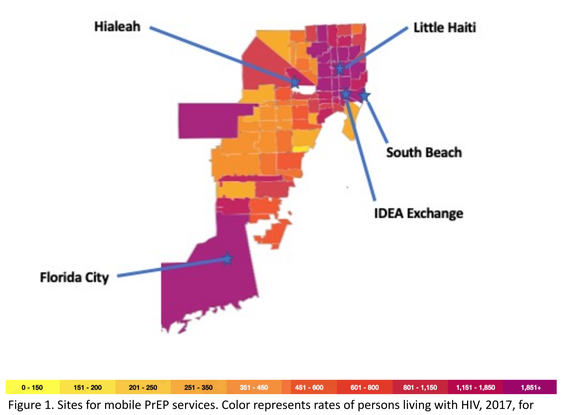


Figure 1. Sites for mobile PrEP services. Color represents rates of persons living with HIV, 2017, for each zipcode, basemap from www.aidsvu.org [8].

A mobile clinic can successfully deliver PrEP and sexual health services to a predominately immigrant Latino MSM population in Miami, Florida.

RESULTS

From September 2018 to September 2019 services were provided to 429 clients. Of these, 266/429 (62%) sought PrEP. Of PrEP clients, 223 (83.8%) identified as Hispanic/Latino, 19 (7.1%) as non-Hispanic/Latino Black, 17 (6.4%) as non-Hispanic/Latino White, and 7 (2.6%) as other. 194/265 (73.2%) were foreign-born; 233/266 (87.6%) of PrEP clients identified as MSM (66.2% MSM, and 21.4% MSMW). Ten (3.8%) PrEP-seeking clients were HIV positive at baseline. Of these, 2 were identified as acute/early infections. Among clients who assessed for PrEP, an initial PrEP prescription was filled by 239/252 (94.8%). Of the 175 clients seen within the initial 6 months of operation, 129 (74%) completed a follow-up visit. Overall, 74/307 (24.1%) PrEP clients had positive STI results (gonorrhea, chlamydia, or syphilis) at baseline. STI treatment delivery on the mobile clinic began in August, 2019.

Table 1. Baseline characteristics of mobile clinic PrEP-eligible clients

	PrEP Eligible Clients (N=252)		
Age (median)	32 (IQR=14)		
Race/Ethnicity			
Hispanic/Latinx	211	252	83.7%
Black/African-American	15	252	6.0%
Non-Hispanic/Latinx White	20	252	7.9%
Other	6	252	2.4%
Gender			
Cisgender Men	241	252	95.6%
Cisgender Women	9	252	3.6%
Transgender Women (M-F)	2	252	0.8%
Sexual Risk Behaviors			
MSM	172	248	69.4%
MSMW	59	248	23.8%
MSW	8	248	3.2%
WSM	9	248	3.6%
Not Insured	172	252	68.3%
Born outside of US	187	250	74.8%
Any STI	70	249	28.1%
Chlamydia	22	249	8.8%
Gonorrhea	24	249	9.6%
Syphilis	37	249	14.9%
Site of STI			
Rectal (Chlamydia, or Gonorrhea)	23	190	12.1%
Urethral (Chlamydia, or Gonorrhea)	6	232	2.6%
Oral (Chlamydia, or Gonorrhea)	23	237	9.7%
Type of Syphilis			
Late	1	249	0.4%
Early	18	249	7.2%
Serofast	10	249	4.0%
Unknown duration	8	249	3.2%
Drug use			
Club drug	34	156	21.8%
Marijuana	89	189	47.1%
Heroin	0	136	0.0%
Meth	15	143	10.5%
Cocaine (powder, crack)	33	156	21.2%
Poppers	75	180	41.7%

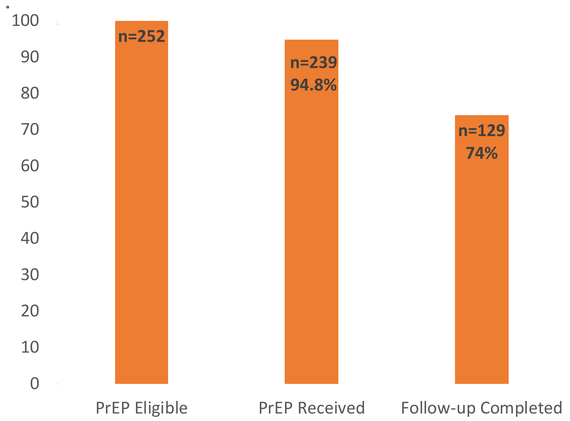


Figure 2. Receipt of PrEP and completion of at least one follow-up visit for those initiating PrEP services through the Mobile PrEP Program.

CONCLUSIONS

Implementation of HIV prevention services including PrEP as well as HIV testing and rapid engagement in care, and STI testing and treatment using a mobile clinic model can be effective in engaging Hispanic/Latino immigrant MSM. Low-barrier-to-entry services delivered through a mobile clinic inclusive of other prevention services can be an effective method for engagement of priority populations with difficulty accessing traditional clinic settings. Future initiatives include use of molecular and epidemiological cluster data to inform placement of services.



For questions or additional information, please contact:
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