WOMEN ARE LESS LIKELY TO BE TESTED FOR HIV OR OFFERED PREP AT TIME OF STI DIAGNOSIS

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Background

- Ending the HIV epidemic requires optimizing primary and secondary prevention
- Missed opportunities for HIV prevention are common
- At our institution, of 721 new HIV diagnoses between 2006-2017
  - 36% had at least one missed opportunity for HIV screening in the previous 12 months
  - 42% had a missed opportunity for linkage to preventive services given a negative HIV test.[1]
- Sexually transmitted infections are reliable markers of increased risk for HIV. [2,3]
- We investigated missed opportunities for HIV prevention amongst individuals testing positive for an STI at a large academic medical center.

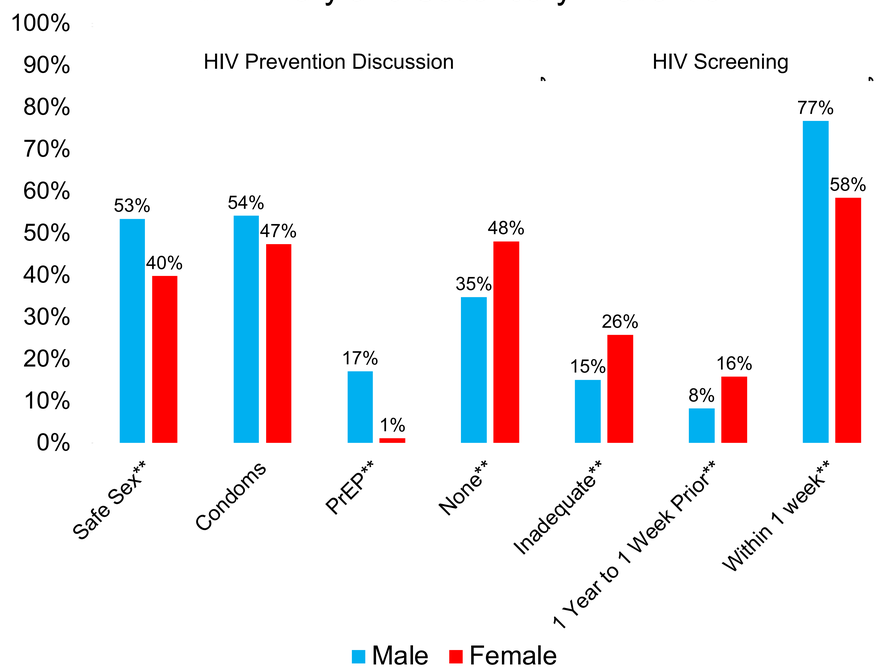
Methods

- An electronic sexual health dashboard was used to identify positive gonorrhea, chlamydia, and RPR tests from January 1, 2019 to August 23, 2019 in patients >18 years old who were seen outside of comprehensive sexual health clinics or infectious disease practices at a large, urban, academic medical center
- Each patient encounter was assessed with a retrospective manual chart review in the electronic medical record to assess demographics, HIV testing, completeness of screening for STI, and HIV prevention discussions.
- Odds ratios were calculated to determine the effect of gender on clinical outcomes.

Results

- 1384 positive STI patient encounters (PE) were identified, 1374 were manually reviewed, and 856 PE in 815 unique patients were included in our final data analysis.
- Positive tests occurred in 58 inpatient and outpatient locations.
  - The most common locations were the family planning clinics (27.0%), the three emergency departments (27.7%), and the Young Men's Clinic (14.8%).
- Multi-site testing was rarely performed (7.5% of PE).
  - Men were more likely to have multi-site testing than women (20.3% vs. 0.36%, OR 69.9, 95% CI 17.0-285.71).

HIV Primary and Secondary Prevention



**95% confidence interval does not include 1
Inadequate: Screened over 12 months prior or never screened

	Male	Female	Odds Ratio (95% CI) Female Reference
Testing Site			
GC/CT-Genitourinary	94.75%	99.09%	**0.17 (0.06 - 0.46)**
GC/CT-Rectal	16.72%	0.18%	**110.43 (15.18 - 803.58)**
GC/CT-Pharynx	19.34%	0.18%	**131.91 (18.17 - 957.51)**
HIV	76.07%	56.62%	**2.43 (1.78 - 3.33)**
RPR	51.80%	29.58%	**2.56 (1.91 - 3.42)**
GC/CT-Extragenital	20.33%	0.36%	**69.93 (17.01 - 285.71)**
HIV Screening			
Inadequate (never screened or screened over 1 year ago)	15.08%	25.77%	**0.51 (0.35 - 0.74)**
Between 1 year and 1 week	8.20%	15.79%	**0.48 (0.3 - 0.76)**
Within 1 week	76.72%	58.44%	**2.34 (1.71 - 3.21)**
HIV Prevention Discussed			
Safe Sex	53.44%	39.75%	**1.74 (1.31 - 2.31)**
Condoms	54.10%	47.37%	1.31 (0.99 - 1.73)
PrEP	17.05%	1.09%	**18.67 (7.92 - 44.04)**
None	34.75%	48.09%	**0.58 (0.43 - 0.77)**

Results Continued

- Only 65% of PE had concurrent HIV screening
  - 9% were screened over 12 months prior, and 13% had no HIV testing on record.
  - Women were more likely to be **inadequately screened** or **never screened** over prior 12 months (15.1% vs. 25.8%, OR 0.51, 95% CI 0.35-0.74).
- Documentation of PrEP discussion was rare (4.7% of PE) compared with safe sex (44.6%) and condoms (49.8%).
  - PrEP was discussed almost exclusively with men compared to women (17% vs. 1.1%, OR 18.7, 95% CI 7.9-44.0).

At time of bacterial STI diagnosis, women were less likely to receive:

1. Comprehensive screening for STI's
2. Timely HIV screening
3. Counseling or discussion about HIV prevention

Conclusion

- Gender disparities in HIV prevention persist
- Effective interventions to increase referral of women for comprehensive HIV prevention care will require addressing provider practices through education and training across diverse patient care locations and specialties.

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