NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

Effect of Navigation on Linkage to HIV Pre-exposure Prophylaxis among U.S. MSM

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THRIVE

BACKGROUND and OBJECTIVE

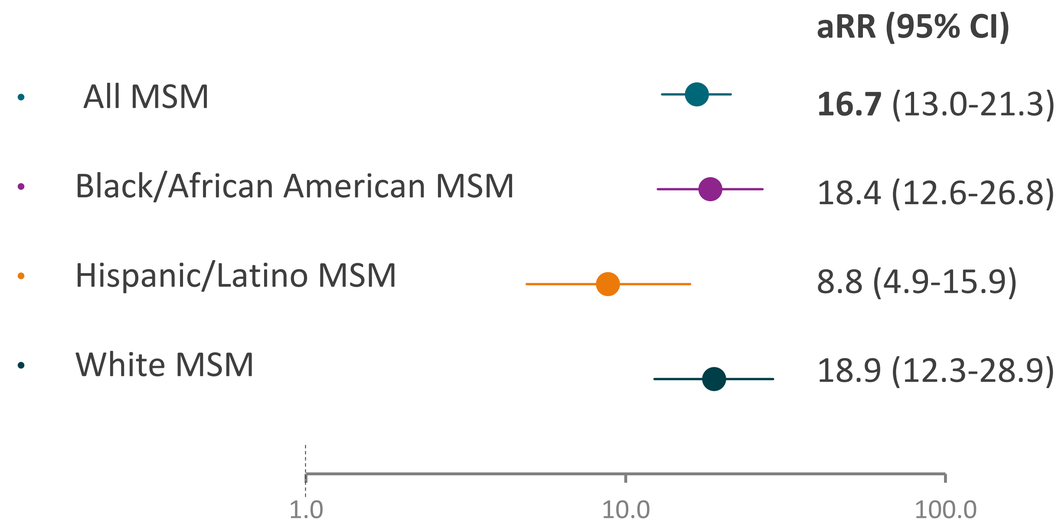
- Patient navigation improves linkage to and retention in HIV care for persons with HIV, but the benefits of navigation for pre-exposure prophylaxis (PrEP) have not been well described.
- We assessed the association between PrEP navigation and linkage to a PrEP provider among men who have sex with men (MSM) who were eligible for PrEP in the THRIVE demonstration project (2015–2020).

METHODS

- We restricted the analysis to the 3 THRIVE sites where navigation was optional and was the main form of PrEP support.
- We performed probit regression modeling to evaluate the effect of navigation on PrEP linkage among PrEP-eligible MSM, controlling for site, age, and race/ethnicity, with stratified models by race/ethnicity.

MSM who used PrEP navigation were 16.7 times more likely to link to a PrEP provider than those who did not use navigation.

Figure. Association between Navigation and Linkage to PrEP among PrEP-Eligible MSM— 3 THRIVE Sites



RESULTS

- Among 1,355 PrEP-eligible MSM who used navigation from 3 THRIVE sites, 48% linked to a PrEP provider.
  - 45% of Black MSM who used navigation linked to PrEP
  - 49% of Hispanic/Latino MSM who used navigation linked to PrEP
  - 52% of White MSM who used navigation linked to PrEP
- Among 2,126 PrEP-eligible MSM who did not use navigation, 3% linked to a PrEP provider.

CONCLUSIONS

- Navigation was highly effective for PrEP linkage for MSM overall and for MSM of all racial/ethnic groups.
- Disparities in PrEP linkage persist, likely related to social and structural barriers.

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