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PrEP Indications and PrEP Knowledge, Access, and Interest Among Individuals with HCV

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BACKGROUND

- Individuals with hepatitis C (HCV) represent a population who may benefit from PrEP, given overlapping risk factors and transmission networks of HCV and HIV.
- This analysis assesses the prevalence of PrEP indications among individuals with HCV and associations with PrEP awareness, access, and interest.

METHODS

- The GRAVITY study was an observational study to evaluate the phylogenetics of HIV and HCV in Washington DC and Baltimore.
- Study interventions included the collection of epidemiologic information and plasma samples from individuals with HCV and/or HIV.
- 500 participants were enrolled from 6 sites in Washington DC and Baltimore. Sites included FQHCs, drug treatment centers, and community organizations.
- The present analysis is limited to HCV mono-infected patients who were potential candidates for PrEP (n=314).
- Participants were categorized as having indications for PrEP according to the definitions outlined in Table 1.
- Bivariate analysis assessed for associations between PrEP indications and PrEP awareness, access, and interest.
- Variables of significance were used to build a multivariable logistic regression model. Analyses were conducted using SAS version 9.3.

RESULTS

Figure 1. PrEP Indication Prevalence and Type

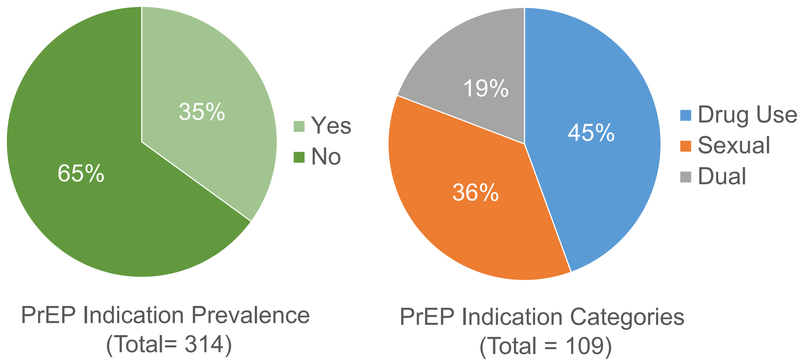

Figure 2. PrEP Care Continuum

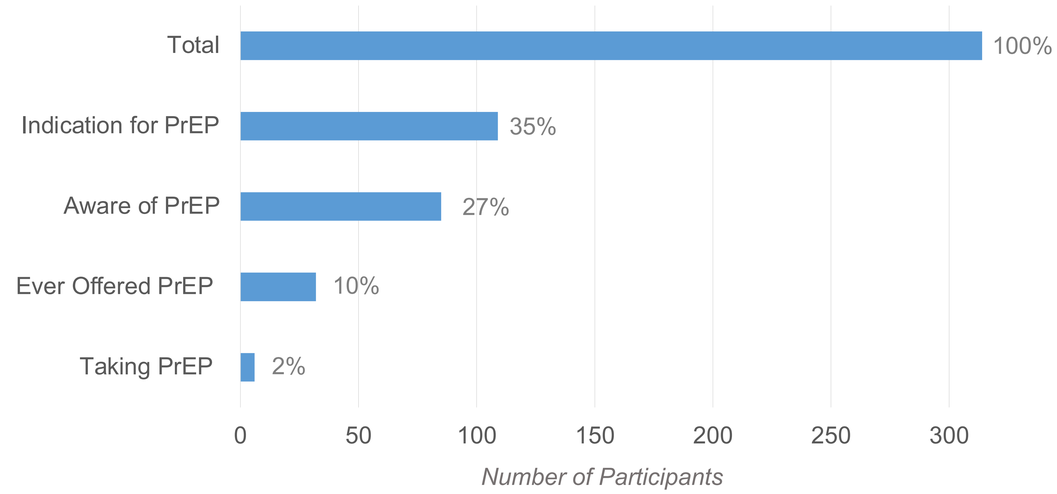

Table 1. PrEP Indication Definitions

Drug Use Indication	Sexual Indication
1. Injection drug use within 12 months and sharing injecting equipment	1. Vaginal or anal sex without barrier protection within 12 months and 2 or more partners,
	2. Engages in transactional sex, OR
	3. HIV+ sexual partner

- **114 (38%) participants were interested in PrEP.**
  - PrEP interest was significantly associated with self-perception of HIV risk (p<0.0001) and study site (p=0.0028) on regression analysis.
- PrEP awareness was significantly associated with study site (p<0.0001), race (p=0.0003), age (p<0.0001), and sexual (p=0.0373) PrEP indication on bivariate analysis.
  - However, only study site remained significant (p<0.0001) on regression analysis.
- Past offer of PrEP by a provider (p=0.0012) was associated with study site on regression analysis.

Table 2. Demographic Associations with PrEP Indications

		Total (n,%)	Drug Use Indication (n,%)		Sexual Indication (n,%)	
Race	*Black*	275 (88)	49 (18)	**p<.0001**	40 (15)	**p<0.0001**
	White	27 (9)	17 (63)		15 (56)	
	Other	12 (4)	3 (25)		6 (50)	
Gender	*Female*	105 (34)	28 (27)	p>0.05	26 (25)	p>0.05
	Male	207 (66)	41 (20)		33 (16)	
Income	*No income*	133 (42)	39 (29)	**p=0.005**	32 (24)	p>0.05
	Has income	180 (58)	29 (16)		29 (16)	
Housing	*Unstably housed*	168 (54)	42 (25)	p>0.05	38 (23)	p>0.05
	Stably housed	146 (47)	27 (18)		23 (16)	
Healthcare Access	*No annual visits with PCP*	115 (37)	37 (32)	**p=0.0009**	32 (28)	**p=0.0042**
	Annual visits with PCP	199 (63)	32 (16)		29 (15)	

CONCLUSIONS

- Though indications for PrEP were prevalent among individuals with HCV in this cohort, most patients were unaware of PrEP, had never been offered PrEP, and were not using PrEP.
- The significant association between study site and both PrEP awareness and provider offerings of PrEP suggest high variability in PrEP access by location of healthcare utilization.
- These data support the need for improved PrEP implementation among people with HCV at risk for HIV acquisition.

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