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

Table 1. PrEP Indication Definitions

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

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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