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A NEW ABNORMAL:
HIV, PREP, STI TRENDS DURING THE COVID-19 PANDEMIC IN A BOSTON HEALTH CENTER

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BACKGROUND

- The SARS-CoV-2 pandemic affected care for HIV+ and at-risk persons. The current analyses assess whether the recent Delta Surge had an impact comparable to the initial pandemic at a Boston community health center that specializes in sexual and gender minority health care.

METHODS

- The analyses were divided into periods of observation by quarter, and compared the prevalence of HIV and STI tests performed, test positivity, new HIV diagnoses and PrEP starts/restarts during 3 quarterly periods: Pre-Pandemic (PP, 12/1/19-2/28/20), Early Pandemic (EP, 3/1/20-5/31/20); Delta Surge (DS, 6/1/21-8/31/21).

- Comparisons were made using Student's t tests for means and chi-square tests for proportions.

RESULTS

HIV Trends

- The quarterly N of HIV tests decreased from 5,047 in PP (monthly average=1685) to 1,734 in EP (monthly average=575; p=.017), but increased to 3,973 during the DS (monthly average=1342) (p for EP vs. DS=.037).
- Although the monthly average of new HIV diagnoses did not significantly decline between PP and EP (7.0 vs. 3.7, p=.206), they increased to a monthly average of 17 during DS (p for EP vs. DS=.031).
- Virologic suppression rates remained stable, ranging from 92.1% during PP to 90.1% in the EP (p=.375), but rose to 93.6% during DS (p=.032).

The onset of the SARS-CoV-2 pandemic led initially to major decreases in HIV RNA and antibody testing, STI testing, and PrEP starts.

By the time of the Delta Surge, rates of HIV/STI screening, new HIV diagnoses and PrEP starts increased, suggesting an increase in sexual risk behavior and engagement in care.

Trends in Monthly Numbers of HIV, PrEP and STI Measures in Boston Community Health Center During the Pandemic

	Pre-Pandemic[1]	Early Pandemic (p vs. pre-pandemic)	Delta Surge (p vs. pre-pandemic)
HIV antibody tests, mean	1685.0	**575.3 (0.017)**	1342 (0.061)
New HIV diagnoses, mean	7.0	3.7 (0.206)	**17.3 (0.020)**
PVL performed, mean	336.3	**145.3 (0.007)**	**253.7 (0.013)**
Virally suppressed, %	92.1	90.1 (0.227)	**93.6 (0.032)**
PrEP restarts, mean	68.0	47.3 (0.071)	144.0 (0.068)
New PrEP starts, mean	108.0	**61.0 (0.014)**	**83.3 (0.047)**
GC/CT NAAT tests, mean	7110.3	**2422.0 (0.012)**	**5670.0 (0.045)**
GC/CT test positivity, %	3.1%	**4.4% (<0.0001)**	3.3% (0.476)
syphilis tests, mean	2029.0	**699.7 (0.010)**	**1592.3 (0.038)**
Syphilis seropositivity, %	2.0%	1.76% (0.518)	1.8% (0.478)

[1]Pre-pandemic quarter: 12/19-2/20; Early pandemic quarter: 3/20-5/20; Delta surge quarter: 6/21-8/21. **Bold=p<0.05**

RESULTS CONTINUED

PrEP Trends

- Total PrEP starts (new and restarts) decreased significantly between PP and EP (monthly average: 176 vs. 91, p=.017), but rebounded during the DS (monthly average=227, p=.233 compared to PP)
- PrEP restarts were 63.3% of all PrEP starts during DS compared to only 38.6% PP (p<0.0001).
- Race and ethnicity of patients starting PrEP did not differ across the three time periods; however, those who started PrEP during the DS were older (mean=37.1) than those in PP and EP (mean=33.5 and 34.3 respectively, p<.001).

STI Trends

- The mean number of syphilis, gonorrhea (GC) and chlamydia (CT) tests performed monthly dramatically decreased during EP compared to PP (p=0.01) with a rebound approaching, but not reaching, PP levels during DS (p=0.045).
- Syphilis test positivity rates tended to remain at similar levels from the PP through the DS (NS), but GC/CT positivity increased significantly during EP (p<0.0001), but returned to PP levels during the DS (NS).

CONCLUSIONS

- The onset of the SARS-CoV-2 pandemic led to major decreases in HIV RNA and antibody testing, STI testing, and PrEP starts in a Boston CHC initially.
- By the time of the DS, rates of HIV/STI screening, new HIV diagnoses and PrEP starts increased, suggesting an increase in sexual risk behavior and engagement in care, although most parameters had not returned to pre-pandemic levels.

ADDITIONAL KEY INFORMATION

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