

HIGH ACCEPTABILITY OF STI TESTING AND EXPEDITED PARTNER THERAPY (EPT) AMONG PREGNANT KENYAN WOMEN INITIATING PrEP

Abstract #767

Jerusha Nyabiage Mogaka¹, Felix Abuna², Julia Dettinger¹, Mary Marwa², Ben Ochieng², Salphine Watoyi², Eunita Akim², Nancy Ngumbau², Celestine Adogo², Peter Owiti², Laurén Gómez¹, Grace John-Stewart¹, Jillian Pintye¹, John Kinuthia^{1,2}
¹ University of Washington, Seattle, USA, ² Kenyatta National Hospital, Nairobi, Kenya.



BACKGROUND

- Sexually transmitted infections (STIs) are common among women who use PrEP in Kenya.
- Consequences of STIs are exacerbated in pregnancy; when infections are detrimental to both women and their infants.
- Few data are available on the burden of STIs among pregnant PrEP users.

METHODS

- We analyzed data from an ongoing RCT enrolling pregnant women at high risk of HIV newly initiating PrEP at 5 antenatal clinics in Western Kenya (NCT04472884).
- All participants were HIV-negative, ≥18 years, initiating PrEP that day within routine antenatal care, screened for syphilis per national guidelines, and had high HIV risk scores (corresponding to 8.9 HIV infections per 100 person-years).
- From February to September 2022, women at a subset of facilities were offered chlamydia and gonorrhea (CT/NG) testing using Xpert CT/NG® with same-day results.
- Women diagnosed with CT or NG were offered immediate directly observed treatment (DOT) and expedited partner therapy (EPT) as per the national guidelines.

RESULTS

Table 1. Demographic characteristics among women offered STI testing (n=177)

Characteristics	Median (IQR) of N (%)		
	Overall (n=177)	Accepted testing (n=164)	Declined testing (n=13)
Age, years (IQR)	26 (22-30)	26 (22-30)	26 (21-29)
Gestation at enrollment (IQR)	26 (24-29)	26 (24-29)	26 (24-30)
Primigravida	29%	29%	31%
Currently married	76%	76%	77%
No. lifetime sex partners	2 (2-3)	2 (2-3)	2 (2-3)
HIV status of partner(s) †			
Positive	1%	1%	0%
Negative	6%	6%	8%
Unknown	93%	93%	93%
Syphilis positive*	2%	2%	8%
Exchange sex for money/favors**	1%	1%	0%
Forced sex against will **	1%	1%	8%

† n=159. *RPR or rapid test. **last 6 months

Overall prevalence of curable STIs was 12% (CT 7%, NG, 4%, syphilis 2%).

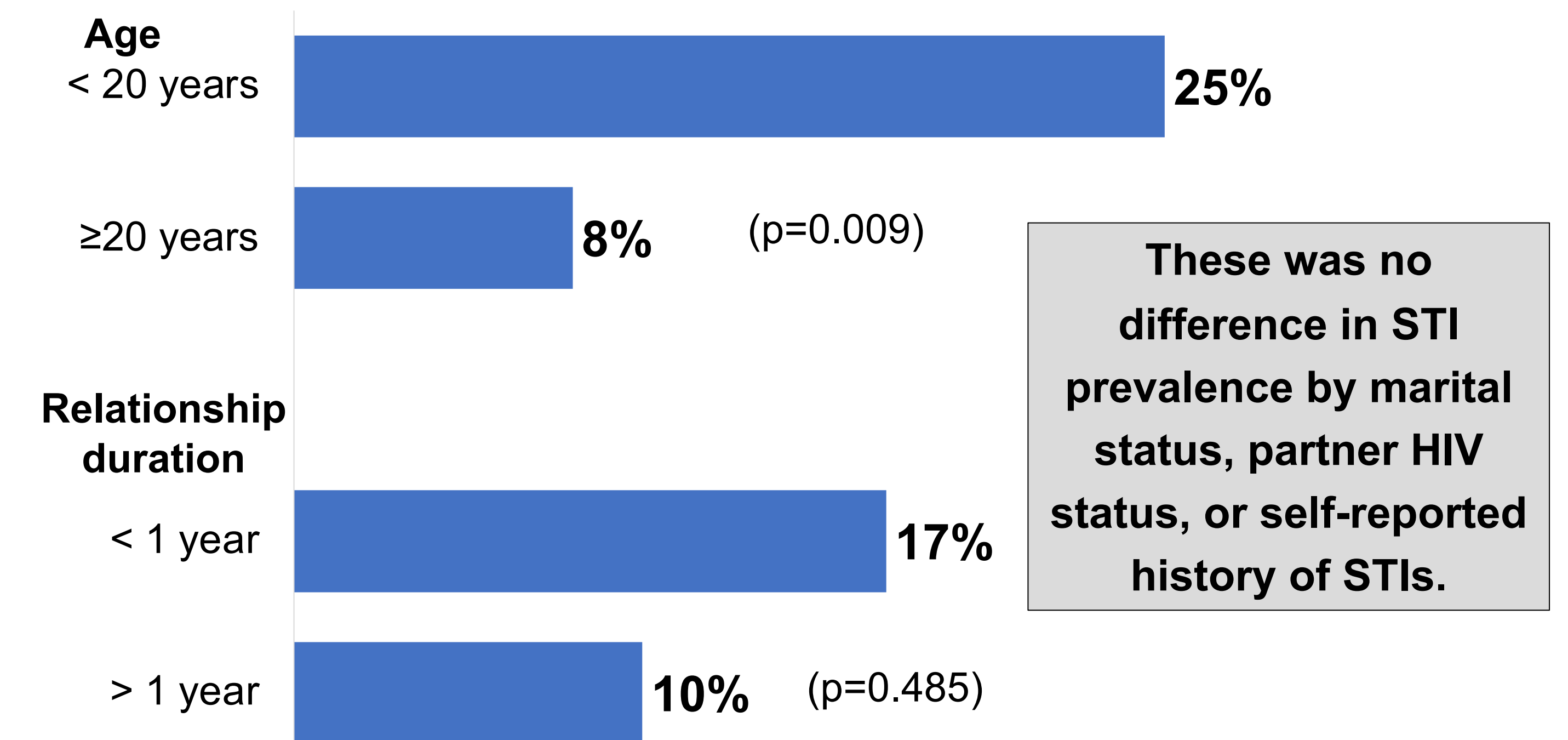


Figure 3: Prevalence of CT, NG, and/or syphilis by key characteristics (n=177)

CONCLUSIONS

- In our study among pregnant women at high risk for HIV and taking PrEP, STIs are relatively common, especially among younger women, and frequently asymptomatic.
- CT/NG testing and EPT is highly acceptable and integrating CT/NG screening for pregnant women on PrEP may be a high-yield intervention with benefits for women and their infants, and partners of women testing positive for STIs.

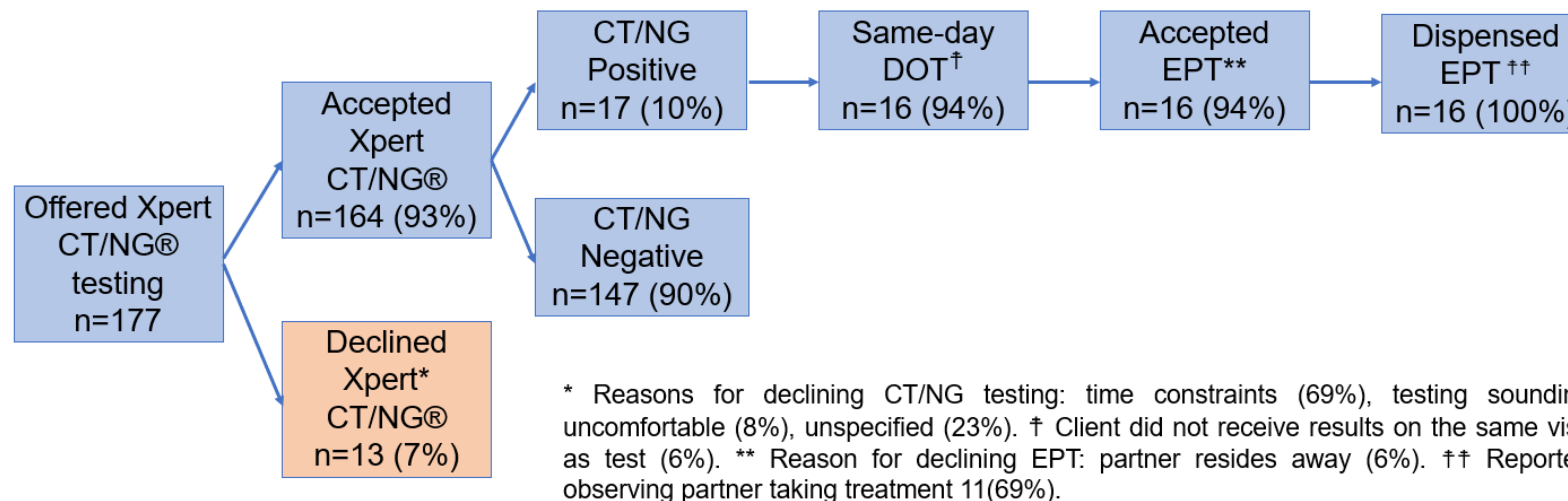
ACKNOWLEDGEMENTS

We would like to thank the mWACH-PrEP Study Staff and the Kisumu and Siaya County Directors of Health for their support on this project. We thank the University of Washington Global Center for the Integrated Health of Women, Adolescents, and Children, (Global WACH) for comments and insights provided during study design and abstract development.

Most of all, we thank the women who have and will participate in the study



Figure 1. GeneXpert® machine at Yala Sub-County Hospital, site of parent study



* Reasons for declining CT/NG testing: time constraints (69%), testing sounding uncomfortable (8%), unspecified (23%). † Client did not receive results on the same visit as test (6%). ** Reason for declining EPT: partner resides away (6%). †† Reported observing partner taking treatment 11(69%).

Figure 2. Cascade of Xpert® CT/NG testing and outcomes (n=177)

One month after dispensing EPT all male partners accepted — no social harms were reported as a result of offering EPT to male partners.

