HIGH ACCEPTABILITY OF LONG-ACTING INJECTABLE PrEP AND ART AMONG MSM AND PWID IN INDIA

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BACKGROUND

- Long-acting injectable pre-exposure prophylaxis (LA-PrEP) and antiretroviral therapy (LA-ART) hold significant potential to overcome challenges of daily adherence to oral modalities
- Population-level impact of LA-PrEP and ART requires acceptability and uptake among those with a high burden of HIV such as people who inject drugs (PWID) and men who have sex with men (MSM)

OBJECTIVE

- To characterize acceptability and correlates of LA-PrEP and LA-ART among community-based samples of MSM and PWID in India

METHODS

- Respondent-driven sampling (RDS) of PWID and MSM across 5 PWID sites and 2 MSM sites (750/site) Nov 2022-Jan 2024
- Inclusion criteria: 1) ≥18 years old and 2) injection drug use in the prior 2 years (PWID) *OR* 2) sex with a man in prior year (MSM)
- Interviewer administered survey and blood draw
- LA-PrEP questions for those with no prior HIV diagnosis and LA-ART questions for those with a prior diagnosis
- Acceptability and reasons for unwillingness to use LA-PrEP/ART summarized
- Correlates of willingness explored using multilevel multivariable logistic regression models

RESULTS

Table 1 Population characteristics

n (%) or median (interquartile range)	PWID (N=3750)	MSM (N=1499)
Age (years)	28 (24 – 33)	28 (24 – 37)
Male sex	3641 (97)	1499 (100)
Recent daily injection drug use	2404 (58)	0
Recent sharing needles/syringes	1789 (50)	0
Recent unprotected sex*	1251 (30)	452 (41)
Previously heard of PrEP	196 (5)	287 (21)
Living with HIV	1310 (40)	283 (21)
Diagnosed	583 (37)	189 (68)
Currently on antiretroviral therapy (ART)	473 (29)	180 (65)
HIV viral load>150 copies/mL	413 (66)	69 (25)

Partner of any gender for PWID; anal sex with man/transgender person for MSM; Recent=in prior 6 months

High interest in LA-PrEP and LA-ART among key populations – however, vulnerable subgroups may require other prevention and treatment approaches

Figure 1 Willingness to use LA-PrEP

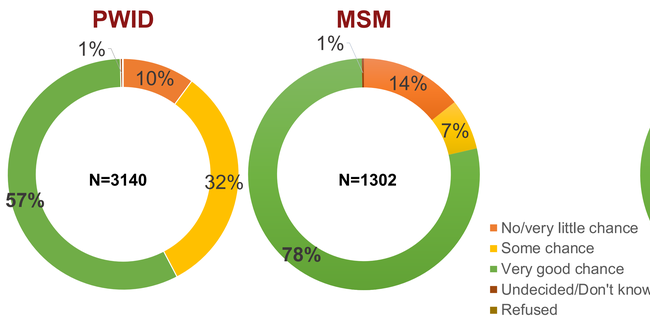


Figure 2 Willingness to use LA-ART

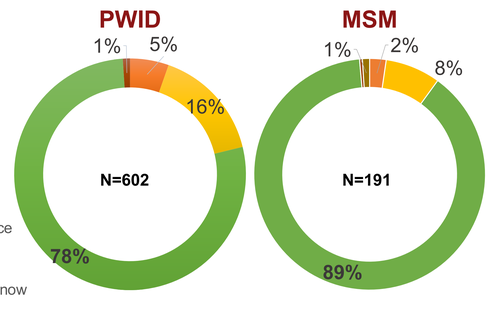


Figure 3 Correlates* of willingness to use LA-PrEP

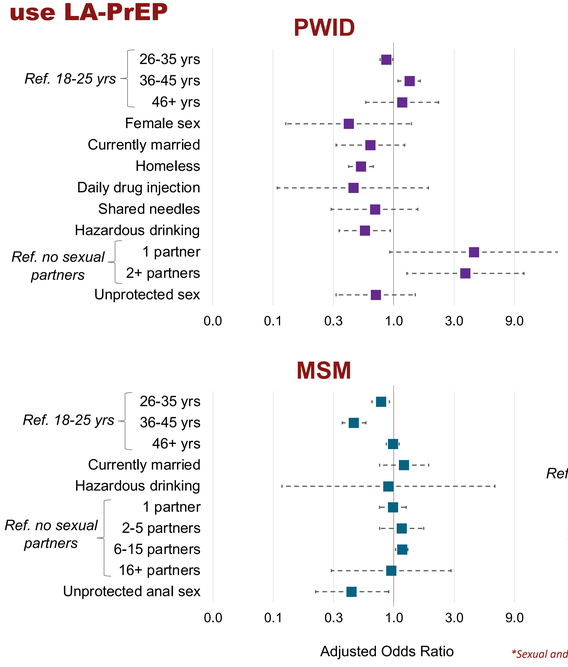
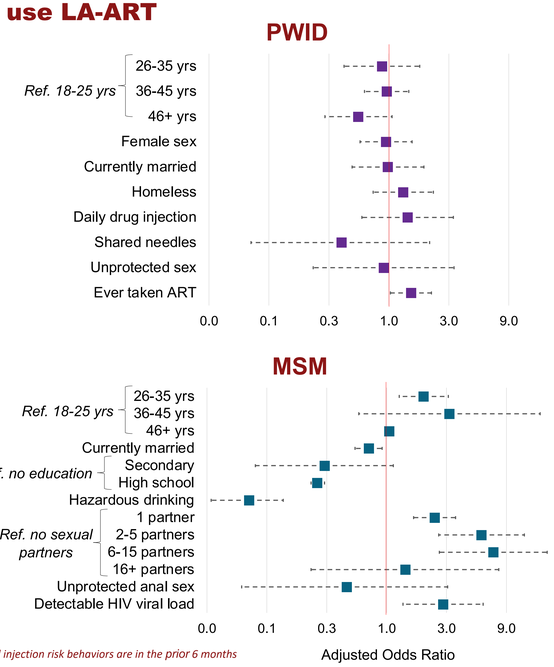


Figure 3 Correlates* of willingness to use LA-ART



*Sexual and injection risk behaviors are in the prior 6 months

Table 2 Reasons for unwillingness to use LA-PrEP

n (%)	PWID (N=440)	MSM (N=487)
Side effects (excluding pain) from injections	110 (31)	92 (24)
Cost	82 (22)	205 (42)
Diet or sleep might be interrupted	114 (30)	53 (13)
I am not at risk for HIV	128 (26)	43 (9)
Worry injections won't work	108 (26)	67 (15)
It is a hassle to get injections	135 (23)	40 (11)
Drug resistance might develop	68 (14)	53 (14)
I do not like taking injections	56 (12)	50 (10)

Table 3 Reasons for unwillingness to use LA-ART

n (%)	PWID (N=62)	MSM (N=18)
Worry injections won't work	21 (44)	6 (35)
Side effects (excluding pain) from injections	19 (29)	8 (43)
It is a hassle to get injections	15 (21)	5 (21)
Pain from the injection	12 (15)	10 (54)
Diet or sleep might be interrupted	9 (12)	7 (40)
Cost	7 (7)	6 (35)
Drug resistance might develop	6 (10)	7 (40)
I do not like taking injections	6 (9)	7 (41)

LIMITATIONS

- Injectable PrEP and ART modalities are not yet approved for use in India

CONCLUSIONS

- High willingness to use long-acting injectable modalities of PrEP and ART among PWID and MSM in India – populations that continue to experience growing HIV epidemics
- Implementation approaches to support rapid scale-up of long-acting technologies for HIV prevention and treatment should be further explored for key populations – especially in low resource settings
- There may be sub-groups for which LA-PrEP/ART will not be appealing or appropriate thus we will need continued emphasis on established prevention and treatment programs

ACKNOWLEDGEMENTS

- RDS study participants and study site staff
- National AIDS Control Organization (NACO) - India
- Funding sources: NIH/NIDA R01DA041034, R01DA049301