STI testing is associated with lower PrEP discontinuation among women initiating PrEP in pregnancy

Abstract 1007

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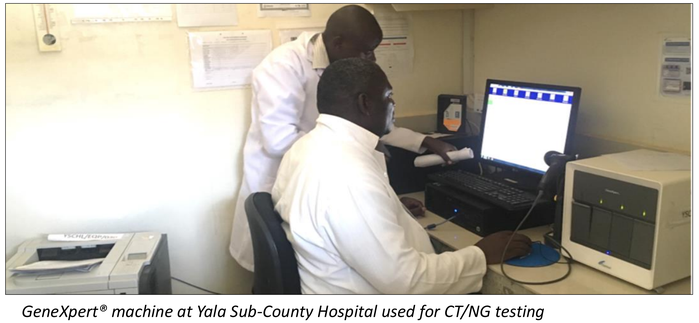
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BACKGROUND

- STIs in pregnancy contribute to adverse birth outcomes and increased HIV acquisition during the peripartum period.
- Yet, few studies evaluate how STI testing influences HIV PrEP use among pregnant women who initiate HIV PrEP.
- The mWACh-PrEP Study (NCT04472884) is a cluster RCT evaluating SMS-based support for PrEP adherence among women initiating PrEP at five ANC clinics in Western Kenya.
- We evaluated the association between *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) testing and time to HIV PrEP discontinuation among women in the mWACh-PrEP.

METHODS

- Women were offered STI testing in pregnancy. Women enrolled before STI testing began were offered CT/NG testing at a later study visit or postpartum.
- Cox proportional hazard models were used to determine the association of CT/NG testing and time to PrEP discontinuation.
- Chi-squared tests were used to compare PrEP discontinuation rates stratified by timing of CT/NG testing.



GeneXpert® machine at Yala Sub-County Hospital used for CT/NG testing

STI testing in pregnancy was associated with lower PrEP discontinuation among women who initiated PrEP in pregnancy

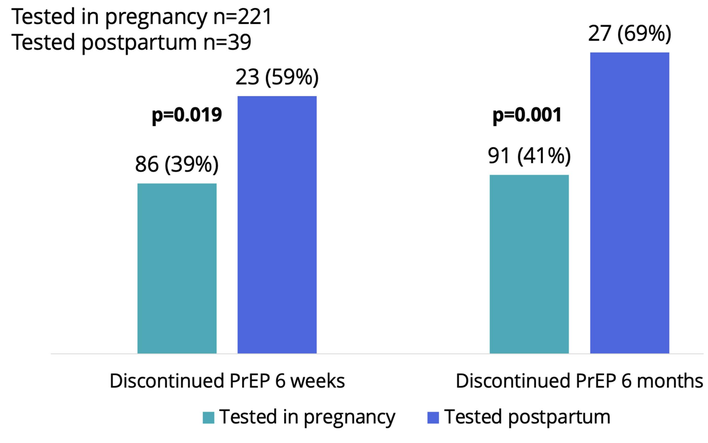
RESULTS

- A total of 260 women enrolled in the parent study at sites that offered CT/NG testing at a median age of 26 years (IQR 22-30) and gestation of 26 weeks gestation (IQR 24-29).
- Overall, 109/260 (42%) women who initiated PrEP in pregnancy discontinued PrEP by 6 weeks postpartum, and 118 /260 (45%) women discontinued by 6 months postpartum.
- Testing for CT/NG in pregnancy was associated with a 39% shorter time to PrEP discontinuation by 6 months postpartum (hazard ratio 0.58, 95% CI 0.37-0.93, p=0.023)

Table: Participants characteristics comparing PrEP discontinuation by 6 weeks and 6 months

Characteristic		n (%) or Median (IQR)				
			Discontinued PrEP by 6 weeks		Discontinued PrEP by 6 months	
		N	Yes (n=109)	p-value	Yes (n=118)	p-value
Age at enrollment (years)	<24	105	54 (51%)	0.074	54 (51%)	0.107
	≥24	155	97 (63%)		64 (41%)	
Education level (years)	≤8	74	24 (32%)	0.050	26 (35%)	**0.036**
	>8	186	85 (46%)		92 (49%)	
Relationship type						
Married/co-habiting		207	79 (38%)	0.015	87 (42%)	**0.032**
Single/non-cohabiting		53	30 (57%)		31 (59%)	
Partnership duration (years)	≤2	111	54 (49%)	0.058	59 (53%)	**0.030**
	>2	149	55 (37%)		59 (40%)	

Figure: PrEP discontinuation by 6 weeks and 6 months by timing of CT/NG test



CONCLUSIONS

- Testing for CT/NG during pregnancy was associated with lower PrEP discontinuation postpartum, regardless of the CT/NG results.
- Co-offering CT/NG testing to women initiating HIV PrEP in pregnancy could increase HIV PrEP continuation and represents an opportunity for addressing HIV/STI in this priority population

ACKNOWLEDGEMENTS

We sincerely thank the dedicated study staff for their time and commitment to this research. We are deeply thankful to the participants for their invaluable contributions, which would not have made this study possible without them. National Institutes of Health (R01NR019220)

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