U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Suboptimal laboratory testing of PrEP users — United States, 2022-2023

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Abstract 1216

BACKGROUND

- CDC recommends testing PrEP users for
  - HIV, STIs, and hepatitis B virus (HBV) at initiation, and HIV and STIs at follow-up visits
  - Creatinine for oral PrEP users

METHODS

- We analyzed the MarketScan database and identified persons who initiated oral or CAB-LA injectable PrEP during 2022-2023
- We estimated the proportion of PrEP users who were tested for HIV Ag/Ab, HBV, syphilis, chlamydia, gonorrhea, and creatinine by PrEP type at:
  - Initiation (±14 days from first prescription)
  - Follow-up (up to 90 days after the inferred end of PrEP use)
- We calculated the median time and interquartile range (IQR) for the first follow-up test

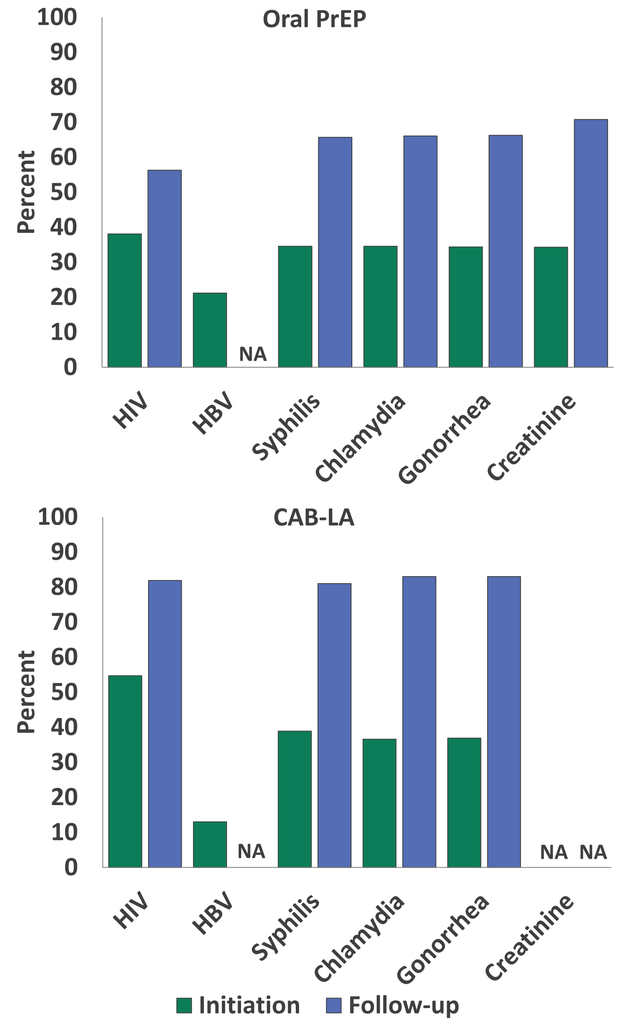
RESULTS

- Among 35,132 oral PrEP users, 38% received lab-based HIV testing at initiation
  - Among 12,370 persons with oral PrEP use ≥3 months, 56% received a first follow-up lab-based HIV test since PrEP initiation at a median time of 89 days (IQR: 62-120)
- Among 453 CAB-LA PrEP users, 55% received lab-based HIV testing at initiation
  - Among 370 persons with PrEP use ≥3 months. 82% received a first follow-up HIV test since PrEP initiation at a median of 42 days (IQR: 33-84)

CONCLUSIONS

- Lab testing of oral PrEP users was suboptimal
- Some PrEP users might have only been tested using a point-of-care test despite a recommendation to confirm the result with lab-based HIV testing
- Testing can be increased with clinical decision supports in electronic health records with automated lab order sets specific for each type of PrEP medication

Only 38% of oral PrEP users and 55% of CAB-LA PrEP users had a lab-based HIV test at PrEP initiation



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