Patterns of PrEP use among rural South Africa youth given choice: Process data from the LAPIS trial

1342

Maryam Shahmanesh[1,2,3], Jacob Busang[1], Thembelihle Zuma[1,2,3], Carina Herbst[1], Nonhlanhla Okesolo[1], Natsayi Chimbindi[1,2,3], Jaco Dreyer[1], Nqobile Ngoma, Theresa Smit[1], Lucky Mtolo[1], Willem Hanekom[1,2,3], Limakatso Lebina[1,2], Kobus Herbst[1], Janet Seeley[1,4], Andrew Copas[2], Kathy Baisley[1,4], *Thetha Nami ngithethe nawe* research group

1.Africa Health Research Institute, Mtubatuba, KwaZulu-Natal, South Africa; 2. University College London, London, United Kingdom; 3. University of KwaZulu-Natal, Durban, South Africa, 4. London School of Hygiene & Tropical Medicine, London, UK,

BACKGROUND

- In South Africa provision of free oral HIV Pre-Exposure Prophylaxis (PrEP) has had limited population effect due to challenges of taking an oral daily pill especially amongst adolescents and young adults at greatest risk[1,2,3]
- Longer acting PrEP has the potential to overcome this barrier[4]
- We explore changes in the pattern of PrEP use amongst adolescents and young adults following the introduction of choice in a community based sexual health services[5-7]

METHODS

Population and setting :

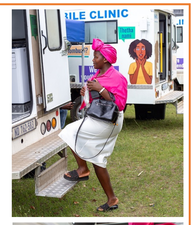
- 15-30-year-olds attending mobile sexual health clinics in rural KwaZulu-Natal South Africa

Intervention:

- Offering a choice of oral PrEP, two monthly (long-acting) injectable cabotegravir, dapivirine vaginal ring or packs of 28 days of post-exposure prophylaxis (PEP) within community-based sexual reproductive health services in rural KwaZulu-Natal
- PrEP is offered alongside sexual and reproductive health and testing for sexually transmitted infections, including GeneXpert testing on self-taken samples for gonorrhoea and chlamydia.

Intervention *LAPIS:*

- Area based peer navigators promote long-acting and oral PrEP
- Sexual health clinics offer choice of oral PrEP or injectable CAB LA or vaginal Ring or PEP packs
- Peer navigators support refills and follow-up injection appointments









Outcome:

- PrEP uptake was defined as proportion of participants offered PrEP who initiated PrEP

Analysis

- We describe PrEP uptake in the period after the offer of choice compared to the period prior where oral PrEP only was offered through the same community-based services

LAPIS (NCT066250504)

Providing a choice of PrEP that meets adolescents and youth preferences and needs through community-led sexual and reproductive health clinics improved uptake of PrEP amongst sexually active adolescents and young men and women in rural South Africa.

As funding for HIV prevention declines, offering long-acting PrEP, alongside oral options through community led sexual health services sustainably reaches key populations to maintain epidemic control

RESULTS

June 2022-May 2024: Prior to the introduction of choice

- **1015 (64.0%)** of the 1586 offered oral PrEP in the mobile SRH clinics, initiated PrEP
- **503 [49.6%]** were ciswomen

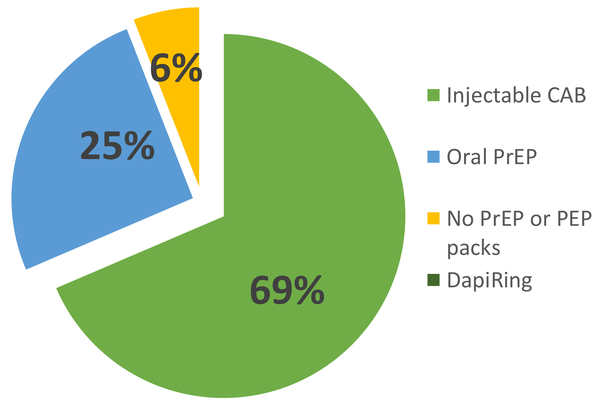
June 2024 –Feb 2025: Introduction of choice

- **701 (94.6%)** of 741, 15-30-year-olds enrolled and offered PrEP in the choice arm, initiated PrEP
- **397 (56.6%**) were ciswomen.
- **508 (77.2%)** chose injectable cabotegravir, 309 (60.8%) were ciswomen
- None chose the dapivarine ring.
- 36 (5%) switched between PrEP modalities
- 40% of those who started PEP transitioned into either oral or injectable PrEP

Sexual Health Service uptake

- 184 (24.8%) had either gonorrhoea or chlamydia
- 262 (35.0%) received STI treatment (syndromic and aetiological)
- 15 (2%) had syphilis

PrEP uptake amongst 741 enrolled on the choice arm of LAPIS



CONCLUSIONS

- Providing choice resulted in more of adolescents and youth to take up PrEP, especially ciswomen
- The majority, especially ciswomen, chose injectable PrEP
- A sizable minority chose oral PrEP, especially men.
- Mobile SRH services provide PrEP to adolescents and youth with substantial sexual health and HIV needs

We are testing the population impact of the increase in effective PrEP use through meeting adolescents and youth's preferences in a cluster RCT (LAPIS)

REFERENCES & ACKNOWLEDGEMENTS

1.Mthiyane, et al AIDS 2022
2.Magu et al AIDS under review 2025
3.Chimbindi, et al AIDS Care 2021
4.Shahmanesh et al Nature 2024
5.Shahmanesh, et al BMC Public Health 2021
6.Shahmanesh et al Lancet HIV 2024
7.Zuma et al Trials 2024

This study was made possible through funding from Bill and Melinda Gates Foundation, INV-033650, INV-076790 and INV-076706; Africa Health Research Institute is the trial sponsor and is supported by core funding from the Wellcome Trust strategic core award (201433/Z/16/A). MS is an NIHR Research Professor (NIHR 301634). NC is supported by a Wellcome Trust Early career fellowship (grant number 224309/Z/21/Z). MS receive funding from Wellcome Trust (214280/z/18/Z). Thank you to ViiV healthcare for donating the injectable cabotegravir for this study.

UCL AHRI AFRICA HEALTH RESEARCH INSTITUTE