Acceptability of long-acting cabotegravir among pregnant and lactating people in South Africa

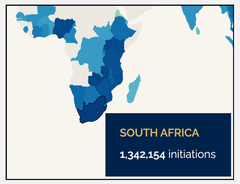
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Background

- Daily oral pre-exposure prophylaxis (PrEP) has shown promise as a way of improving HIV prevention among pregnant and breastfeeding women (PBFW) in South Africa



Highest number of PrEP initiations globally

- PBFW have identified substantial structural and sociocultural barriers to taking daily oral pre-exposure prophylaxis (PrEP)
- Injectable cabotegravir (CAB-LA), or 8-weekly injectable PrEP, is highly-effective and with similar safety profiles during pregnancy and breastfeeding compared to non-pregnant individuals

Objective

Describe baseline PrEP method selection and acceptability among <u>PBFW offered choice of CAB-LA and oral PrEP</u> in PrEPared To Choose, an ongoing implementation study in Cape Town, South Africa

Methods

- <u>PrEPared to Choose study:</u> ongoing implementation study evaluating delivery of CAB-LA among adolescents and young people ages 15-29 in Cape Town, South Africa
- February - August 2024: 57 PBFW enrolled and offered choice of CAB-LA and oral PrEP, with follow-up over 18 months
  - Acceptability of PrEP methods evaluated via survey at baseline (≤3 months of enrollment), 6-months, and 12-months
- Inclusion criteria:
  - Ages 15-29 years
  - HIV-negative at baseline per South African national clinical testing guidelines
  - ≥35kg body weight at baseline
  - Currently residing within study area
  - Able to provide written, informed consent
- Analysis: descriptive statistics, comparison of demographic characteristics by PrEP method selection using Chi-Square, Fischer's Exact, Wilcoxon rank sum

84% of pregnant and breastfeeding women without HIV in Cape Town, South Africa **initiated injectable CAB-LA PrEP over oral PrEP** and reported **high acceptability of CAB-LA.**

Results

<u>Among 57 PBFW:</u>

44% pregnant
56% lactating
Mean age = 22.5 years [SD=4.0]

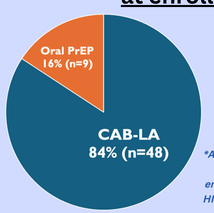
64% completed grade 12 education or higher

58% not currently working or attending school

64% with at least one living child at study enrollment

81% PrEP-naïve (no prior PrEP use at study enrollment)

<u>84% of PBFW chose CAB-LA at enrollment</u>



<u>No significant difference</u> in demographic characteristics* by PrEP choice

**Age, pregnancy status, clinic location, relationship status, education, employment, sexual history (partner's HIV status, condom usage, STI history), perceived HIV risk, PHQ-4 score*

<u>CAB-LA acceptability survey responses (<3 months of study enrollment, N=36):</u>

39% (n=14) pregnant
61% (n=22) breastfeeding

89% (n=32) initiated CAB-LA

11% (n=4) initiated oral PrEP

- CAB-LA likes among users: ease of use (69%), long-acting (44%), efficacy of protection from HIV (19%)
- CAB-LA dislikes among users: injection pain (50%), nothing (41%)

96% (n=30) of CAB-LA users very likely/likely to continue

100% (n=13) of pregnant CAB-LA users reported they would continue after birth

47% (n=17/36) of all PBFW had prior injectable experience (e.g., contraceptive)

100% (n=4) of oral PrEP users reported they were likely or very likely to try CAB-LA in future

Results (cont.)

<u>Theoretical acceptability of dapivirine vaginal ring:</u>

- n=1 (3%) with previous PrEP ring experience, remainder (n=35, 97%) never used PrEP ring
- Vaginal ring likes: protection from HIV (8%), long-acting (6%), nothing (81%)
- Vaginal ring dislikes: insertion into vagina (44%), not enough safety data (19%), nothing (22%)
- 86% (n=31) were very unlikely or unlikely to try the dapivirine vaginal ring

<u>Future PrEP preferences among PBFW:</u>

58% (n=21) prefer a PrEP method that lasts 6 months or longer (versus a few months, one month, or daily)

Ideal PrEP insertion method: intramuscular injection (78%), followed by subcutaneous injection (17%)

Ideal PrEP pick-up location: government clinic (67%), followed by mobile truck (19%), home delivery (11%)

Most important PrEP characteristics:

- duration of protection (36%)
- safety during pregnancy and lactation (28%)
- effectiveness at preventing HIV (25%)

Conclusions

1. Pregnant and breastfeeding women (PBFW) have <u>high preference/uptake</u> of CAB-LA over oral PrEP with high acceptability
2. PBFW surveyed were unlikely to try the dapivirine vaginal ring in the future, and would prefer even more long-acting injectable PrEP methods
3. <u>Upcoming data from PrEPared to Choose:</u> CAB-LA continuation data among PBFW through 18 months, qualitative interviews, pregnancy outcomes, CAB-LA pharmacokinetic study in pregnancy

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