HIV PrEP Use and Interest Among People Hospitalized With Infections due to Injecting Drugs

1115

Edward Traver [1], Rebecca Reece[2], Garrett Cooper[2], Alaina Steck[3], Joseph E. Carpenter[3], A. Wendy Fujita[3], Irene Kuo[4], Jillian S. Catalanotti[4], Habib O. Ramadhani[1], Rachel Silk[1], Henry Masur[5], Sarah Kattakuzhy[1], Elana Rosenthal[1]
[1]University of Maryland Baltimore, MD, USA; [2]University of West Virginia, Morgantown, WV, USA; [3]Emory University, Atlanta, GA, USA; [4]George Washington University, Washington, D.C., USA; [5]NIH Clinical Center, Bethesda, MD, USA.

BACKGROUND

- People who inject drugs (PWID) are at risk for HIV infection due to shared injection equipment and sexual practices, yet face barriers to accessing HIV PrEP
- PWID are frequently hospitalized for acute bacterial and fungal infections; such hospitalizations may be opportunities to link to PrEP.

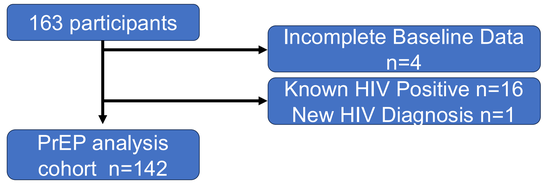
METHODS

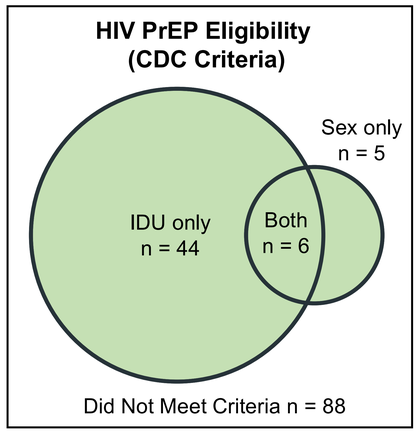
- CHOICE-STAR is an ongoing RCT comparing integrated infectious disease and substance use disorder outpatient care vs. treatment-as-usual.
- Inclusion criteria: Adults hospitalized with acute bacterial or fungal infections from injection drug use (IDU) with opioids, cocaine, and/or methamphetamine
- Sites: University of Maryland Baltimore (UMB), West Virginia University (WVU), George Washington University (GWU), Emory University.
- Measures: Baseline surveys on health, PrEP knowledge, drug use, and sexual practices categorized according to the CDC HIV PrEP Clinical Practice Guideline (2021).

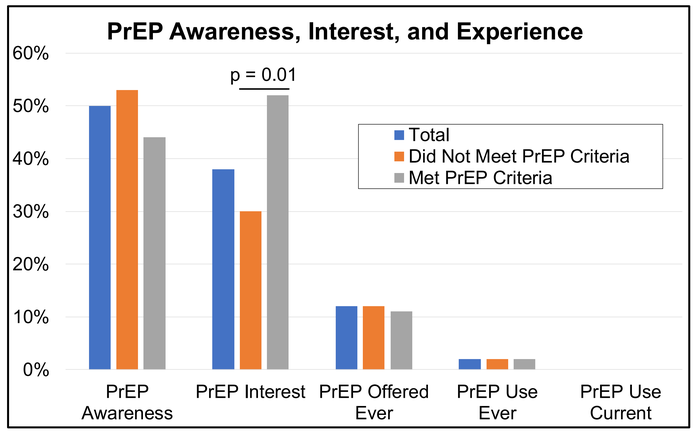
RESULTS

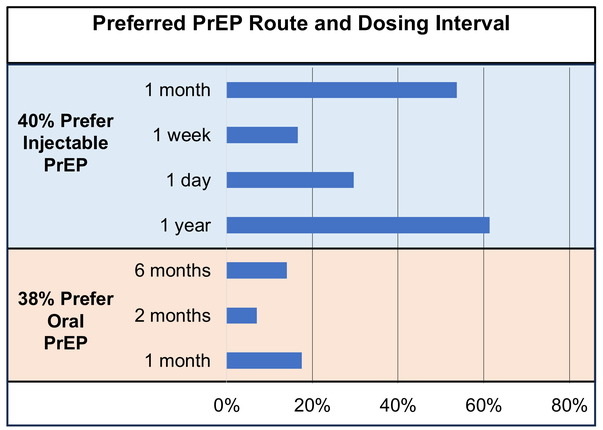
38% of 142 PWID hospitalized with acute bacterial or fungal infections met criteria for PrEP. 0 were on it.

		Total (N=142)	Did Not Meet PrEP Criteria (N=88)	Met PrEP Criteria (N=54)	p-value
Age [Mean (SD)]		41.3 (8.8)	42.2 (8.9)	39.8 (8.5)	0.113
Site	Emory University	23 (16%)	13 (15%)	10 (19%)	0.25
	GWU	11 (8%)	8 (9%)	3 (6%)	
	UMB	67 (47%)	46 (52%)	21 (39%)	
	WVU	41 (29%)	21 (24%)	20 (37%)	
Gender	Man	86 (61%)	59 (67%)	27 (50%)	0.066
	Woman	56 (39%)	29 (33%)	27 (50%)	
Race	White	119 (85%)	74 (85%)	45 (85%)	0.572
	Black or African American	15 (11%)	9 (10%)	6 (11%)	
	More than one race	2 (1%)	2 (2%)	0 (0%)	
	Other	3 (2%)	2 (2%)	1 (2%)	
	Missing	3 (2%)	1 (1%)	2 (4%)	
Sexual orientation	LGBTQ+	13 (9%)	7 (8%)	6 (11%)	0.524
	More than one	1 (1%)	0 (0%)	1 (2%)	
	Prefer not to answer	2 (1%)	1 (1%)	1 (2%)	
	Straight	126 (89%)	82 (88%)	44 (90%)	
Health Insurance	Uninsured	19 (14%)	13 (15%)	6 (11%)	0.674
	Insured	121 (86%)	73 (85%)	48 (89%)	
	Missing	2 (1%)	2 (2%)	0 (0%)	
Housing	Housed	67 (47%)	44 (50%)	23 (43%)	0.493
	Unhoused	75 (53%)	44 (50%)	31 (57%)	
Injection Drug Use	Fentanyl/Heroin	111 (78%)	71 (81%)	40 (74%)	0.474
	Prescription Opioids	22 (15%)	12 (14%)	10 (19%)	0.588
	Cocaine	46 (32%)	31 (35%)	15 (28%)	0.462
	Methamphetamine	27 (19%)	10 (11%)	17 (31%)	**0.006**
	Prescription Stimulants	4 (3%)	2 (2%)	2 (4%)	1.000









- People who identified as **Women or LGBTQ+** were more likely to meet PrEP Criteria for sexual risk (p=.008 and p<.001, respectively).
- People who **inject methamphetamine** were more likely to meet PrEP for IDU risk (p=.020).
- 50% of people without HIV would prefer if PrEP were available without a prescription (over-the-counter).
- Among 47 people interested in PrEP, **common reasons for not using PrEP** included not feeling at risk for HIV infection (40%), lack of prior PrEP awareness (28%), and lack of healthcare providers offering it (13%).

CONCLUSIONS

- **PWID hospitalized with infections frequently met criteria for PrEP due to shared injection equipment, and less often due to sexual transmission risk.**
- Certain individuals (women and LGBTQ+) were more likely to meet sexual risk criteria.
- **Despite frequent indication for HIV PrEP, none of the participants were currently on PrEP**.
- Existing barriers include lack of awareness and lack of offered PrEP by healthcare providers.
- PWID were interested in injectable and oral PrEP with variable dosing intervals, demonstrating the need for multiple therapeutic options.
- **Healthcare providers should offer PWID PrEP during and after hospitalizations for acute infections.**

Contact: Edward Traver, MD
etraver@ihv.umaryland.edu

PLAIN LANGUAGE SUMMARY

People who inject drugs are at risk for HIV infection but are not using medication to prevent HIV infection (PrEP). Hospitalizations for bacterial infections may be important opportunities to provide PrEP.