PrEP uptake among cisgender women at an urban, community-based STI clinic

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Conflict of Interest Disclosure

Oni Blackstock, MD, MHS
Has no real or apparent conflicts of interest to report
Male and female condoms

Treatment-as-Prevention

PrEP

HIV Prevention

PEP

Clean injecting equipment

Behavior change

HIV testing

PMTCT

Male circumcision

Source: Canadian Public Health Association
Estimated cisgender heterosexually active women with indications for PrEP

468,000
(95%CI: 274,000-662,000)

New PrEP Starts per Quarter

Total Unique Individuals = 8,512

IMS National Prescription Database accounts for approximately 39% of all TDF/FTC prescriptions

Bush, S. et al; IAPAC Adherence 2015; #74
New PrEP Starts by gender

IMS National Prescription Database accounts for approximately 39% of all TDF/FTC prescriptions

Specific data for transwomen not available

Bush, S. et al; IAPAC Adherence 2015; #74
What has the experience been with PrEP uptake among cisgender women at an urban, community-based STI clinic?
Oval Center at Montefiore Medical Center

• Community-based site
• Confidential screening and treatment for sexually transmitted infections
• Rapid HIV testing
• PrEP and PEP
• Sexual healthcare for LGBTQ individuals
• Hepatitis C screening and treatment
• Sliding fee scale and assistance in obtaining insurance for those in need
PrEP referral sources for the Oval Center
PrEP referral sources for the Oval Center

Emergency Department -> Oval Center
PrEP referral sources for the Oval Center

HIV Counseling & Testing Program

Emergency Department

Oval Center
PrEP referral sources for the Oval Center

- Emergency Department
- HIV Counseling & Testing Program
- Oval Center
- HIV/ID Clinic
PrEP referral sources for the Oval Center

- HIV Counseling & Testing Program
- HIV/ID Clinic
- Montefiore-affiliated clinics

Emergencies Department

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- Community-based organizations
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- Outreach including staff trainings about PrEP
- Can directly schedule or facilitate scheduling appointments at Oval Center
PrEP referral sources for the Oval Center

- HIV Counseling & Testing Program
- Emergency Department
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- Montefiore-affiliated clinics
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- Outreach including staff trainings about PrEP
- Can directly schedule or facilitate scheduling appointments at Oval Center
PrEP and cisgender women at the Oval Center

Received care 12/2014 to 2/2016
N=66

Received ≥1 PrEP prescription
N=17 (26%)

- Receive appointment reminder call
- Follow-up call for missed appointments
PrEP starts among women over time at Oval Center

Monthly PrEP prescription starts

Median (range): 1 (0-4)
### Characteristics of cisgender women prescribed PrEP

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n=17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong>, years, median (range)</td>
<td>37 (20-56)</td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong>, n(%)</td>
<td></td>
</tr>
<tr>
<td>Non-Latina Black</td>
<td>5 (29%)</td>
</tr>
<tr>
<td>Latina</td>
<td>7 (41%)</td>
</tr>
<tr>
<td>White</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1 (6%)</td>
</tr>
<tr>
<td>Declined</td>
<td>3 (18%)</td>
</tr>
<tr>
<td><strong>Insurance status</strong>, n(%)</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>13 (76%)</td>
</tr>
<tr>
<td>Private insurance</td>
<td>4 (24%)</td>
</tr>
</tbody>
</table>
# Referral Sources to Oval Center

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n=17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral sources, n(%)</strong></td>
<td></td>
</tr>
<tr>
<td>ID clinic</td>
<td>4 (24%)</td>
</tr>
<tr>
<td>HIV testing and counseling program</td>
<td>3 (18%)</td>
</tr>
<tr>
<td>ED (referred for PEP)</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>Montefiore-based or outside clinic</td>
<td>3 (18%)</td>
</tr>
<tr>
<td>Inreach (STI testing)</td>
<td>2 (12%)</td>
</tr>
<tr>
<td>Not documented</td>
<td>3 (18%)</td>
</tr>
</tbody>
</table>
## PrEP indication and retention in PrEP care

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>PrEP indication</strong></td>
<td></td>
</tr>
<tr>
<td>Serodiscordant relationship with a male partner</td>
<td></td>
</tr>
<tr>
<td>Reports partner on ARVs</td>
<td>15 (88%)</td>
</tr>
<tr>
<td>Trying to conceive</td>
<td>13 (87%)</td>
</tr>
<tr>
<td>Has male partner with multiple female partners</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Serodiscordant relationship with female partner</td>
<td>1 (6%)</td>
</tr>
<tr>
<td></td>
<td>1 (6%)</td>
</tr>
<tr>
<td><strong>Retention in PrEP care</strong></td>
<td></td>
</tr>
<tr>
<td>% completed 3-month visit</td>
<td>50% (8/16)</td>
</tr>
<tr>
<td>% completed 6-month visit</td>
<td>39% (5/13)</td>
</tr>
</tbody>
</table>
STI testing

- Of 11/17 who had STI testing at baseline, only one STI was diagnosed (Chlamydia); patient was symptomatic.
- No STIs diagnosed on subsequent routine screening at 6-month visit although screening rates were low due to drop-off.
  - 5/13 women with sufficient follow-up time had a 6-month visit
    - 4/5 were screened for STIs with zero STIs diagnosed.
Lessons learned

• PrEP can be feasibly offered in a community-based clinical setting with multiple diverse referral sources
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Lessons learned

• PrEP can be feasibly offered in a community-based clinical setting with multiple diverse referral sources
• PrEP uptake in this setting occurred primarily among women in serodiscordant relationships with ARV-using male partners
• Retention in PrEP care was low
• Unclear if our program is reaching women at highest risk in light of the most common PrEP indication as well as STI testing results
Recommendations

- Increase “inreach” and outreach to women who are at high risk for HIV, but who may not be in known serodiscordant partnerships
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• Explore reasons for low retention in PrEP care after initiation
  • Low perceived benefit?
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• Practice guideline-concordant care for STI screening
PrEP may not be for EVERY woman, but it’s an option for ALL women

-Kimberleigh Smith, Harlem United
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