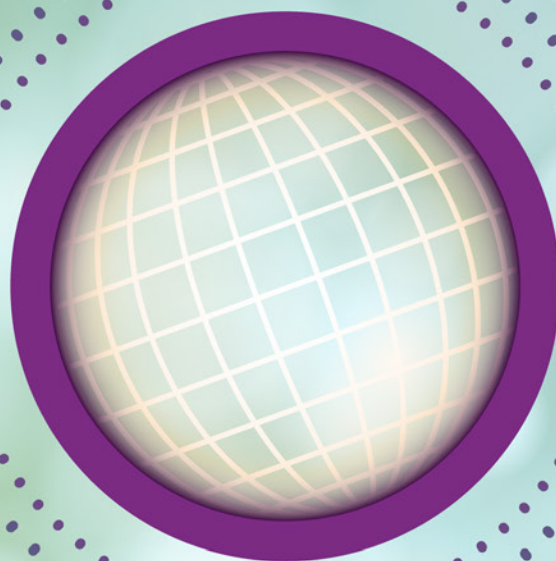


Poster Abstracts

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1002 Use of Mobile Phone Directories in Men Having Sex with Men Maximizes Access to Assisted Partner Notification at a Boarder Testing Point of Malaba Town in Uganda

Stephen Ndibowa (presenting)¹

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Background: Assisted partner Notification (APN) for Men having sex with men (MSM) can increase access to HIV testing services, identification of more HIV positive MSM clients for prevention, linkage, and treatment. MSM live in fear of state legal implications, stigma and discrimination hindering them from seeking quality health services. These factor limit enlisting more MSM sexual partners leading to lower HIV positivity. Use of mobile phone book directories for more telephone numbers of sexual partners during the counselling sessions maximized MSM access to testing. Lower MSM HIV prevalence in Uganda is 2.7%. Anticipated that mobile phones stored male sex partner contacts. Study was to establish whether this innovation would yield more HIV positive MSM at Amalgamated Transporters and general workers union (ATGWU) testing point situated at the eastern border town in 2021.

Method: Retrospectively, 13 HIV positive males were enlisted as sex partners of MSM. 11 consented for APN sessions, 2 declined, 7 who had phones and 4 did not have mobile phones. Enlisted more male sex partners' phone contacts and called them while those who didn't have phones enlisted those in their memory. Service providers traced sex partners for testing. Descriptive statistics and odds ratios were calculated.

Results: 7 males with phones enlisted 68 sexual partners and 4 who did not have phones enlisted 12. Total, 80. Mean: 37 years, median: 36 years. Out 68 sex partners who had phones, 14 males were HIV positive, 20.6% then of 12 sex partners from those without phones, 2 were positive (8%). OR: 2.59, (CI 0.25-6.6, 95%). Those with phones enlisted more MSM sex partners and yielded more positives than those without phone. Phones yielded thrice more HIV positives.

Conclusion: Phones directories lead to more identification of MSM sexual partners, reduced missed opportunities for hard-to-reach MSM and increased HIV positive identification plus exposure.

1003 Factors Affecting Adherence to Antiretroviral Therapy among Adolescent and Youth Living with HIV Attending Treatment at Public Hospitals in Addis Ababa, Ethiopia

Yihenew Zurbachew (presenting)¹

¹ AIDS Healthcare foundation, Addis Ababa, Ethiopia

Background: Adolescence is a stage of life during which individuals have unique psychological, social and health needs. Anti-retroviral therapy is a treatment for people living with HIV to help them to attain a maximal and durable suppression of the viral replication and prevention of the resistance.

Method: The study design was facility-based cross-sectional with a quantitative research method among 316 systematically selected adolescent and youth living with HIV attending treatment in Public Hospitals of Addis Ababa. An interviewer-administered survey was used for data collection. The data was entered to EPI Data version 3.1 software, then exported to SPSS version 25 for analysis. Variables with p-value < 0.25 on bivariate analysis was entered to multivariable logistic regression model to identify the factors that affect.

Results: The overall ART adherence among adolescent and youth was found to be 70.6% (95% CI: 66.0%-76.0%). Most frequently mention a reason of missing their dose in the last 5 days were forgetting (42.1%). After controlling the effects of other variables, four variables namely being female (AOR=0.323, 95% CI, 0.164-0.637), presence of opportunistic infection (AOR=0.483, 95% CI, 0.249-0.936), taking additional medication beside ART (AOR=0.436, 95% CI, 0.206-0.922) and service for your concern within the facility (AOR=2.206, 95% CI, 1.031-4.721) were found to be significantly associated with adherence.

Conclusion: Adherence rate obtained in this study is lower than what is required. Forgetfulness was most frequently mentioned barriers of adherence. Female patients, presence of opportunistic infection and taking additional medication beside ART and having service for your concern were independent predictors of adherence. Therefore, much work has to be done to optimize adherence to ART in order to make our patients fully advantageous from their treatment.



1006 Mediation Analysis for the Effect of Family Responsibility on ART Adherence among Adolescents Perinatally infected with HIV in Uganda

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Background: Family responsibility is integral to the success of antiretroviral therapy (ART) among Adolescents Living with HIV (ALWHIV). Mechanisms for this relationship are not well explored. This study examines the mediators of the effect of family responsibility on ART adherence among ALWHIV in Uganda.

Method: Baseline data from a five-year NICHD-funded study (N=702) were analyzed. HIV-positive adolescents 10-16 years, taking ART, and living within a family were enrolled from 39 health centers in Uganda. A latent variable for self-reported adherence was generated using six questions that assessed various aspects of ART adherence. Mplus software was used to fit structural equation models (SEM) that assessed the effects of family responsibility on ART adherence. Mediators included saving attitudes, school enrolment, food security, caregiver support, and communication with the guardian. Cluster adjusted robust standard errors were reported.

Results: There was a significant total indirect effect of family responsibility on ART adherence [$B=0.008$, $\beta=0.112$ (95% CI: 0.052 – 0.173)]. The specific indirect effects of family responsibility through saving attitudes [$B=0.004$, $\beta=0.058$ (95% CI: 0.008 – 0.108)], and communication with the guardian [$B=0.004$, $\beta=0.056$ (95% CI: 0.012 – 0.100)] were significant. Also, the total effect of the family responsibility on ART adherence was statistically significant, [$B=0.011$, $\beta=0.146$ (95% CI: 0.032 – 0.259)]. However, the direct effect was not significant. Mediation contributed 76.7% of the total effects. ($R^2 = 0.072$, p value = 0.016). The model fitness parameters included CFI = 0.939, RMSEA = 0.032, and SRMR = 0.037. [SEM diagram](#)

Conclusion: By improving saving attitude and communication with the guardian, family responsibility promotes ART adherence to ART among ALWHIV. Findings point to the need to incorporate strategies that strengthen family support systems around caring for ALWHIV.

1012 Contribution of Forgetting to Take Medication on Total Missed Medication and its Effect on Viral Load Suppression among HIV-Positive Children, Adolescents, Pregnant and Breastfeeding Women in Kilimanjaro Region

Lydia Masika (presenting)¹, Rehema Maro¹, Benson A Mtesha¹, Kennedy Ngowi¹, Innocent B. Mboya¹, Marion Sumari-de Boer¹, Michael J. Mahande¹

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Background: Adherence to Antiretroviral treatment (ART) is crucial for virologic suppression. The WHO recommended use of Digital tools in reminding medication intakes, but contribution of forgetting to take medication is unknown. We assessed the contribution of forgetting to take medication in total missed medication and its effect on viral suppression among HIV positive children, adolescents, pregnant and breastfeeding women.

Method: A cross-sectional study conducted among children, adolescents, pregnant and breastfeeding women living with HIV on ART in Kilimanjaro, Tanzania. Socio-demographics, factors associated with forgetting to take medication and viral load results were collected using semi-structured questionnaires. Analysis was performed using Stata 16.0. Descriptive statistics were summarized using frequency and proportion for categorical variables. Multivariable logistic regression was used to determine the relationship of forgetting intakes in the total missed medication and other factors associated with undetectable viral load suppression.

Results: A total of 427 participants were recruited. A third 142(33.3%) were children, 143(33.4%) adolescents and 142(33.3%) pregnant and breastfeeding women. Their median age was 9 (IQR: 7-12), 18 (IQR: 16-18) and 31 (IQR: 27-36) years respectively. Ninety-three (22.7%) of the participants reported skipping medication over the past month and 73(78.5%) among them was due to forgetting. There was a significant association between forgetting medication intakes and viral load suppression (OR=1.76; 95%CI:1.01-3.06), also never missing clinic appointments decreased the likelihood of being unsuppressed (OR=0.22; CI 95%:0.07-0.7) and always taking medication on time was associated with reduced likelihood of being unsuppressed (OR=0.44 CI95%:0.2-0.9).

Conclusion: Forgetting to take medication was significantly associated with viral suppression, these findings suggest innovative interventions for reminder to take medication.



1022 Relationship between HIV Pre-Exposure Prophylaxis Stigma and Treatment Adherence among Current HIV Pre-Exposure Prophylaxis Users in the Southeastern United States

Olivia Van Gerwen (presenting)¹

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Background: Despite efficacy in HIV prevention, Pre-exposure Prophylaxis (PrEP) is underutilized in the US, especially among populations at highest risk. PrEP-related stigma may play a role. We developed measures of PrEP-related stigma and PrEP adherence and then administered them to current PrEP users. We hypothesized that PrEP-related stigma would negatively impact PrEP adherence.

Method: Questionnaire measures were developed using data from previous qualitative work and existing validated HIV-related stigma measures. The resultant survey was administered to current PrEP users from the only two PrEP providers in Birmingham, Alabama. Plasma tenofovir disoproxil fumarate levels were collected as another measure of PrEP adherence. Exploratory factor analyses were performed to determine the factor structure of each PrEP-related stigma dimension (internalized, perceived, experienced, anticipated, disclosure concerns). Separate binary logistic (or linear) regressions were performed to assess associations between PrEP-related stigma dimensions and adherence (i.e., treatment self-efficacy, self-reported adherence, and plasma tenofovir levels).

Results: In 2018, 100 participants completed the survey, with 91 identifying as male and 66 as white. Internalized stigma was associated with lower self-reported PrEP adherence. Exploratory path analysis showed this relationship may be explained in part by PrEP treatment self-efficacy. No relationships were found between any PrEP-related stigma measures and plasma tenofovir disoproxil fumarate levels.

Conclusion: Internalized PrEP stigma may reduce PrEP adherence, possibly by reducing PrEP treatment self-efficacy among experienced PrEP users. Further investigation of how stigma dimensions affect PrEP adherence in populations at risk for HIV may shed light on drivers of PrEP underutilization.

1030 Stigma as a Barrier to Behavioral Therapy Attendance for People with HIV and Mental Illness in Alabama

Josee Dussault (presenting)¹, Teresa Filipowicz¹, Doyanne Darnell², Christina Psaros³, Minu Ranna-Stewart⁴, LaKendra Grimes⁵, Savannah Henderson⁶, Mariel Parman⁶, Kathy Gaddis⁶, Bradley Gaynes¹, Michael Mugavero⁶, Brian Pence¹

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Background: Individuals with intersecting stigmatized identities are at risk of treatment nonadherence. The period after treatment initiation represents a critical retention window. Accordingly, we present a mixed-methods analysis of the role of stigma in therapy attendance among people with HIV (PWHIV) and mental illness (MI) or substance use disorder (SUD) in Alabama.

Method: In July 2020, our team led three focus group discussions (FGDs) exploring the experiences of PWHIV. FGDs were analyzed using inductive qualitative coding of themes around stigma and adherence; this informed a subsequent quantitative analysis of a separate group of participants enrolled in a pilot behavioral therapy intervention. Eligible pilot participants had symptoms indicating MI/SUD and were at risk of HIV care nonadherence. Baseline interviews measured internalized HIV stigma using seven prompts on a Likert scale. Mean scores (range: 1-4) were dichotomized, where values above 2.5 (the midpoint) represented high stigma. Using Poisson regression, we report the marginal association between high baseline stigma and patient therapy session count in the 90 days after their initiation.

Results: Qualitative analysis revealed the burden of internalized stigma and discrimination due to HIV, MI, SUD, race, sexuality, and gender. The quantitative sample (n=28) mean age was 41 (SD: 9) years. 22 (79%) participants were Black, 19 (68%) were men, 2 (7%) were trans, 19 (68%) had stable housing, and 14 (50%) had high internalized HIV stigma. Poisson regression revealed a marginal rate ratio of 0.6 (95% CI: 0.4, 1.0).

Conclusion: Stigma was common, and patients with higher baseline internalized HIV stigma attended fewer therapy sessions in the 90-day window after therapy initiation. Qualitative analysis results also highlighted the intersectional nature of patients' stigmatizing experiences. Research and clinical practices should consider the compounded structural barriers to treatment that PWHIV and MI/SUD experience.



1032 Telehealth Experience and Satisfaction During the COVID-19 Pandemic among PWH in DC

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Background: Telehealth has been used to provide HIV care in rural areas and settings with limited healthcare access. During the COVID-19 pandemic, telehealth was rapidly deployed for HIV care. We sought to quantify use of and satisfaction with telehealth among a cohort of people with HIV (PWH) in Washington, DC.

Method: Data for this analysis came from participants in the DC Cohort, a longitudinal HIV study. Participants completed a cross-sectional electronic COVID-19 survey from 10/30/2020-9/30/2021. We calculated prevalence of demographic, socioeconomic, HIV-related measures, and patient motivation for and satisfaction with telehealth among those reporting usage. Unadjusted odds ratios (OR) and 95% confidence intervals (CI) were estimated.

Results: Among 869 respondents, 69% reported at least one telehealth visit. Telephone was the most common method (47%), followed by smart phone video (39%), computer video (20%), phone (9%) and computer app (9%). Motivations for using telehealth included: was offered, recommended, or required by a provider (32%); provided easier follow-up care (18%); reduced the risk of COVID-19 exposure (17%); faster, more convenient, and comfortable (16%). Females were 40% more likely to report having a telehealth visit compared to males (OR= 1.40, 95% CI = 1.01, 1.94). Other demographic measures, lack of viral suppression, CD4<200 cells/ul, or multiple co-morbidities were not significantly associated with telehealth utilization. Patient satisfaction with telehealth was high overall with PWH reporting that they would use telehealth in the future, thought it was convenient, and as good as an in-person visit.

Conclusion: We observed high rates of use and overall satisfaction with telehealth among a cohort of PWH across multiple demographics, with higher likelihood of use among females. Results suggest that telehealth may support engagement in care among PWH in the post-pandemic era.

1034 The ARV Treatment Adherence Model: A Qualitative Study

Danielle Strauss (presenting)¹

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Background: Adherence to antiretroviral (ARV) treatment improves life expectancy of people living with HIV (PLWH). It also minimizes their risk of transmitting HIV through sexual contact and is therefore a form of HIV prevention. However, many PLWH, specifically low-income PLWH of color, struggle with medication adherence. The purpose of this study was to explore how a group of low-income PLWH of color overcame barriers to ARV treatment adherence to achieve sustained viral suppression.

Method: Qualitative methods based on Constructivist Grounded Theory were employed for this study. This methodology was selected because the purpose of the study was to generate theory to explain how this population successfully overcame the barriers to ARV treatment adherence. Participants were recruited from 3 community-based organizations in NYC that serve PLWH. Fourteen virally suppressed PLWH of color were engaged in semi-structured, open-ended interviews about their experience with ARV treatment adherence. Data was then coded, dissected, and reassembled using a qualitative software called Quirkos.

Results: Findings revealed four interrelated factors that facilitate ARV treatment adherence: 1) Access to inclusive, nonjudgmental, and destigmatizing quality medical care administered by culturally competent medical providers. 2) Trust in medical provider, the medical system, and medication. 3) Self-efficacy to accept their medical condition and need to take medication, actively engage in medical care, and take medication as prescribed. 4) Motivation, or a will to live, something to live for (a life goal) and a desire to be healthy and not be sick. These findings informed the emerging theory about ARV treatment adherence called the ARV Treatment Adherence Model.

Conclusion: HIV policy and medical and social service providers interested in improving viral suppression rates for PLWH would benefit from developing interventions that minimize barriers and reinforce the facilitators of ARV treatment adherence highlighted by the model.



1035 Health Disparities in Accessing Rapid HIV Treatment in Miami-Dade County, Florida

Allan Rodriguez (presenting)¹, Andrew Wawrzyniak¹, Valeria Botero¹, Marcia Vidal¹, Michael Kolber¹

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Background: Rapid linkage to care that provides immediate ARV treatment has recently emerged as an effective, widely available strategy to improve clinical outcomes and reduce HIV transmission in patients newly diagnosed with HIV. Although rapid treatment reduces structural barriers to linkage, there exists health disparities between HIV patients from minority groups. The present study examined racial and ethnic disparities between patients initiating HIV care via rapid treatment compared to traditional methods of linkage.

Method: New, treatment-naïve patients entering HIV care through rapid treatment (n=249; 22.1% female) were compared to those linked to care via traditional methods (n=159; 31.4% female) who had an initial visit between February 15, 2016, and March 18, 2018, at the University of Miami/Jackson Adult HIV Clinic.

Results: Patients linked to care via rapid treatment were younger (37.05 ± 12.9 years) compared to patients entering care through traditional channels (42.15 ± 14.9 years; $p < 0.001$); rapid treatment patients' mean CD4 T-cell counts (461.80 ± 263.2 cells/mm³) were higher than patients linked via traditional methods (271.92 ± 279.9 cells/mm³; $p < 0.001$). More Black patients were linked to care via traditional methods (n=86) rather than via rapid treatment (n=98) when compared to White patients ($n_{\text{traditional}} = 73$; $n_{\text{rapid}} = 147$; $p < .001$). Conversely, fewer Hispanic/Latinx patients (n=68) compared to non-Hispanic/Latinx patients (n=91) were linked via traditional methods ($p = 0.003$).

Conclusion: Despite the availability of rapid linkage to HIV treatment that confers better health outcomes in newly diagnosed patients, rapid treatment favors younger, White, Hispanic/Latinx patients compared to older, Black, non-Hispanic/Latinx patients. Evidence of this health disparity warrants an immediate overhaul of testing and linkage procedures to reduce the health burden experienced by these patient populations.

1038 Empowerment for Girls and Young Women – Leave No One Behind

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¹ AHF Vietnam, Ha Noi, Ha Noi, Vietnam

Introduction: Although Vietnam Government has been being effort to respond to HIV/AIDS in order to prevent and eliminate it. However, PLWHA specially girls and young women still face the difficulty in access to education and health care services because of poverty, gender bias, discrimination, and stigma. It is estimated that about 30% of them have not yet accessed to health care service

Description: From 2020 – 2021, AHF Vietnam launched the Girl Act program in three mountain provinces of Vietnam with the goal aiming to empowers girls and young women to stay healthy and thrive through help girls and young women who are living with HIV/AIDS stay ARV treatment, stay in school and reduce unexpected pregnancies. AHF has collaborated with local CDCs and clinics to find out girls and young women from 10 to 24 years old to provide health care support, education support, and social support. Do Hoai Anh was born in 2007 and living with HIV. She has to stop going to school at 10 years old because of illness, poverty as well as stigma and discrimination. She has done her dream back to school when she is at 15 with Girl Act program 's support

Lesson Learned: Total 110 girl and young women who are infected and affected by HIV/AIDS, have difficult circumstance, lack of care and treatment and difficult to access ARV have been provided case management, supplemented nutrition support, school fees, travelling support and capacity building. In which, 80 living with HIV/AIDS stay ARV treatment, 30 affected by HIV/AIDS keep stay negative and 10 become leaders with leadership skill and confidence to help other ones.

Recommendations: Establish available services and empowerment for young women leaders is most important to decrease gender bias, stigma and discrimination as well as improve service quality for girl and young women.



1039 COVID-19 Adaptation Allows PLWHA to Continue Lab Visits without Leaving Home

Febuary D'Auria (presenting)¹

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Introduction: Viral suppression for people living with HIV/AIDS (PLWHA) is a critical component of New York State's initiative to end the HIV epidemic. This requires routine blood work and access to laboratory services. New York Links (NYLinks), a statewide project that focuses on improving linkage to and engagement in care in New York, utilizes a geographically based regional approach to bring HIV providers together so they can work together under a collaborative model that focuses on improvement methodologies. Northwell Health's Center for Young Adult, Adolescent and Pediatric HIV (CYAAPH) Program provides medical care to children, adolescents, and young adults living with HIV/AIDS in New York.

Description: Access to laboratory services during the COVID-19 pandemic was a challenge for many. CYAAPH responded by pairing telehealth visits with services of Northwell Health Core Lab program LabFly; an innovative service that allows individuals to easily schedule a blood draw through a mobile app without having to leave their home or office. Lab experts go to the patient's home/office to provide blood draw services; all while maintaining convenience, safety, and privacy for the individual. NYLinks meetings provided Northwell CYAAPH the opportunity to learn the barriers PLWHA on Long Island were facing to maintain their HIV care during the COVID-19 pandemic. NYLinks-Long Island Regional Group and Northwell CYAAPH collaborated to promote the convenience of LabFly.

Lesson Learned: LabFly, combined with telehealth, allowed PLWHA to safely receive routine blood work and maintain HIV care during the COVID-19 pandemic.

Recommendations: Northwell Health's CYAAPH program will continue to share best practices with other HIV care providers through NYLinks meetings. Participation in such a regional learning collaborative group is a valuable method of learning and sharing best practices with other HIV medical and supportive service providers. Northwell CYAAPH continues to use LabFly to meet the needs of PLWHA by making HIV care more accessible.

1042 Use of Serum Creatinine as an Incentive to Increase PrEP Uptake among Key Population Groups in South-South Nigeria

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Introduction: The introduction of pre-exposure prophylaxis (PrEP) as a biomedical prevention method for HIV/AIDS has been around for more than a decade since the first confirmed evidence of its effectiveness when used daily as an oral pill. It is now a very valuable addition for people who are at higher risk of contracting HIV. Although global acceptance of PrEP has increased, PrEP is still highly concentrated in a small number of countries and within a small sub-population, with Kenya and South Africa accounting for only 19% of people who have received PrEP in the Africa region, there is still a significant region Gap in PrEP availability and use, with only 28% of the target of 3 million in low-and-middle countries currently using PrEP.

Description: The purpose of this study is to find out if serum creatinine could be used as an incentive to improve PrEP uptake among the Key populations. Numerous approaches to increasing the uptake of PrEP as a prevention mechanism for HIV in KPs have been employed, and one of them is serum creatinine. This approach is a biomarker of renal function which was used in the study as an incentive to increase PrEP uptake among key population groups (FSW, MSM, PWID, Transgender) in 3 states from South-South Nigeria.

Lesson Learned: Secondary data was extracted, PrEP uptake before and after the introduction of serum creatinine between March 2020 and August 2020 among key populations in Nigeria. A total of 5664 patients were initiated on PrEP, the PrEP uptake rate before (March 2020 to May 2020) introduction of serum creatinine accounted for only 5% of the total onset, and after (June 2020 to August 2020) introduction of serum creatinine, the uptake rate accounted for 95% of the total onset.

Recommendations: This finding shows that increased uptake of PrEP before/after serum creatine indicates that serum creatine may be an effective stimulus for promoting PrEP in key populations ([Figure 1](#)).



1047 Antiretroviral Therapy Adherence among Patient Living with HIV in Northern part of Thailand

Pantitra Montatipkul (presenting)¹

¹ Naresuan University, Ubon Ratchathani, Thailand

Background: Optimizing ARV adherence promote patient's quality of life, decrease opportunity infection, sustained economic benefit, etc. This study aims to identify the factor that associate with treatment adherence among HIV patient in ARV clinic, Phaya Mengrai hospital.

Method: A case-control study was conducted during September to October 2018 at Phaya Mengrai hospital. Cases were subjects who has poor treatment adherence, controls were subject who has good treatment adherence. The studied factor will be classified into 3 groups which are patient's related factor, medication related factor, and healthcare facility related factor. The participants were asked to complete the questionnaire including baseline clinical characteristic, self-care, attitude toward HIV, medication side effect, family relationship, supporting group, and quality of healthcare facility service. Information was analyzed using SPSS v. 22. Variable were compared using chi square test, t-test, fisher's exact test, Mann Whitney U test as appropriate. Then binary logistic regression was utilized to find association with $P < 0.05$.

Results: A total 17 cases and 45 controls were included in the study. Among patient related factor, Participant disclose their serostatus to the community have negative association with poor treatment adherence (Table 1). Medication related factors, patient who seek for ART for an attitude 'to stay alive' have negative association with poor treatment adherence, while participants who seek for ART for an attitude 'to stay alive' tends to have good treatment adherence 3.33 times more (Table 2). Health care service, none of the studied factor is shown to be statistically significant (Table 3).

Conclusion: In patient related factor, serostatus disclosure to the community is associate with good treatment adherence, while illegal drug used associate with poor treatment adherence. Medication-related factor, attitude is the most important factor to determine good or poor treatment adherence despite medication adverse effect.

1048 A Comparison of the Mobile Outreach Retention and Engagement (MORE) program vs Care Navigation (CN) Alone: Impact on Retention in Care (RIC) for Patients Living with HIV (PLWH) at Whitman-Walker Health (WWH), Washington, DC

Megan Dieterich (presenting)¹, Eleanor Sarkodie¹, Robert Bangert¹, Meghan Davies¹, Sacha Ferguson¹, Chris Kubaska¹, Kimesha Linton¹, Brandon Warren¹, Sarah Henn¹, Megan Coleman², Tammeka Evans³

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Background: PLWH retained in care (RIC) have increased viral suppression (VS), decreased all-cause mortality and are less likely to transmit HIV. Therefore, interventions that target RIC are essential to improve health outcomes and reduce HIV transmission.

Method: PLWH with VL>200 copies/ml and/or no medical visit in 6-months self-selected Care Navigation (CN) alone or the MORE program. In addition to CN, the MORE program offers home medical/lab visits, enhanced care-planning, free transportation, SMS support, and food assistance. Data extracted from EMR were compared between groups at baseline, pre-COVID-19 (<14MAR2020) and 1-year into the COVID-19 pandemic (14MAR2020-01MAY2021.) RIC definition: two visits >90 days apart within 12-months.

Results: Participants who selected MORE(n=94) over CN(n=51) were significantly more likely to be female ($p=0.007$), transwomen ($p=0.001$), heterosexual ($p=0.015$), Black ($p=0.045$) and have Medicaid ($p=0.002$.) Baseline VS% and RIC% were similar across MORE and CN (52.1% vs. 63.3%, $p=0.219$; 87.2% vs 82.4%, $p=0.464$.) Both groups improved VS% pre-COVID (75.0% vs 78.7%, $p=0.674$.) PreCOVID19 RIC% were similar to baseline across groups (82.6% vs. 86.3%, $p=0.641$) but MORE participants were significantly more likely to be RIC 1-year into COVID-19, than the CN group (86.0% vs. 62.0%, $p=0.003$.) The CN group was 3.780 times more likely to not be RIC 1-year into COVID-19 (95% CI: 1.639-8.716.)

Conclusion: While both groups improved VS% pre-COVID-19, the MORE group had higher RIC% 1-year into the pandemic. As home-visits were limited during the pandemic, the main difference between the MORE program and CN was the presence of additional support services.



1050 Experiences with Pharmacy-Based PrEP Delivery among Adolescent Girls and Young Women Seeking Contraception in Kisumu, Kenya: A Qualitative Analysis

Melissa Vera (presenting)¹, Jillian Pintye¹, Jillian Pintye¹, Josephine Odoyo², Bernard Nyerere², Helen Aketch², Caroline Omom², Katrina Ortblad¹, Melissa Mugambi¹, Pamela Kohler¹, Jared Baeten¹, Elizabeth Bukusi^{1,2}

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Background: Many adolescent girls and young women (AGYW) at-risk for HIV in Kenya seek contraception at private pharmacies. Adding PrEP delivery in private pharmacies could increase access options for AGYW. To guide implementation, it is necessary to understand AGYW preferences and experiences obtaining PrEP in this setting.

Method: From October 2020 to March 2021, we piloted PrEP delivery at 3 private pharmacies in Kisumu, Kenya. AGYW (aged 15-24 years) purchasing contraception were counseled and offered PrEP per national guidelines by nurses with remote prescriber oversight. AGYW who consented to taking PrEP were provided with a free one-month supply. We conducted in-depth interviews (IDIs) with purposively sampled AGYW based on 2 categories: 1) obtained PrEP pills, but never used them, and 2) initiated PrEP use within 30 days. Transcripts were analyzed using inductive methods to explore experiences of AGYW accessing PrEP at pharmacies.

Results: Overall, we conducted 41 IDIs with AGYW seeking contraception at private pharmacies who obtained PrEP pills. The median age was 21 years (range 15-24); 44% purchased emergency contraception at enrollment, and 50% had initiated PrEP use since obtaining pills. AGYW preferred pharmacies over clinics for accessing PrEP and they were willing to pay for PrEP at pharmacies, even if PrEP was available for free at clinics. Reasons for this preference included ease of access, lack of lines and medication stockouts, privacy, anonymity, and autonomy over one's health. Higher quality counseling from nurses stationed at pharmacies also facilitated PrEP uptake. AGYW reported that they received more attention, time, and better education regarding PrEP and contraception as compared to public sector clinics.

Conclusion: Accessing PrEP at private pharmacies was preferable over public clinics among AGYW seeking contraception. Pharmacies may be an important PrEP access point option for this population.

1053 Analysis of PrEP for Key Populations in Harare City Zimbabwe, 2021

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Background: Harare City was one of the first public health-sectors to offer key populations (KP) friendly HIV prevention, care and treatment services in Zimbabwe. Pre-exposure prophylaxis (PrEP) access began at Wilkins hospital in 2018 and has been rolled out to 17 facilities in the City. We analysed the characteristics of new PrEP initiations among KPs in 2021 to give evidence-based intervention recommendations in Harare City.

Method: We conducted a descriptive cross-sectional study using secondary data from Harare City Health Department's 18 facilities that offer PrEP. Descriptive summaries and graphs were generated.

Results: A total of 3180 clients were initiated on PrEP in 2021. Of these, 1866 were KPs, constituting 59% of the total initiations. Fig 1 below summaries new PrEP initiations for 2021.

Figure 1: New PrEP initiations in Harare City, 2021

Figure 2: KPs currently of PrEP in Harare City as of 30 September 2021

The largest proportion of people who accessed oral PrEP services were sero-discordant couples who constituted 40%. Female sex workers (FSW) were second largest with 1282(37%) currently on PrEP as of 30 September 2021. Men who have sex with men (MSM) constituted 19%. KPs (male sex workers (MSW), MSM, FSW & Transgender) constituted 47% of clients who came for PrEP refill visit. The general population, people in sero-discordant relationships and those classified as other constituted most client profiles for individuals who accessed oral PrEP as continuation, 257 (53%).

Fig 3: PrEP continuation in Harare City, October to December 2021

Conclusion: There was success in PrEP provision attributed to increase in number of facilities offering the service, HCW trainings on PrEP service provision, safe spaces, and moonlight outreaches. There is need for strengthened PrEP stock monitoring to prevent stock-outs, tracking and follow up of clients for PrEP continuation.



1054 The Impact of HIV-Related Stigma on The Racial/Ethnic Disparities in Retention in HIV Care among Adults Living with HIV in Florida

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Background: HIV stigma continues to impact retention in HIV care among people living with HIV (PLWH) and may disproportionately affect minoritized communities. We examine the effects of distinct HIV stigma subtypes on retention in care and racial-ethnic differences.

Method: Data came from the Florida Medical Monitoring Project 2015-2017, an annual survey and medical record abstraction of clinical and behavioral characteristics. Data included a weighted sample of 89,889 PLWH in Florida (50.0% non-Hispanic Blacks, 20.8% Hispanics, and 29.2% non-Hispanic whites). Logistic regressions examined associations between HIV-related stigma subtypes of negative self-image (i.e., "not as good of a person as others because of HIV"), anticipated stigma (i.e., "people with HIV are rejected when others find out"), personalized stigma (i.e., "hurt by how people reacted to learning I have HIV"), and retention in care outcomes.

Results: In the overall sample, decreased odds of being retained in care were found among PLWH with high negative self-image and anticipated stigma. Conversely, personalized stigma was associated with greater retention rates. Association between HIV-related stigma subtype and retention in care differed across Black, White, and Hispanic participants. When stratified by race, high negative self-image was associated with increased odds of retention in care among Hispanics and non-Hispanic Whites, and a lower likelihood of retention in care among non-Hispanic Blacks. High and moderate levels of anticipated stigma (compared to low) were associated with a lower likelihood of being retained in care across all racial-ethnic groups. Conversely, high and moderate levels of personalized stigma were associated with a higher likelihood of being retained in care across all racial-ethnic groups.

Conclusion: Results revealed distinct types of HIV stigma may differentially impact retention in care outcomes and these associations may differ across race-ethnicity. Future interventions should aim to account for the impact of HIV stigma subtypes have on racially minoritized

1057 Implementation of a Home-Based HIV Pre-Exposure Prophylaxis Program

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Introduction: About 1.1 million adults in the US have an indication for HIV pre-exposure prophylaxis (PrEP), but less than 20% are current PrEP users. There are many barriers to PrEP care that result in its underutilization and discontinuation. Research is needed to identify strategies to increase PrEP uptake.

Description: We used the CFIR framework to evaluate determinants of implementation of a home-based PrEP program at an urban community HIV clinic. The program offered telemedicine PrEP visits and a self-administered lab kit mailed to the patient's home. Acceptability served as the implementation outcome using the perspective of patients, providers, and PrEP retention coordinators (PRCs).

Lesson Learned: In a baseline survey of PrEP users (N = 84), 65% expressed interest in switching to the home-based PrEP program. Patients who lived further from the clinic were more likely to be interested. Twelve patients over the course of follow-up opted to try home-based PrEP. Over 80% of patients had strong positive feedback on the telemedicine visits. Eight patients completed a self-administered lab kit and System Usability Scale (SUS) survey with a score of 81.1, indicating excellent acceptability. Despite mixed feelings from PrEP providers on telemedicine visits (N = 5), most felt that the program made PrEP care delivery easier for the patient participants, and most would encourage their patients to use the program if it were a good fit. Barriers to success of the program included shipping delays, turnaround time for lab results, and staff turnover during program implementation.

Recommendations: Despite strong interest in the home-based PrEP program, uptake was generally low. However, acceptability was high among adopters of the program. Barriers related to the implementation process such as shipping delays need to be addressed to increase the effective implementation of this program.



1059 HIV Stigma is Associated with Depressive Symptoms, Non-Adherence, and Viral Non-Suppression in Youth with HIV

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Background: Few studies have quantified the impact of HIV stigma on treatment outcomes for youth with HIV (YWHIV).

Method: Youth (aged 15-24 years) in nine Western Kenya HIV clinics completed a survey assessing sociodemographics, HIV stigma (Wright scale), depressive symptoms (PHQ-9), and adherence. The first viral load (VL) after enrollment (2019) was abstracted from clinic records. We estimated the risk (adjRR) of depressive symptoms (score>4), non-adherence (missing ≥2 days of ART/month), and viral non-suppression (≥50 copies/ml) for every increase in HIV stigma score of one standard deviation (SD), adjusted for age and gender (and regimen in the VL model). Bootstrapped 95% confidence intervals (95%CI) accounted for clustering by facility.

Results: Of 1,011 YWHIV, 701 (69%) were female, median age 18 years (IQR: 16-21), and had been aware of their HIV status for a median of 5 years (IQR: 2-8). Overall, 190 (21%) had non-adherence, 194 (21%) depressive symptoms and 24% were on dolutegravir. Of 662 youth with VL data, 306 (46%) had VL ≥50 copies/ml (with 12% having VL ≥1000 copies/ml). The mean stigma score was 25 out of 50 (SD=7.0). A higher stigma score was associated with a higher risk of depressive symptoms (adjRR=1.50, 95%CI: 1.14-1.98), non-adherence (1.30 [1.06-1.58]) and VL ≥50 copies/ml (1.17 [1.07-1.29]). Experienced and anticipated stigma were associated with VL ≥50 copies/ml (1.10 [1.01-1.20] and 1.22 [1.05-1.43] respectively).

Conclusion: Although ~90% of YWHIV had VL below 1000 copies/ml, ~50% had low-level viremia. Stigma was associated negative clinical and psychosocial outcomes. Interventions to decrease stigma may improve virologic and mental health outcomes in YWHIV

1063 Navigating a New Model of HIV Treatment Delivery: Development and Optimization of a Blueprint for Implementation of CABENUVA in Infusion Centers

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Background: The Giving Long Acting CABENUVA in an Infusion center (GLACIER) study evaluates the process of administering CABENUVA at infusion centers (ICs). Long-acting HIV treatment offers an opportunity to explore new models of care delivery (alternate sites of administration) to increase capacity. An Expert Panel (EP) informed and supported development and refinement of a blueprint for CABENUVA administration at ICs in the southeastern United States.

Method: 1-hour qualitative interviews [HIV Care Provider (HCPs; n=3) and IC Stakeholders (n=5)] and a 3-hour EP virtual meeting including the HCPs, IC Stakeholders, and two ViiV Healthcare representatives occurred. Qualitative interview data were synthesized to identify a proposed set of key steps for the implementation blueprint and were reviewed during the EP meeting to obtain clarification and consensus. Together, data from the interviews and EP meeting were synthesized into a blueprint to support implementation of CABENUVA at infusion centers.

Results: Six steps were identified for the blueprint (Figure 1), with detailed breakdowns of key decision and communication elements at each step to implement this new model of care. Components included but were not limited to: bidirectional communication between HCPs and IC staff, maintain HCP oversight of all medical decisions, and acknowledging HIV stigma. Identifying processes around managing CABENUVA oral lead-in, labs, and insurance verification were key components of the blueprint. The EP identified the ICs' ability to monitor treatment target date, process insurance, and alleviate HCP capacity challenges as top benefits of this new model of care. The blueprint was distributed to the ICs to use in routine care.

Conclusion: Establishing a blueprint for CABENUVA implementation at ICs via EP yielded a successful guide for transitioning administration from HCP clinics to ICs. The blueprint is currently being tested and future assessments will occur to optimize the process as CABENUVA implementation continues to increase at ICs.



1073 Acceptability of Long-Acting Antiretrovirals for HIV Treatment in Kenya

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Background: In 2020, 14% of diagnosed persons living with HIV (PLWH) in Kenya were not taking antiretroviral therapy (ART), and 19% of those on ART had unsuppressed viral loads. Long-acting antiretroviral therapy (LA ART) could increase viral load suppression by promoting ART uptake and adherence. Our objective was to conduct key informant interviews with HIV experts in Kenya to inform the design of a discrete choice experiment to identify product and delivery attributes related to LA ART acceptability among PLWH in Kenya.

Method: In-depth interviews (IDIs) were conducted with 12 key informants (KI) via Zoom on different potential LA ART options, including intra-muscular (IM) injections, subcutaneous injection, implants and oral pills, compared with current daily oral ART. KI were asked to discuss the regimens they were most and least excited about, as well as barriers and facilitators to LA ART roll-out. IDIs were audio recorded and transcribed, and data were analyzed using a combination of inductive and deductive coding approaches.

Results: Overall, participants felt that compared to the daily oral pill, LA ART would be more acceptable to PLWH because of pill fatigue. The most exciting modalities were IM injections and LA oral pills, which would ease pill burden and improve adherence. Populations that KI felt might especially benefit were adolescents in boarding schools and stigmatized populations such as sex workers. Subcutaneous injection and implants were less favored, as they would require training of the patients and healthcare workers on administration. Some participants thought patients, especially men, might worry that IM injections and implants would impact fertility, given their current role in family planning.

Conclusion: There is interest and support for LA ART in Kenya especially intra-muscular injections and LA oral pills. Addressing potential misconceptions will be important before wide-scale implementation.

1075 Effectiveness of a Peer Navigation Intervention to Sustain Retention among HIV-Positive Female Sex Workers

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Background: People cannot pass HIV through sex when they have undetectable levels of HIV. So, the concept known as Undetectable = Untransmittable (U=U) should be successful if the new strategy like peer navigation is implemented to improve HIV treatment. In Cameroon, this strategy is implemented among female sex worker living with HIV since their HIV prevalence (24.3%, IBBS 2016) is high than that for general population (3.8%) within the framework of continuum of prevention, care, and treatment of HIV/AIDS with most at risk populations (CHAMP) project. Peer navigators are traditionally persons living with HIV (PLWH), who are treatment adherent and share similar experiences and live within the same communities as the people they mentor.

Method: Data was collected among female sex workers between April 2020 and April 2021 among the patients of Horizons Femmes 's active file recently diagnosed with HIV through a cross-sectional survey in which 17 items questionnaires were administrated to 100 FSW with an age range between 25-30 years. Questionnaire items specifically addressed effect of peer navigation female sex workers on of the effect of peer navigation. Statistical analysis was conducted using CPRO 6.2, and SPSS 22 software. The qualitative data were manually processed and analyzed with content.

Results: Qualitative data revealed that peer navigation was instrumental in encouraging engagement and retention in care and support services after diagnosis, helping FSW overcome stigma-related barriers, in order to disclose, elicit social support, and make prevention decisions. Quantitatively, 99% (99/100) of the participants declared that thanks to peer support through life step therapy and their experience sharing, they took their ARV treatment as prescribed although their activity is riskier. 98% (98/100) of the participants were virally suppressed.

Conclusion: Overall, peer navigation is an effective approach for linking and retaining people living with HIV to HIV care in order to achieve UNAIDS goals.



1077 Effects of Structural Racism and Discrimination on HIV Health Outcomes: A Systematic Review

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Background: Despite widespread prevalence of structural racism and discrimination (SRD) across the healthcare system, the impact of SRD on HIV outcomes has not been well described.

Method: This systematic review searched PubMed and PsycInfo databases using keywords including and related to HIV, racism, and healthcare disparities. Inclusion criteria were peer-reviewed, U.S.-based studies published between 2001 and 2021, reporting an objective HIV outcome. Exposures were defined as SRD at the interpersonal (ex. patient-provider interaction), intra-organizational (ex. health clinic structure), and extra-organizational (ex. community) level. Primary outcomes included ART adherence, HIV viral load, or CD4 count. Secondary outcomes included PrEP, mental health, or substance abuse services.

Results: The search returned 4802 papers; 28 were selected. At the interpersonal level, studies show that Black and Hispanic people living with HIV (PLWH) experience substandard patient-provider interactions compared to White PLWH as demonstrated by shorter visits, greater provider verbal dominance in conversations, fewer provider open-ended questions, and less psychosocial conversations (n=11 studies). At the intra-organizational, measures of SRD are lacking but some studies linked favorable organization climates to PrEP prescription and service coordination: nurse practitioners are more willing to prescribe PrEP and patients have higher odds of linkage to HIV testing, mental health care, and public health services in settings where clinic climate and culture are favorable (n=2). At the extra-organizational level, PLWH residing in high-poverty neighborhoods are less likely to maintain viral suppression or to have higher CD4 counts and more likely to have greater risk for mortality (n=15).

Conclusion: We found evidence that SRD negatively impacts ART adherence and viral suppression at interpersonal, intra- and extra-organizational levels. Alongside the advances made in ART, strategies that reduce SRD may help to largely mitigate HIV health disparities between racial groups.

1080 Assessing the Impact of COVID-19 on Retention in HIV Primary Care: A Longitudinal Multisite Analysis

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Background: The emergence of COVID-19 in March 2020 led to abrupt changes in healthcare. To assess the impact of COVID-19 on retention in care among people with HIV (PWH), we analyzed data from the Data for Care Alabama (D4C) project, a consortium of seven HIV-care facilities across Alabama. We compared retention in care outcomes before COVID-19 (Apr19-Mar20) and during COVID-19 (Apr20-Mar21) and assessed the role of patient sociodemographics on retention in care in both periods using a retrospective cohort design.

Method: We compared scheduled HIV primary care physician (PCP) appointments between Apr19 and Mar21 using a logistic regression model (n=6410) using two distinct retention in care measures. Visit constancy (kept-visit measure) was calculated as a binary score (1 = individuals attended ≥1 scheduled PCP appointment in both 6-month intervals); a score of 2/2 was deemed as high visit constancy. No-shows (missed-visit measure) were categorized as having ≥1 vs. 0 no-shows in the pre-COVID-19 and COVID-19 periods. We also examined sociodemographic trends in retention in care prior to and during COVID-19.

Results: Individuals were predominantly Black (67%), male (70%), and had a median age of 46 years. Overall, PWH during the COVID-19 period had higher odds of having ≥1 no-show [AOR (95% CI): 1.27 (1.19, 1.35)] and lower odds of high visit constancy [AOR (95% CI): 0.85 (0.79, 0.92)] than in the pre-COVID-19 period. Heterosexual PWH versus men who have sex with men were more likely to have ≥ 1 no-show and transgender versus cisgender women had lower visit constancy in the COVID-19 period only.

Conclusion: Our findings illustrate the negative impact of COVID-19 on HIV PCP visit attendance and missed visits highlighting individual-level differences in retention in care outcomes prior to and during COVID-19. Interventions are needed to improve retention in care during the ongoing COVID-19 pandemic.



1083 Engaging City Councillors to Address Social and Structural Drivers of HIV in Blantyre City: A Formative Study

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Background: Blantyre City records the highest number of people living with HIV (10%), despite its contribution to only 4.5% of the national population in Malawi. Rural-urban migration, poverty, under-employment, and under-regulated industries such as bars are some of the major drivers for HIV transmission in the city. However, interventions aimed to address HIV risks are largely biomedical. Elected city councillors can provide oversight of HIV programmes in their wards and can address the structural drivers of HIV. However, they are not optimally utilized.

Objective: To identify opportunities and gaps for engaging councillors to address social and structural drivers of HIV in Blantyre City.

Method: Between November and December 2021, we conducted a qualitative study in Blantyre City, involving 59 purposively sampled participants: 23 Councillors; 14 representatives from the District and City HIV and AIDS coordinating committees (DACC & CACC); 7 partners from various non-governmental organizations (NGOs) working on HIV programmes; and 15 community leaders. Data were collected through in-depth interviews, transcribed verbatim and analyzed thematically.

Results: DACC and CACC members, and NGO partners were knowledgeable about the current HIV epidemic landscape in Blantyre. Councillors and community leaders lacked this knowledge. Councillors reported that they play critical roles in community development programmes including implementation of By-laws and mobilization of resource. However, they were not engaged in HIV/AIDS programmes. Rapid urbanization, rural-urban migration, poverty, alcohol and substance abuse, transactional sex, early marriages were key structural drivers of HIV infections. Gender based violence, HIV stigmatization, poor access to healthcare facilities were said to hinder uptake of HIV preventive products.

Conclusion: Stakeholders involved HIV/AIDS programming in Malawi should invest more on capacity building the councillors through trainings, provision of HIV/AIDS information to enable them initiate HIV risk reduction changes in their communities.

1088 20 Years of Optimizing the Management of HIV in At-Risk Populations: Data from a Harm-Reduction Program Managed by Ares do Pinhal in Lisbon

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Background: HIV is still a cause of concern in some vulnerable populations, such as drug users and the homeless. Harm reduction programs undertake a significant effort to screen, diagnose and treat this chronic condition. In the Mobile Outreach Program (MOP) managed by Ares do Pinhal in Lisbon (Portugal), patient education and HIV management is a priority.

Method: Increasing screening and diagnosis for HIV, patient education for harm reduction concerning infectious diseases and drug use (to prevent new infections), fighting stigma and myths about treatment, and patient referral, remain a priority within the program. Also, concomitant management at the MOP of a methadone substitution program and treatment for infectious diseases, based on a direct observation treatment (DOT), characterize the program. The present data are based on the medical charts available in the program between 2001 and 2021.

Results: The MOP managed around 8 323 individuals during the study period -around 85% males. For HIV, 28 660 screenings were performed, with an average incidence of 2,2% and a prevalence of 21% during these 20 years. During these 20 years, we have observed an increase in prevalence between 2001 and 2006, which has been steadily decreasing over the last 15 years -from a prevalence of 26.9% in 2003 to 14.1% in 2021. In the last 5 years, the average number of needles/syringes exchanged is around 160 thousand per year, as well as 30 thousand condoms per year.

Conclusion: These results highlight the importance of the MOP managed by Ares do Pinhal in the screening and subsequent referral of patients with HIV since 2001. Although the current pandemic rose challenges to the MOP operation, screening was the most affected. Re-establishing the pre-pandemic levels of screening must be seen as a priority in 2022.



1089 Improvement Methodology and COVID-19 Adaptation

Steven Sawicki (presenting)¹

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Introduction: Successful improvement and intervention work contains elements that were used by HIV providers when COVID-19 brought a halt to business as usual. The ability of an organization to successfully pivot and develop alternatives to care was directly tied to their history of doing improvement.

Description: In February of 2020 COVID-19 shut everything down. Clinics and hospitals stopped seeing patients except for those with COVID-19. Community based organizations and consumer groups found themselves shut out of offices and locked down at home. Consumers became disconnected from care. This raised concerns about whether the HIV system could maintain care. NYLinks spent this time monitoring the HIV Care system and paying attention to what was being done. We found that nearly all providers adapted and adopted their service delivery to best meet the needs of patients/clients within the existing environment. The obvious telehealth services were implemented but also: home lab services, creative food delivery, home HIV testing procedures, mental health expansion, virtual groups and meetings, were developed. And much more. This poster will show the many creative ways programs met needs and the processes they used.

Lesson Learned: Data from 2021 and preliminary data from 2022 indicate that, while lab work was greatly reduced during those time periods, viral suppression rates remained within a percentage point of where they were at the end of 2020. In some geographic regions they were actually higher. This indicates that providers were able to develop alternatives to the standard care delivery system that maintained medication regimens and engagement with patients.

Recommendations: The tools and techniques used in improvement and intervention work can also be used during times of stress in order to adapt and maintain. We believe that additional training in these tools and techniques would benefit all organizations that provide services to PLWHA.

1091 13 Interventions to Improve Consumer Involvement in Your Organization

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Introduction: Consumer input is an important, and often required, part of any organization's improvement activities. It is also a key component of successful customer service models. And, yet, it is also something that organizations have the hardest time managing. This poster will detail 13 different ways, from simplest to complex, an organization can generate consumer input.

Description: Consumer involvement has typically been seen through the lens of the Consumer Advisory Board (CAB). The CAB is an artifact of a system that existed in the 1990's and early 2000's but does not exist today. Still, it is seen as the primary, and often the only, method to generate consumer input. NYLinks looked at the full spectrum of consumer involvement and identified 13 different ways that organizations can generate consumer input. These range from the very simple Single Question Survey, to the more complex CAB. We broke these various tools down into categories so organizations can pick and choose which ones might be the most effective considering the resources at hand, the goal of the input, and the target population. We looked at factors such as: ease of use, complexity of the tool, duration tool needed to be used to be effective, staff and resource requirements, and limitations. We then created a grid that lays everything out in an easy to understand table.

Lesson Learned: Consumers want to have a say in the way services are delivered to them. By selecting from a continuum of tools, organizations can pick the right one and make consumer input something that is regular, appreciated, and common place.

Recommendations: Organizations should embrace a broader definition of consumer involvement. There are many different ways to involve consumers and organizations should consider all of them, selecting the ones that fit their existing requirements and resources.



1093 Rapid ART in a Large Southern HIV Clinic: Impact on Medication Adherence, Retention in Care, and Virologic Suppression

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Background: Rapid initiation of antiretroviral therapy (ART) after HIV diagnosis is feasible and accelerates virologic suppression. Limited data exist on the impact of rapid ART on medication adherence, retention in care and sustained virologic suppression.

Method: A retrospective review compared two cohorts of individuals newly diagnosed with HIV: those enrolled within 24 months before and those within 12 months after implementation of a rapid ART program in October 2018 in an urban HIV clinic in Dallas, Texas. Demographics, psychosocial variables, and HIV labs were collected. Outcomes included medication adherence score (% refills), retention in care (2 encounters (viral load (VL) allowed for one) within 12 months, ≥ 90 days apart) and virologic suppression (time to VL < 200 copies/mL, sustained VL < 200 copies/mL at 12 months). Data analyses included stepwise Cox, linear and logistic multivariate regression modeling conducted in SAS, version 9.4.

Results: Overall, 302 were in the pre-rapid ART group and 246 in the rapid ART group. Mean age was 35, 79% were male, 46% non-Hispanic Black, 37% Hispanic. The rapid ART group had more untreated mental illness and less insurance coverage than the historical group. Median time to VL suppression was similar (pre- v. rapid ART, 2.4 v. 2.6 months, $p=0.47$). In multivariate analyses, adherence scores were higher in the rapid ART group (+14.2 points, $P<0.001$), as was retention in care (aOR 3.3, 2.0-5.4, $p<0.001$). Sustained VL suppression was similar between the groups ($p=0.17$). [Figure 1](#)

Conclusion: A rapid ART initiation program in Dallas, TX, was associated with similar time to and sustained virologic suppression, improved medication adherence and improved retention in care compared to historical controls. Future studies should explore how patient experience with rapid ART may influence adherence and clinical outcomes.

1094 Where the World Stands on HIV Differentiated Service Delivery

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Background: Lockdowns, social distancing, and health systems overwhelmed with COVID-19 threaten antiretroviral therapy (ART) for people living with HIV (PLHIV). Differentiated service delivery (DSD) is an important policy to support ART adherence. During COVID-19, it becomes doubly essential, enabling PLHIV to obtain medications without risking COVID-19 exposure. While some countries have adopted this policy, many still have not.

Method: Using data from Georgetown University's HIV Policy Lab, we analyze whether each of 194 countries has adopted DSD policies: (1) allowing community distribution of ART, (2) reducing the frequency of clinical visits, and (3) providing multi-month medicine supplies. A country has "Adopted" the policy if it has adopted all three sub-parts, "Partially Adopted" if it has adopted one or two, and "Not Adopted" if it has adopted none. We then compare policy adoption globally and across regions to describe the current state of policy progress towards DSD and pinpoint where policy change is needed.

Results: Nearly 60% of the 163 countries for which we have data have adopted at least one of the DSD policies, but only 13% have adopted all three. 25% of countries allow community distribution, 39% allow for 6-monthly clinical visits, and 40% permit multiple-month supplies of ARVs ([Figure 1](#)). Countries in Eastern and Southern Africa (ESA) lead in DSD adoption: 43% of countries have adopted all three policies, more than twice the rate of other regions ([Figure 2](#)). Globally, the adoption of DSD has improved: full adoption worldwide increased from 4% in 2019 to 13% in 2021 ([Figure 3](#)).

Conclusion: COVID-19's disruption of daily routines and routine health-care delivery all over the world continue to demonstrate why maximum flexibility and convenience are valuable everywhere. Over time more countries have adopted DSD. Going forward, advocacy is needed to ensure that such policy improvements continue.



1096 Evidence on Acceptability, Feasibility, and Effectiveness of Community-Based Delivery of HIV Pre-Exposure Prophylaxis: Results from a Systematic Review

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Background: Despite oral pre-exposure prophylaxis (PrEP) scale-up, uptake has not met global targets. Clinic services, which account for most PrEP delivery, may not align with user preferences and have barriers to uptake. Community-based PrEP delivery could improve uptake and effective use. This review evaluated the effectiveness and feasibility of community PrEP delivery models.

Method: We searched publication and conference databases with terms for PrEP and community-based delivery. We included randomized trials and quasi-experimental studies comparing community-based PrEP models with PrEP delivered in traditional clinic or pharmacy settings. We also included case studies and qualitative studies exploring values and preferences around community delivery.

Results: We identified 67 studies, including six trials and quasi-experimental studies in the US, Sub-Saharan Africa, Southeast Asia. We categorized three community-based PrEP delivery models: fixed community sites (N=17); mobile services (N=15); and telemedicine (N=25). All trials and quasi-experimental studies focused on fixed community sites, which was associated with comparable or increased PrEP initiations and persistence versus clinic models. For example, in SEARCH, fixed community site delivery was associated with higher persistence (adjusted odds ratio [aOR]:1.52; 95% confidence interval [CI]:1.26-1.84) and 74% lower HIV incidence in Kenya and Uganda. Love O2O in Thailand found no difference in PrEP initiation between community and clinics sites (aOR:1.13; 95% CI:0.54-2.33). No effectiveness data were available on mobile or telehealth programs, but case studies suggested high PrEP initiation and continuation across populations and settings.

Conclusion: Multiple community-based PrEP models were found to be feasible. The strongest evidence was for fixed community site delivery, which may be particularly effective for underserved populations. Study designs that measure mobile and telehealth service delivery effectiveness and costs are needed.

1100 Modelling HIV Epidemic Control in Cities and Municipalities

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Background: Fast-Track Cities aim to accelerate local responses towards attaining HIV epidemic control. Mathematical modelling provides insight into epidemic control trajectories, informs programmatic decision-making, and helps allocate resources.

Method: A literature review was conducted to assess the use of mathematical modelling to guide HIV epidemic control strategies in city and other comparable municipal settings. Search criteria included: studies published on or after 2015; one or more of the following search word combinations in the title and/or abstract: 90-90-90 + Model, 95-95-95 + Model, TASP + Model + HIV, PrEP + Model + HIV; done in city or municipal settings; were projections related to specific interventions. Exclusion criteria included solely cost-effectiveness analysis, generalized models, and overviews of other studies.

Results: A total of 14 studies were identified. Eight were in the Global North and six were in the Global South. The studies encompassed four types of models: agent based (5), compartmental (6), microsimulation (1), and network (2). All models looked at the impact of PrEP on epidemic control, usually in conjunction with another intervention (TasP/ART (4), care continuum optimization (2), HIV vaccine (1), combination prevention (2)). Findings included: long-acting PrEP outperforms oral PrEP in decreasing HIV incidence (2); care continuum optimization in conjunction with PrEP was effective in reducing incidence (4); ART is more effective than PrEP in reducing HIV incidence (3); and PrEP cost is a limitation for it to be widely used to reduce HIV incidence (4 studies). Additionally, four studies showed targeted PrEP as more effective than untargeted PrEP, and one study demonstrated the opposite.

Conclusion: Mathematical models in city and municipal settings have primarily focused on the impact of PrEP and TasP/ART in reducing HIV incidence. City-level studies focusing on other innovative prevention strategies as well as focus on additional sub-groups could provide important information on strategies for epidemic control.



1101 Fast-Track Cities Implementation Science Fund

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Introduction: Fast-Track Cities are committed to accelerating the local HIV response through evidence-based interventions, policies, and practices. Implementation science aims to identify barriers and solutions to the adoption of proven interventions in diverse real-world settings.

Description: The International Association of Providers of AIDS Care, in collaboration with the Fast-Track Cities Institute launched the Fast-Track Cities Implementation Science Fund to support clinician and community researchers through focused one-year grants aimed at moving from evidence to practice across the HIV care and prevention continua. Ten proposals were funded in 2021 including from four community-based organizations, four non-profit or research centers, and two clinical academic centers from North America (1), Africa (5), Eastern Europe Central Asia (2), and Asia Pacific (2). Funded proposals leveraged a total of seven different Implementation Science Frameworks. A Learning Collaborative was launched alongside the grant with the aim of 1) providing mentorship to non-traditional researchers and 2) Facilitating discussion amongst grantees to share progress, lessons learned, and provide peer-to-peer support.

Lesson Learned: The Fast-Track Cities Implementation Science Fund has enabled the establishment of a diverse global community of implementation science researchers. Approximately six-months into implementation, impact across various domains has been observed including: increased uptake of pre-exposure prophylaxis (PrEP), increased testing among key populations including MSM and FSWs, decrease in time to PrEP or antiretroviral therapy (ART) initiation in clinical and community settings, improved retention in opioid agonist therapy (OAT), and uninterrupted ART during the COVID-19 pandemic. The learning collaborative model has been effective in creating a learning community that can be sustained beyond the duration of the grant.

Recommendations: The Implementation Science Fund and Learning Collaborative are successfully supporting researchers to close urban HIV practice and policy gaps and should be a model for the future. The learning collaborative model can be expanded broadly to Fast-Track Cities, facilitating a global learning community.

1102 Global Consultation to Plan for Inclusion of Pregnant and Lactating Individuals in a Phase 3 PrEP Clinical Trial

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Introduction: HIV acquisition risk increases during pregnancy and postpartum, which is associated with increased perinatal transmission. Pregnant and lactating individuals (PLI) are often excluded from clinical trials, thus limiting safety and pharmacokinetic data for PLI. For antiretrovirals, such data often become available several years post-approval. Recent guidance documents published by regulatory authorities and experts in the field (e.g., PHASES Working Group) have advocated for inclusion of PLI in clinical trials of novel antiretrovirals.

Description: PURPOSE-1 (NCT04994509) is a Phase 3 study evaluating lenacapavir (LEN, six-monthly subcutaneous injection) and emtricitabine/tenofovir alafenamide (F/TAF, daily pill) for HIV prevention in cisgender women. Meetings with stakeholders – including community advocates, trial investigators, scientists not involved in the trial, ethics review committee members, and regulators – and the PURPOSE-1 Global Community Advisory Group during the trial design identified inclusion of PLI as a priority as well as the need to ensure trial sites had experience in caring for this complex population.

Lesson Learned: The PURPOSE-1 protocol intentionally addresses stakeholder priorities and evidence gaps by allowing i) women not on contraception to make an informed decision to participate in the trial and ii) women who become pregnant to make an informed decision to continue study drug through pregnancy and lactation, contributing to safety data for LEN and F/TAF as potential HIV prevention agents. A dedicated pharmacokinetic substudy in PLI was defined as a protocol objective. The substudy will assess maternal, breast-milk, and infant study drug concentrations, with samples collected at existing study visits to minimize burden. Lessons learned include the importance of dedicated dialogue with stakeholders across countries where the study is conducted in order to understand diverse perspectives and ensure design feasibility.

Recommendations: Strong stakeholder engagement supports the inclusion of complex populations in clinical trials. Inclusion of PLI in HIV prevention trials will inform safety and proper dosing, potentially accelerating safe access.



1103 HIV Stress Exchange: Queer Men, Intergenerational Stress, and Intimacy amidst the Time of HIV

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Background: HIV remains a principal inequity for queer men. Artificially, gay men are divided into a “younger” cohort that has always known about HIV, and an “elder” one that experienced a time without HIV and the onslaught of AIDS. Advances in prevention have cultivated a confusing discourse. On one hand, HIV is a “chronic condition”, which occludes psychosocial effects for men of *all* statuses; parallel, multiple technologies exist to “not get” HIV, which over individualizes responsibility and belies inequities. Still, HIV-related stress persists amongst queer men, and regarding HIV as discourse has not been well-represented in prevention and care.

Method: This empirical study is a response, seeking to build an HIV-informed model of theory and practice, entitled *HIV Stress Exchange*. A Queer Discourse Study was conducted on 20 in-depth interviews with younger and elder gay/queer men of all HIV statuses, and on .123 material resources (e.g., photos) collected from the men.

Results: This data showed HIV as discourse and what meanings it holds in embodied lives. Whereas HIV does not hold much outward voice, these men acknowledge enduring stress in relationships. Second, the men deploy various prevention behaviors: dominant practices (e.g., PrEP), resilient survival strategies (e.g., creative testing uses), and frank political contestations. Third, dominate HIV discourses beleaguer the development of positive intimacy. In all, five themes materialized: HIV as “in/validated”, “un-/voiced”, “un-/intelligible”, holding “intimacy/-ies”, and being “PrEP/-ared”.

Conclusion: The conceptual model for *HIV Stress Exchange* is presented along with an HIV-informed model for LGBTQ+-affirmative practice. These results provide context for what it means to live long-term under this age of HIV, whether or not infected — and contributes a social theory for the intergenerational transmission of HIV as social discourse.

1104 Cross-Jurisdictional Data Sharing: The Georgetown ATra Black Box

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Introduction: The ATra Black Box is a novel privacy technology that is currently deployed in 35 public health jurisdictions to securely match HIV surveillance data. The Black Box provides files that can be imported to the enhanced HIV/AIDS Reporting System (eHARS) and improves the completeness and timeliness of data used for national HIV indicators.

Description: In 2021, the Georgetown University (GU) ATra team made adjustments to the infrastructure of the Black Box to allow for utilization across different types of datasets and enable more dynamic updating of the programming in the Box between runs. The use of templates for the import and export of data provides flexibility and breadth in the data that can be ingested by the Box and the reports that can be generated. An enhanced graphical user interface also improves usability and streamlines data validation.

Lesson Learned: The GU team successfully implemented the new ATra version for a project that matches data from a large HIV research cohort study and public health surveillance systems. The import templates allowed real-time changes to data file structures and the ability to add variables and datasets over time without changes to the core programming. The graphical user interface provided users with the on-demand ability to check files for errors and/or missing data issues and to run analytic scripts in SAS with data from the Black Box.

Recommendations: The evolution of the Black Box technology provides a robust platform for securely matching data across multiple systems and multiple entities. For HIV data, future plans include the incorporation of Ryan White, Medicaid, ARV prescriptions, and location data across multiple jurisdictions to allow for a more accurate and complete picture of the epidemic and actionable data for engaging and retaining persons with HIV in medical care. GU is also working to provide real-time information on new data across jurisdictions that will reduce the time it takes for public health staff to update case information and follow up to reduce the spread of disease.



1105 Inclusion, Experience, and Data: Approaches for Prioritizing the Transgender and Gender-Diverse Voice in a Phase 3 Clinical Trial of Long-Acting PrEP

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Introduction: Transgender women, transgender men, and gender non-binary individuals (TGNB) have been under-represented in clinical trials of PrEP, and there is evidence that PrEP awareness and uptake is lower among TGNB compared with cisgender gay men. Lack of gender affirmation in PrEP education and concern about drug-drug interactions with gender affirming hormone therapy (GAHT), despite pharmacokinetic data to the contrary, are cited as barriers to PrEP uptake and adherence.

Description: The PURPOSE-2 Phase 3 study of lenacapavir (LEN) for PrEP includes cisgender men and TGNB who have sex with men. The study's focus on TGNB participants responds to advocates' requests to include not only transgender women, but also transgender men and gender non-binary individuals and is informed through engagement with TGNB care experts and community advisors throughout study development and implementation.

Lesson Learned: A global community advisory group with robust TGNB representation was created to consult with the study team, starting prior to protocol finalization and continuing regularly thereafter. Case report forms were enhanced to include pronoun preference, two-step gender identity screening, sexual orientation, organ inventory, gender-affirming surgical history, and GAHT use. We developed quantitative and qualitative instruments to elucidate preference and acceptability of PrEP options among TGNB participants. Investigators, site, sponsor, vendor, and external partner staff are required to take a gender-inclusivity training developed by the study team. Pharmacokinetic sub-analyses will assess LEN concentrations among individuals receiving GAHT. While clinically significant interactions of LEN with GAHT are not expected, these analyses will provide broad clinical data to support the use of PrEP in TGNB people on GAHT.

Recommendations: Listening to the voice of TGNB, their providers, and their community empowers clinical trials to improve inclusivity, create a welcoming participant experience, and generate data relevant to the needs of TGNB people.

1106 Clinical Validation of Restrict, a Rapid Enzymatic Assay for Measuring Tenofovir Diphosphate Concentrations

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Background: Tenofovir diphosphate (TFV-DP) is the active intracellular metabolite of tenofovir disoproxil fumarate (TDF) – a nucleotide reverse transcriptase inhibitor (NRTI) used in approved oral PrEP regimens. Measuring TFV-DP concentrations in patient samples provides objective information about PrEP adherence, but obtaining measurements via liquid chromatography tandem mass spectrometry (LC-MS/MS) requires large initial capital investments and highly trained personnel. We developed the REVerSe Transcriptase Chain Termination (RESTRIC) assay to determine TFV-DP levels based on the drug's activity to inhibit DNA synthesis by reverse transcriptase (RT) enzyme.

Method: We validated RESTRIC using 30 dried blood spot (DBS) samples from a directly observed therapy study in Thailand where participants were randomized to receive PrEP at 2, 4, or 7 doses/week. We isolated TFV-DP from DBS, added purified samples to RESTRIC reaction mixes, and added Picogreen® dye for fluorescence readout. We compared RESTRIC fluorescence with LC-MS/MS measurements using TFV-DP concentrations of 350, 700, and 1250 fmol/3mm punch as thresholds for 2, 4, and 7 doses/week PrEP adherence.

Results: RESTRIC fluorescence correlated with LC-MS/MS measurements ($r = -0.81$, 95% confidence interval [CI]: -0.91 to -0.64 , $p < 0.0001$, [Figure 1](#)). Median fluorescence was 2.47 (CI: 2.15 to 2.79) for samples <700 fmol/punch and 1.28 (CI: 1.00 to 1.57) for samples >700 fmol/punch. RESTRIC differentiated samples above or below 350 fmol/punch with 94% sensitivity and 83% specificity, above or below 700 fmol/punch with 93% sensitivity and 93% specificity, and above or below 1250 fmol/punch with 80% sensitivity and 97% specificity.

Conclusion: RESTRIC results are in strong agreement with LC-MS/MS TFV-DP measurements. RESTRIC is an alternative approach for measuring TFV-DP concentrations indicative of PrEP adherence.



1114 Virtual Models to Improve Adherence Ranked amongst the Most Common HIV and/or TB Service Delivery Adaptations during COVID-19

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Background: Between 2020 and 2021, disruptions to healthcare services caused by the COVID-19 pandemic and government restrictions began to hamper progress made by South African HIV and/or TB programs. While the impacts of the pandemic and lockdown on healthcare service delivery has been described, fewer reports describe adaptations implemented to address critical service delivery issues. Therefore, we conducted a rapid literature review to better understand HIV and/or TB service delivery adaptations.

Method: We reviewed abstracts and publications between March 2020 and December 2021 which described “programmatic innovations” or “differentiated service delivery” to address service delivery during COVID-19. We extracted data on type of intervention, intervention time period, sample size, setting, outcome, success rate, and process indicators for implementations.

Results: We reviewed 23 studies conducted in 19 countries. The majority of studies were obtained from two reports; the World Health Organization report on TB programmatic changes and an IAS supplement on how COVID-19 expedited differentiated HIV service delivery. We identified 88 individual interventions which were subsequently grouped into ten intervention themes. Digital innovations (virtual models) and adaptations to medication collection or delivery were described in 33 (38%) reports. Examples of virtual models to improve adherence included telemedicine, short message services, video or telephonic observed treatment, and call centres to provide patient support, monitor patients or schedule medication refill times. 65% of studies included reached above 50% of their intended goals.

Conclusion: While digital innovations/adaptations to medication collection or delivery may have improved adherence during COVID-19, there is little data available on effectiveness or related costs. Studies varied by location, sample size, scope, and measurement of outcome, making it difficult to identify practical, feasible and acceptable interventions that could be integrated into current care to provide high quality person-centered care for HIV and TB.

1124 Emergency Department (ED) Leaders’ Opinions on Offering HIV Pre-Exposure Prophylaxis (PrEP) in New York City Emergency Departments

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Background: Populations that may benefit from pre-exposure prophylaxis (PrEP) disproportionately experience intersecting vulnerabilities and may not access healthcare in settings where PrEP is offered. Offering PrEP in non-traditional settings, such as emergency departments (EDs), may be an opportunity to connect such individuals with PrEP. This study aimed to identify the perspectives of ED leadership on initiating PrEP in EDs in NYC, since EDs do not typically offer preventive care.

Method: We recruited N=9 ED leaders in the 5 boroughs of New York City (NYC), including department chairs, chiefs, and directors, via professional network recommendations. Leaders completed 45-minute, audio-recorded in-depth interviews via Zoom on: patients seen in their setting, available HIV/sexually transmitted infection (STI) services, protocols for when a patient presents with HIV/STI, knowledge/perceptions of PrEP, costs/benefits to offering PrEP in the ED, and opinions/preferences on introducing PrEP in the ED. Two coders worked together to analyze data.

Results: All EDs in this study served community members who were racially and ethnically diverse; for all sites, ED clients included individuals with unstable housing, injection drug use, and/or unsafe sex practices. Universal offer of HIV testing is in place in all NYC EDs, but PrEP/post-exposure prophylaxis (PEP)/STI treatment are available only on request or following a reported exposure. ED leaders were mostly positive about the idea of offering PrEP. However, they acknowledged factors that could impede implementation, including: staff/resource limitations, funding challenges, time constraints, ED culture (e.g., focus on emergency medicine), and provider knowledge. Leaders recommended staff training on PrEP, acquiring additional funding for PrEP programs, and use of navigators (rather than physicians/nurses) to introduce PrEP.

Conclusion: Offering PrEP in EDs is supported by most of the ED leaders in this study. Leaders note this will require provider training, differentiated staff focused on PrEP, additional funding, and in some cases, culture shift.



1131 Adaptation of a Transdiagnostic Counseling Intervention for Use among People Living with HIV and Psychiatric Co-Occurring Disorders with Low HIV Care Engagement in Birmingham, Alabama

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Background: Approximately 20-40% of people living with HIV (PLWH) in the US have depression, a predictor of treatment nonadherence. 30% of PLWH with depression also have one or more psychiatric disorders, including anxiety, post-traumatic stress, or substance use disorder, which may complicate mental health treatment and HIV care engagement. Interventions that can effectively address multiple psychiatric comorbidities and integrate strategies to promote HIV care engagement are needed. Our goal was to optimize a transdiagnostic treatment counseling intervention for treating psychiatric comorbidities and to improve HIV care engagement among PLWH with low care engagement in Alabama.

Method: Guided by principles of the ADAPT-ITT model¹⁰, we developed an adapted intervention manual based on literature and stakeholder engagement. Among patients, we conducted 2 focus group discussions (FGDs) to explore experiences with and barriers to HIV treatment engagement. Among providers, we held 1 FGD to understand barriers to HIV treatment engagement and to solicit feedback for our adapted manual. We independently reviewed FGDs transcripts, noting topical themes asked via the FGD guide and emergent themes common across FGD and met to discuss and resolve discrepancies.

Results: Perceived stigma was cited as a barrier to HIV and mental health treatment engagement. Patients highlighted the benefits (e.g., improves psychiatric symptoms, provides encouragement) of therapy and routine care for their HIV and mental health. Providers discussed other barriers to care engagement, including unstable housing and substance use. Providers found our adaptations to be helpful and were hopeful for the intervention's potential utility. After reviewing FGDs themes, we determined content was adequately captured in our manual and no further substantive changes were needed.

Conclusion: The ADAPT-ITT framework guided our adaptations to this transdiagnostic counseling intervention for PLWH with comorbidities who struggle with barriers to care engagement, particularly stigma.

1133 Depression Mediates the Relationship Between Exposure to Stigma and Medication Adherence among People Living with HIV in a Low-Resource Setting: A Structural Equation Modeling Approach

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Background: The association of stigma and depression with medication non-adherence, which is inextricably linked to the ability of people living with HIV/AIDS (PLHIV) to attain healthy living, has not been well characterized.

Method: This cross-sectional study recruited a convenience sample of 372 eligible participants between 11 October 2021 and 24 February 2022 from seven hospitals across two states in Nigeria: Kano (northwest), and Yobe, a northeastern state heavily affected by the Boko Haram insurgency. Participants were interviewed about their sociodemographic characteristics, and validated instruments were used to measure their level of exposure to experienced stigma, depression, and medication non-adherence. Structural equation modeling (SEM) framework, with full information maximum likelihood estimator was used to elucidate the pathways linking stigma, depression, and medication non-adherence, adjusting for sociodemographic characteristics. We hypothesize that depression mediates the association between stigma and medication non-adherence.

Results: Of the total participants (34.7% male, mean age [SD] of 39.96 [10.185]), 342 were analyzed. Our analysis indicated that a higher level of experienced stigma is associated with increased medication non-adherence. This association was partially mediated through an indirect pathway mediated by depression (indirect effect = (0.55) (0.32) = 0.17; p-value <0.001) (Figure 1). The proportion of the association between stigma and medication non-adherence explained through mediation by depression was 37.4%. The final model showed a good fit: Chi-square value = 561.84; Degrees of Freedom = 372; p-value <0.001; Comparative Fit Index (CFI) = 0.95, Tucker-Lewis Index (TLI) = 0.95, Root Mean Square Error of Approximation (RMSEA) = 0.039, Standardized Root Mean Square Residual (SRMR) = 0.05 (Figure 1).

Conclusion: Targeted interventions aimed at reducing exposure to stigma among PLHIV may reduce lack of medication adherence, thereby improving quality of life for PLHIV.



1134 Are Behaviors Intended to Conceal HIV Medications Associated with a Preference for Long-Acting vs Daily Antiretroviral Therapy?

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Background: Long-acting injectable (LAI) antiretroviral therapy (ART) is now available. This study assesses whether persons with HIV (PWH) who engage in behaviors to conceal their ART have a greater preference for a hypothetical LAI ART.

Method: The results represent 309 (63% aged 50+, 41% non-Hispanic Black, 16% Hispanic, 56% male) adult PWH enrolled between 2021-2022 across 7 community and clinical sites in the Florida Cohort study. We asked participants if they would prefer to continue taking ART as a daily pill or an injection every three months if the cost were the same. Five ART concealment behaviors were assessed in the past 12 months individually and overall (i.e., endorsing at least one behavior). Simple and multivariable logistic regressions—adjusting for age, race/ethnicity, and gender—were used to calculate odds ratios. After excluding those with no preference (n=42), 267 participants (63% 50+, 43% non-Hispanic Black, 15% Hispanic, 55% male) were included in the models.

Results: The majority (64%) preferred LAI over daily pills for ART (22%), and 14% had no preference. Many (45%) endorsed at least one ART concealment behavior; 35% reported they hid their ART while having visitors, 25% removed prescription labels, 16% put ART in a different container, 6% changed their pharmacy, and 4% traveled more than 30 miles from their home to pick up their ART. PWH who hid their ART while having visitors were significantly more likely to prefer LAI over pills (aOR 1.94 95% CI 1.02, 3.84). Other ART concealment behaviors were not significantly associated with ART preference individually or overall.

Conclusion: Overall interest in a hypothetical LAI ART was high and ART concealment behaviors were common. PWH who hide their ART while having visitors may be especially interested in LAI ART.

1138 Poorly Controlled Hypertension Associated with ART Non-Adherence in Kenya

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Background: Comorbidities like hypertension and diabetes, if undiagnosed or poorly managed, can affect adherence to ART. Blood pressure (BP) monitoring is recommended at every HIV clinic visit. We assessed the utilization of these BP readings in diagnosing and managing hypertension

Method: Between January and July 2018, adults on antiretroviral therapy (ART) for at least 5 years were enrolled in the study, which was screening for diabetes using HbA1c in two large HIV clinics in Central Kenya. BP measurements obtained during the two clinic visits preceding study enrollment (≤ 9 months old) were retrieved from patient records. A third reading was obtained at enrollment. Hypertension was defined as systolic BP ≥ 140 mmHg and/or diastolic BP ≥ 90 mmHg, using the enrollment BP and one more BP reading or reported use of antihypertensive medications

Results: Of the 600 participants enrolled, 383 (64%) were female and the median age was 47 years (IQR 42, 53). Prevalence of hypertension was 36% (215/600), with 143 (24%) self-reporting to be hypertensive and 72 (12%) being newly diagnosed. Those who had hypertension and diabetes/prediabetes were 54 (9%). Of the self-reported, 134 (94%) were on antihypertensive medicines, and 101 (89%) had poorly controlled hypertension, having the two most current BP readings being $>140/90$ mmHg. Adjusting for age and central adiposity, individuals with both hypertension and diabetes/prediabetes were 1.49 times as likely to have been marked as non-adherent to ART in their medical record within the year compared to those without these comorbidities. (Prevalence ratio: 1.49, CI: 1.02, 2.17, $p=0.037$). None of the hypertension diagnosis or treatment information was recorded in the medical records

Conclusion: Despite being engaged in care and having routine BP screening, this information was not utilized to initiate or monitor antihypertensive therapy, yet poorly controlled comorbidities are associated with ART non-adherence. This needs to be addressed, for better quality of care among people with HIV.



1139 The Index of Engagement in PrEP Care: Evaluation of Psychometric Properties and Predictive Potential

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Background: The Index of Engagement in HIV Care (HIV Index) is a psychometrically valid 10-item self-report measure with predictive power to classify individuals who have higher and lower odds of disengaging from HIV care. Given high rates of disengagement from PrEP care, we adapted the 10-item self-reported HIV Index to PrEP (PrEP Index).

Method: We evaluated the psychometric properties of the PrEP Index in a cross-sectional validation among PrEP-eligible persons seen in the CUMC HIV Prevention Program and conducted exploratory analysis to assess preliminary predictive validity for engagement in care.

Results: Study participants were racially and ethnically diverse (non-White=61.5%) and predominantly MSM (95%). Results from the Exploratory Factor Analysis revealed a one-factor structure ($\text{RMSR}=0.041 \leq 0.08$) with good reliability ($\alpha = 0.92$; 95% CI: 0.90 to 0.94). Confirmatory Factor Analysis confirmed the one-factor structure with acceptable fit ($\chi^2(N=161; df=35) = 46.345, p=0.095, CFI=0.944 \geq 0.90, RMSEA=0.045 \leq 0.06$, and $\text{SRMR}=0.065 \leq 0.08$) and good reliability ($\alpha=0.90$; 95% CI: 0.88 to 0.92). Among 322 respondents, 123 (38.2%) had a possible follow-up of 6 months from survey completion and clinical data available for computation of the engagement in care outcome. The PrEP INDEX total scale score was positively associated with visit constancy at 6 months using 3 months intervals ($r_s=0.247$; 95% CI: 0.076 to 0.409).

Conclusion: The PrEP Index is a psychometrically valid scale that demonstrates potential utility in identifying individuals at elevated risk of falling out of PrEP care by 6 months, the timepoint by which the majority of PrEP discontinuations occur. The PrEP INDEX could be a useful clinical prognostic tool to allow for efficient resource-targeting by clinics to identify individuals who are at higher risk of disengagement from PrEP care.

1143 HIV Self-Testing for Efficient PrEP Delivery is Highly Acceptable and Feasible in Public Health HIV Clinics in Kenya

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Background: HIV self-testing (HIVST) has the potential to reduce barriers (e.g., long waiting time, stigma) associated with clinic-based pre-exposure prophylaxis (PrEP) delivery but data are limited on its use, acceptability, and feasibility in a real-world setting.

Method: We conducted a qualitative evaluation of an implementation study of direct-to-pharmacy differentiated services with client HIV self-testing for PrEP refill visits in two HIV clinics. Clients had the option of either blood-based or oral-based HIVST kit. We purposively sampled healthcare providers (HCPs) and PrEP clients for in-depth interviews ($n=40$). We used semi-structured guides informed by the framework of acceptability. We analyzed interviews thematically to derive concepts of feasibility and acceptability.

Results: PrEP clients were 75% female and had a median age of 38 years (Interquartile range 33-48). Clients' median PrEP use was 6 months (IQR 5-26). Among HCPs, 65% were female, 50% were HIV testing service providers and 25% pharmacy technologists. Overall, blood-based HIVST was preferred over oral fluid-based due to perceived accuracy. HIVST was highly acceptable and feasible as both clients and providers reported it provided privacy, improved knowledge of HIV status, increased confidence, and reduced stigma during PrEP visits. Providers reported that HIVST reduced provider involvement, workload, and saved time. Additionally, clients and providers reported ease of use and interpreting results of HIVST. Providers reported varying concerns on sustainability of the HIVST and limited counseling due to reduced provider involvement. Both clients and providers described concerns on the accuracy of oral fluid-based over blood-based HIVST.

Conclusion: HIVST use was acceptable and feasible to support PrEP uptake and continuation. Future scale up of HIVST may require innovative counseling approaches to those who need it as well as sustainable commodity supply to maximize impact.



1144 Appropriateness of Intervention Components to Integrate Objective Adherence Monitoring into Clinical Practices among HIV-Infected Adults: Lessons Learned from Project Enlighten

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Background: Current antiretroviral therapy (ART) adherence monitoring approaches lack accuracy and objectivity, limiting information available to healthcare providers for adherence counseling. Novel objective adherence monitoring approaches are needed. We assessed the appropriateness of components of an intervention, MedViewer, that uses a novel hair-based technology to deliver objective feedback on daily adherence.

Method: We conducted semi-structured in-depth interviews with 24 patients and 14 providers from an infectious diseases clinic who used MedViewer in a feasibility pilot study. Participants were asked about their experiences with intervention components, such as provider training sessions and materials, patient educational video, hair sampling procedures, wait time for results, delivery of results and report format. We conducted a thematic analysis of interview transcripts and compared findings across participants.

Results: Overall, patients were satisfied with intervention components, including the educational video, wait time for results, hair sampling, and delivery of the MedViewer report. Most patients said they understood the report when they reviewed it with their provider. Patients expressed willingness to provide hair samples for future testing. Patients and providers described the report as a "useful tool" that facilitated adherence counseling and increased patients' motivation to improve or sustain adherence. Patients, particularly those with optimal adherence as indicated by their report, found the MedViewer report to be useful for affirming that previously implemented adherence strategies are effective. Providers reflected that the report can be especially useful when viral loads do not accurately reflect patients' self-reported adherence by providing an objective foundation for adherence counseling. Providers thought the training session prepared them well to discuss the report with patients.

Conclusion: Participants perceived that the components of the MedViewer intervention, which provides objective longitudinal adherence feedback derived from hair-analysis, can be useful for enhancing patient-provider communication and motivating patients to adhere to their medication.

1145 Routine Administration of the Transition Readiness Assessment Questionnaire in Youth Living with HIV

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Introduction: Youth living with HIV (YLWH) are at risk for delayed linkage and retention in care and fewer are virologically suppressed. The transition from adolescent to adult care represents a high-risk period for disengagement of YLWH with individual and public health consequences. Adolescents face stigma, changes in insurance, loss of relationships with pediatric providers and fragmented care that are barriers to success as they move between care systems. Assessing transition readiness of YLWH is important in ensuring successful healthcare transition.

Description: The University of Alabama at Birmingham Family Clinic is a Ryan White-funded clinic that provides HIV care to children, adolescents, and adult women. The clinic serves 277 patients: 56% are 20-29 years old and 86% have a HIV VL of <200copies/ml. To assess transition readiness, the clinic began routine administration of the Transition Readiness Assessment Questionnaire (TRAQ) for patients 14-29 years. Between 10/01/21-2/28/22, 49 TRAQs were self-administered: 61% to individuals ≤24 years and 39% to those >25 years. Most (60%) scored <4 in at least one domain indicating opportunity for improvement in skills needed for successful transition. Individuals ≤24 years were more likely to score <4, 66% vs 41% in >25 years.

Lesson Learned: Incorporation of the TRAQ in routine care of YLWH is possible and identified deficiencies in skills needed for successful transition that may otherwise have gone unnoticed. While the TRAQ was self-administered, staff were needed to explain its use and answer questions. Lack of staff time to assist with TRAQ administration due to competing priorities in clinic was the biggest barrier to completion.

Recommendations: We recommend routine utilization of the TRAQ for YLWH as one tool to assess transition readiness and identify opportunities for skill-building that may improve success of healthcare transition.



1146 Providers' Comfort and Perceived Effectiveness in Discussing COVID-19 Vaccines: A Cross-Sectional Survey of HIV Providers in the United States

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Background: Despite the availability of effective vaccines against SARS-CoV-2, many Americans remain unvaccinated. People with HIV (PWH) are particularly vulnerable and benefit from vaccination, and providers' recommendation to vaccinate significantly increases vaccination rates, but little is known about the specific experiences of PWH.

Method: We generated a survey from validated items to assess provider experiences and comfort in communicating about vaccines with PWH. The survey was distributed electronically/nationally via email mailing lists between March and May 2021. Eligibility consisted of prescribing antiretroviral therapy in the outpatient setting.

Results: We included 157 respondents in the final analyses. Among the respondents, 53% were female, 68% had academic appointments, and 78% were physicians out of training (Table 1). Providers reported frequent encounters with vaccine hesitancy: the majority encountered vaccine hesitancy 10 – 49% of the time. A total of 90% of providers reported feeling very comfortable discussing vaccines with patients who are unsure about vaccination, 84% reported feeling very comfortable with patients who want to delay vaccination, and 73% reported feeling very comfortable with patients who refuse vaccination. However, few reported feeling very effective in convincing patients to get vaccinated in the same scenarios (53%, 41%, and 16%, respectively) (Table 2). In bivariate analyses, being the patients' primary care provider appeared to improve confidence in addressing vaccine hesitancy.

Conclusion: HIV providers frequently encountered vaccine hesitancy. Providers feel comfortable talking about the COVID-19 vaccines, but they often do not feel effective in convincing patients to get vaccinated. There is a need to develop interventions to improve provider self-efficacy (Table 3).

1149 Reconnection Strategy for People with HIV (PwHIV) who are Treated in Public Institutions of CABA, Argentina

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Background: The goal of antiretroviral treatment is to achieve viral load indetectability, which has repercussions on individual and collective health, reducing HIV sexual transmission. For that, it is essential that PwHIV be able to take their medication. During 2021, we work on search for PwHIV who abandon their treatment in Ciudad Autónoma de Buenos Aires (CABA).

Method: Said search consists of telephone contacts, WhatsApp, or mail to those people who, appearing "ACTIVE" in the SVIH system and become "INACTIVE." "ACTIVE" person is who has registered at least one withdrawal of ARV medication during the last 90 days, also taking into account the period for which the medication was dispensed.

Results: From September to December 2021, 1,326 people became INACTIVE with a monthly average of 332: 34.8% women and 65.2% men, average age 40.1 years old. 3.8% deceased, 28.9% with health insurance and 47.3% lived outside C.A.B.A. Only 780 (59%) corresponded to institutions that authorized the strategy. These people searched for information systems (SIGEHOS and SVIH) obtaining the contact of 31.5%. The reasons why ARV medication is not being withdrawn were inquired about to collaborate in solving the problem raised, also generating the creation of a contact network with different institutions. 19.5% of them said they were withdrawing for their health insurance. 10.7% having problems accessing medication related to their health insurance. 19% having no problems, observing a high rate of registration errors. 31.4% manifested financial problems. 8.8% problems of lack of motivation. Of the 1,326 people detected as INACTIVE, 41.1% had become ACTIVE by 1/1/2022. 23.8% of them had been contacted. Of the total number of people contacted, 52% returned to ACTIVE.

Conclusion: The strategy works. So, it becomes necessary to contact all people who drop out of treatment, achieving greater accessibility to health services, improving adherence, and thus, the quality of life.



1150 Provider Attitudes toward Telehealth Visits with Latinx People with HIV: A Cross-Sectional Survey of HIV Providers in the United States during the COVID-19 Pandemic

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Background: Latinx people with HIV (PWH) represent only 18% of the U.S. population but account for 29% of new HIV diagnoses. The COVID-19 pandemic quickly shifted many clinic visits to telehealth, impacting providers and patients in the Latinx community. Yet, little is known about how providers feel this affects the care experiences of Latinx patients. The aim of our study was to evaluate the telehealth experiences of providers attending PWH in clinic. This abstract was part of a larger study; herein we report a sub-analysis of survey questions regarding Latinx patients.

Method: We generated a survey from validated items to assess provider-perceived benefits, challenges, and possible consequences regarding video visits with PWH. The survey was distributed electronically/nationally via email mailing lists between March and May 2021. Eligibility consisted of prescribing antiretroviral therapy in the outpatient setting.

Results: A total of 157 were included in the analyses (10% identified as Hispanic, 57% practiced in the South, and 78% were physicians out of training – see [Table 1](#)). We found 57% of providers reported feeling moderately or extremely concerned about the quality of care received by PWH who require translator services for their telehealth visits ([Figure 1a](#)). In bivariate analyses, we found non-Hispanic providers were significantly more likely to be concerned about this than Hispanic providers ([Table 2a](#)). A total of 39% of providers reported feeling moderately or extremely concerned about patient participation in telehealth among Latinx patients related to privacy concerns ([Figure 1b](#)). These concerns were not significantly different among providers based on their race or ethnicity ([Table 2b](#)).

Conclusion: Providers may be more hesitant to use telehealth for their Latinx PWH who require translator services because of their perceived concerns about the quality of care given and concerns about the patient's ability to maintain privacy.

1153 Design and Implementation of an mHealth Technology to Support Home-Based, Objective HIV Medication Adherence Monitoring Using a Human-Centered Design Approach

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Introduction: Measuring and improving adherence to oral antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) remains challenging. Real-time objective adherence monitoring using point-of-care (POC) drug-level testing (e.g., urine tenofovir testing) could have advantages over existing methods.

Description: We developed a digital adherence technology (DAT), which includes POC tenofovir testing and a complementary mobile application. Using human-centered design (HCD) processes to identify gaps and opportunities, we developed user personas, mapped ART and PrEP client and provider experiences, and conducted a competitive analysis of existing DATs. Considering findings from the HCD process, we adapted our existing tuberculosis-focused DAT and developed a prototype with client and provider interfaces to support and integrate home-based POC tenofovir testing, adherence monitoring, and virtual interactions.

Lesson Learned: Our competitive analysis of existing tools revealed no DATs have incorporated objective adherence testing. We identified the following solution areas to address clients' challenges: digital medication reminders, adherence tracking, communication channels with providers, and home-based adherence testing. We also identified the following solutions to address providers' challenges: access to objective adherence test results, communication channels with clients, consolidated medical charting, and streamlined intervention linkage for low-adherence clients. These solutions were integrated into the newly developed DAT and have the potential to positively impact patient volume, costs, burden to clients and healthcare systems, clients' understanding of treatment or prevention, adherence behaviors, and clinical outcomes.

[Figure](#)

Recommendations: Iterative HCD processes will ensure the needs and requirements of clients and providers are met. This DAT has the potential to reduce the burden of understaffed, overworked clinics and provide clients with an option to accurately report adherence progress to their providers from home. We will continue iterations of DAT adaptation and refinement informed by stakeholder feedback in interviews, focus groups, and usability testing.



1157

Impact of Differentiated Service Delivery (DSD) among Clients Attending Kalisizo General Hospital ART Clinic, Uganda, East Africa

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Background: DSD has been defined as “a client- centered approach that simplifies and adapts HIV services across the cascade in ways that both serve the needs of the people living with HIV better and reduce unnecessary burdens on the health system.” In 2016, DSD was endorsed by WHO as a novel- informed HIV service delivery approach that relieves pressure on the over- burdened health systems in SSA. DSD has been suggested as a measure that could help in improving retention in care. Uganda rolled out DSD in 2017 and is currently implementing two broad categories of the models namely, 1) Facility-, and 2) Community based models. The main aim of this research was to assess the impact of DSD on retention, the factors that affected retention and how they varied in the different DSD approaches.

Method: A quantitative study where purposive sampling was employed to select participants disengaged from care >90 days from their last scheduled appointment date. Both primary and secondary data were collected using a semi-structured data abstraction tool for both phone calls made and client files. Responses collected from participants were grouped by emergent themes, coded, and then tabulated. Analysis was done using Excel 2013.

Results: 124 clients were not retained in care. 47 (38%) responded. The main factors influencing retention were relocation (returning to home area, job transfer, change of residence, study, seeking medical care), purposely fell out of care (refusal of medication as they claimed to feel OK), imprisonment and mental disorder.

Conclusion: Introduction of DSD helped improve on retention in care. Retention was mainly affected by relocation of clients to other places especially those under the Facility based Individual Management (FBIM). FBIM majorly deals with clients needing extra attention, so strategies should be put in place to ensure they are retained in care.

1162

Evaluation of the Cascade of Care for Elderly People Living with HIV/AIDS in Southern Brazil

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Background: Although elderly people living with HIV (EPLHIV) do not belong to the group of key populations, their morbidity/mortality specificities require differentiated clinical attention and achieve better outcomes. Objective: To describe cascade of care and to identify the factors associated with retention, adherence, and suppression viral load (VL) in HIV naïve EPLHIV in Southern Brazil.

Method: Historical cohort study using the national and county database, described using STATA. HIV-positive ART-naïve patients ≥50 years old, within the National Public Health System (SUS), diagnosed during 2017–2018 contributed data until the end of 2019. We defined elderly: aged ≥50 years.

Results: In a cohort of 1224 people, 196 (16.01%) were identified as EPLWHA, Median age was 56.5 (53-62) years. Men represented 67.86% of the sample. The mean initial CD4 was 538 (384-718). After HIV diagnosis, 88.78% of patients were effectively linked to care and 81.12% started ART, with 55.35% having >80% adherence to ART pick-up. Most patients (73.23%) achieved undetectable VL. The majority of patients (83.02%) were started on DTG/TDF/3TC(TDL), while 5.66% were switched to TDL. The 26.53% patients needed to be referred to specialized treatment centers, with half (11.22%) requiring hospitalization. 3.57% patients died during the study period. Patients with an adherence of >80% tended towards having less need for referral (OR 1.81, p=0.068) and having an undetectable viral load (OR 1.96, p=0.072).

Conclusion: The investigation of the behavior of the care cascade in different groups allows the prediction of the singularity of the outcome profiles. Encouraging ARV adherence in EPLHIV seen at the PHC is a possible strategy to avoid referrals to specialists, and should be addressed in qualitative studies.



1163 Desired Support for Managing HIV Care: Results of a Mind Mapping Analysis of Youth's Experiences Living with HIV

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Background: Youth living with HIV (YLWH) in the US remain an underserved population with challenges across the continuum of HIV care. Their perspectives on *how* managing HIV care may be facilitated, or challenged, are critical in the design of responsive HIV care services.

Method: YLWH in the ATN152 TERA coaching intervention study engaged in semi-structured qualitative interviews focused on experiences living with and managing HIV. Interviews collected at study week-12 were transcribed and thematically coded. Mind maps of life with HIV (the central theme) for each participant were synthesized into a single map. The current presentation focuses specifically on the part of the map describing desired and recommended support for managing one's HIV-care.

Results: Interviews from 39 youth (ages 14 to, 44% female, 44% vertically acquired HIV) collected in 2018 and 2019 were evaluated. Desired and recommended supports related to HIV care (Figure 1) had five second-level associations (sub-branches). The 3 most common themes for HIV care management (Table 1) were *Support* (N=26), inclusive of HIV services and wrap-around services, desire to *Expand HIV Education & Awareness* (N=12) to raise awareness and understanding in the community and enhancing *Facilitators to Personal Agency* (N=11) both within and outside the HIV care setting.

Conclusion: This mind mapping analysis suggested that youth consider managing HIV care as one aspect of managing overall wellbeing in a larger context of facilitating or challenging social and structural environments. Youth offered ideas for optimizing interactions within and outside of HIV-care settings at various steps on the care continuum, although mental health support was valued at all stages. YLWH reflections on HIV care highlighted the value of holistic experiences, where health and wellbeing are jointly considered, and surrounding social and structural challenges are addressed.

1164 Quality of Life in Older and Younger People with HIV and Diabetes

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Background: People with HIV (PWH) are living longer and managing comorbidities such as diabetes. Diabetes and age are both associated with lower quality of life (QOL) and increased symptom burden among PWH. As diabetes complications increase with age, age may have a synergistic effect on the relationship between diabetes and patient reported outcomes. We evaluated whether age is an effect modifier of the relationship between diabetes and QOL/symptom burden, among PWH.

Method: We performed a cross-sectional analysis on participants enrolled in the D.C. Cohort Longitudinal HIV Study. Using patient survey responses with the EuroQOL 5D-3L and Memorial Symptom Assessment Scale (Short Form), we compared the prevalence of low QOL and high symptom burden among those with and without diabetes in strata of those ≥ 65 years old and < 65 years old. QOL was measured dichotomously in five categories and symptom burden was measured on three continuous scales. Mantel-Haenszel odds ratios and mean differences were used to evaluate dichotomous and continuous outcomes, respectively.

Results: There were 218 individuals in this analysis, 30 (14%) with diabetes and 188 (86%) without. About 24.8% were ≥ 65 years old, 75.2% were Non-Hispanic Black, and 75.6% were male (Table 1). Although our findings did not reach statistical significance, PWH and diabetes had consistently lower QOL across domains. Among PWH ≥ 65 years old, the association between diabetes and lower QOL was higher. Diabetes was associated with increased symptom burden, however the associations within each subscale did not differ by age group (Table 2).

Conclusion: Our data suggest that among PWH, age is an effect modifier of the association between diabetes and QOL but is not a modifier for the relationship between diabetes and symptom burden. Older PWH may be at an increased risk for the QOL burden of diabetes and should be the focus of future QOL studies.



1167 Linkage to Care amid Pandemic Challenges: An ED-Based Hepatitis Virus Screening Program, Retrospective Data Analysis

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Background: Emergency departments (EDs) not only have the potential to reach vulnerable populations with poor access to care but can serve as venues for the early detection of Hepatitis B (HBV) and C (HCV) virus infections. To meet the WHO hepatitis elimination goal by 2030, first is to screen for the HBV and HCV as per the CDC/USPSTF guidelines. This was done among adult patients who visited our EDs, via the use of system based electronic algorithms. When screening criteria was met, feasibility of an opt-in/opt-out screening process and linkage to care (LTC), outpatient visit arrangements during the pandemic, was examined.

Method: Retrospective data analysis was done following modification of the Electronic Medical Record (EMR), EPIC. All patient encounters were screened, via EPIC logic/algorithm; patients meeting criteria for testing identified. A best practice advisory alert was triggered and sent to patients' providers. Providers and the patients made the decision to order screening tests or not. Patient navigator contacted patients with positive tests, then arranged for outpatient LTC.

Results: 12,326 HBV surface antigen and 33,931 HCV antibody tests occurred of which 1% and 3% tested positive for HBV and HCV respectively. The RNA confirmatory test for HCV was positive in 21% of the antibody-positive patients. Linkage to care occurred in 72% of the 100 patients positive for HBV and 45% of the 214 patients positive for HCV.

Conclusion: 26 months data yielded 314 positive cases. This demonstrated the capability of identifying high-risk patients for infections, nudging Providers to screen, as well as achieving LTC even during this time of the pandemic, where preventive care was subpar. Predictors of LTC failure included homelessness, death, and documented substance abuse, the latter represented one of the main limitations to LTC, specifically for HCV-infected patients.

1168 Perceived Social Norms About PrEP Use/Communication and Personal Willingness to Take PrEP: Population-Based Study of Adults in Southwest Uganda

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Background: Misperceived norms drive health-promoting attitudes and behaviors. Their relevance to pre-exposure prophylaxis (PrEP) in an HIV-endemic setting is unknown.

Method: We conducted a study of all adults across eight villages in Uganda. After defining PrEP, survey questions elicited personal willingness to take PrEP daily (yes/no); whether participant would talk to a friend/spouse/provider about PrEP (yes/no for each); the extent to which participants thought other adults in their villages would talk to a friend/spouse/provider about PrEP; and the extent to which they thought others would be willing to take PrEP daily (using a 4-point Likert-type scale ranging from 'all or almost all' to 'very few or no one'). Poisson regression models estimated associations between perceptions and personal willingness to take PrEP, excluding HIV+ participants and adjusting for sociodemographic and HIV risk factors and PrEP-related stigma.

Results: Among 1307 participants, 181 reported medium/high personal HIV risk, and 165 reported having condomless, non-spousal sex. Most (1036) were willing to talk about PrEP ([Figure 1](#)), and nearly half (525) were willing to take PrEP. However, more than one-third mistakenly thought their peers would be unwilling to talk about PrEP ([Figure 2](#)). Participants who misperceived these norms of talking about PrEP were personally less willing to take PrEP ([Figure 3](#)). Unwillingness to take PrEP was also associated with the perception that few peers were willing to take PrEP.

Conclusion: Although most adults were willing to talk about PrEP, many thought peers were unwilling to do so. Adults who misperceived these norms (and who thought few peers were willing to take PrEP) were less willing to take PrEP themselves. Interventions to change perceived PrEP norms may increase personal interest in PrEP, reduce PrEP-related stigma, and increase PrEP uptake.



1170 Sex-Positive PrEP Intervention Associated with Sustained Increase in Sexual Wellbeing

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Background: Despite advances, HIV continues to disproportionately impact sexual and gender minorities (SGM) in the United States. SGM patients report that stigmatizing provider assumptions, judgements, and behavior can limit health care access, including HIV/STI testing and PrEP. Sex-positive interventions are needed to help providers discuss sexual health in a manner that reduces stigma and promotes overall sexual wellbeing. PrEP education may provide this opportunity. We developed a brief intervention for PrEP initiation visits and tested it at a community-based health center in New York City.

Method: Participants included 300 patients interested in starting PrEP (97.7% cisgender men, 10% Black, 16% Latino/a/x, 5% Asian, 20% Multiracial). Participants were randomized to standard PrEP education (n = 153) or a brief intervention (n = 147) focused on sexual agency and empowerment, framing PrEP as a strategy for taking control over sexual health. We measured sexual wellbeing using sexual anxiety, sexual esteem, and sexual satisfaction subscales from the Multidimensional Sexuality Questionnaire. Data were collected pre-intervention and 3, 6, 9, and 12-months post-intervention. Growth curve analysis was used to assess whether trends in sexual wellbeing over time differed across intervention condition.

Results: Out of 300 patients who started PrEP, 233 (78%) were taking PrEP at 12 months. On average, sexual anxiety decreased over time (p < .001), with a significantly stronger decline in the intervention arm (p = .048). Sexual esteem and sexual satisfaction displayed no average change over time, but the intervention group demonstrated a significant increase in both domains, relative to the control group (p = .032, and p = .02, respectively). (See figures 1, 2, and 3.)

Conclusion: A brief, sex-positive intervention at PrEP initiation can significantly impact patients' sexual wellbeing, with results that appear sustained over time. Such framing might influence patients' experience of PrEP use, and how strongly PrEP reinforces sexual wellbeing and empowerment.

1171 The HIV Care Cascade After the Adoption of Early Initiation of Antiretroviral Therapy in Primary Health Care in Southern Brazil

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Background: Brazilian guidelines for HIV/AIDS have been updated to recommend early antiretroviral treatment (ART) in primary health care (PHC) in 2016. However, information on the HIV cascade care impact of adopting this recommendation is limited, especially in Southern Brazil. To estimate the impact of adopting early ART in primary care and investigate predictors of retention, adherence, and undetectable viral load (VL) among newly diagnosed HIV patients.

Method: Historical cohort study using the national and county database, described using STATA. The data of 1224 People Living with HIV/AIDS (PLWHA) with 13 years or more, diagnosed with HIV in 2017/2018 was used including follow-up until December 2019. Pregnant women at the time of diagnosis were excluded, as they are obligatorily linked to specialized services.

Results: In this cohort, 68.22% are male, 64.57% white. The average starting CD4 is 542 (409-735), the average time to start ARV is 1 (0-3) months, 27.21% were referred to specialists and 6.54% had hospitalization. Over half the patients (55.38%) had >80% adherence and 68.09% the patients achieved an undetectable VL. PHC was responsible for 95.95% handling the PLWHA. Almost a third of all patients (32.77%) were lost to follow-up after ART initiation. In Brazil, PHC's work process is in free access to service in the proximity of patient's home. ARV is distributed free of charge by the public system, however these measures were not enough to ensure adherence to treatment.

Conclusion: According to the literature, our results highlight need to provide access to ART as soon as possible. The work of PHC is a potential for confronting the HIV epidemic, but its role in retention in care could be expanded. Qualitative studies are suggested to investigate loss to follow-up.



1172 Assessing Barriers to Care in Haitian Patients at a Large South Florida HIV Clinic

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Background: HIV/AIDS disproportionately affects ethnic and minority groups. Although Haitians comprise only 4.7% of the population in Miami-Dade County, Florida, they represent 11.5% of residents living with an AIDS diagnosis. They also initiate HIV care later, thus often presenting with more advanced HIV-related disease sequelae. This study piloted a questionnaire to identify barriers to Haitians living with HIV's engagement in care and assess the barriers' impacts on viral load suppression

Method: A questionnaire was developed addressing barriers to care and was administered in Haitian Creole. The group with virologic suppression, defined as less than 200 copies/ml, was compared to the unsuppressed group. To determine differences between groups, t-tests were used for continuous outcome measures and chi-squared tests were used for categorical outcomes. Tests were considered statistically significant at the $p < 0.05$ level. The percentage of virologic suppression for participants was then compared with the general clinic population.

Results: There were 247 participants interviewed, of these, 245 had recently been tested for viral load and 241 for CD4 cell counts. Viral loads were undetectable for 89% of participants compared to 82% for the general clinic population. The median CD4 cell count for both groups was 599 cells/mm³. Adjusted for age, gender, and time living with HIV, there was no difference found between the groups with suppressed or unsuppressed viral loads, in terms of cultural competence, stigma, HIV knowledge, perceived stress, quality of life, or poverty/low health care coverage.

Conclusion: Participants indicated few perceived barriers to care and maintained good viral suppression. Notably, participants had lived with HIV 15 years (on average) and 82% had initiated care within 3 months of diagnosis, suggesting a lack of perceived barriers. Our questionnaire may identify more barriers if given to others, such as those out of care or at another clinic

1174 PrEP Provider Knowledge and Attitudes about Prescribing Long-Acting Cabotegravir (cab-LA)

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Background: The approval of long-acting cabotegravir (cab-LA) heralds a new era of choice in HIV biomedical prevention. However, the extent to which cab-LA can help achieve Ending the HIV Epidemic goals depends on providers' knowledge and willingness to prescribe it. Understanding provider knowledge and attitudes around prescribing cab-LA is critical to its widespread implementation.

Method: We conducted interviews with 18 PrEP care team members at seven PrEP programs across the US and assessed knowledge, attitudes, and concerns about prescribing cab-LA to their patient population.

Results: Interviewees practiced at diverse clinical settings in the Northeast and Southeast US, including federally qualified health centers (n=3), sexual health clinics (n=1), and school-based health clinics (n=3). Of the 18 interviewees, 4 knew about cab-LA and that it was recently approved, 0 had plans to introduce cab-LA at their clinical practice soon, while 1 planned to wait for further guidance before introducing cab-LA. Only one provider had prescribed cab-LA to 3 patients. Interviewees were enthusiastic about cab-LA, noting it was an attractive option for patients seeking a more discreet form of PrEP that did not rely on daily adherence, including people who inject drugs, the unstably housed, and adolescents and young adults. However, interviewees raised many concerns and practical issues that are barriers to prescribing cab-LA, including (1) patients' ability and desire to adhere to an 8-week injection schedule; (2) lack of patient-facing materials to educate and counsel patients about cab-LA, a new modality with limited data; and (3) lack of data and guidance on how to help patients safely discontinue cab-LA and concerns about drug resistance during the tail.

Conclusion: PrEP provider and staff knowledge about cab-LA was varied, highlighting the need for both provider- and patient-focused outreach efforts. Overall, more support and guidance on how to address practical and clinical concerns unique to prescribing cab-LA is needed.



1175 Systematic Review of Acceptability of Objective Adherence Testing

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Background: Adherence to antiretroviral (ARV) medications is critical to improving HIV-related health outcomes. Measuring drug concentrations across biomarkers to assess adherence is an emerging practice that can optimize the allocation adherence interventions. These objective adherence testing (OAT) measures can facilitate adherence conversations between patients and providers. It's important to assess patient and provider perspectives when introducing new diagnostics. This literature review summarizes existing research on the acceptability of OAT among patients and providers.

Method: PubMed literature searches were performed in March 2022. Key words included tenofovir, urine, plasma, dried blood spot, hair, preexposure prophylaxis, antiretroviral treatment, acceptability, and adherence. Studies were categorized by location and study setting (clients who received OAT in real-world clinical settings versus clients who were asked about theoretical usage) to identify benefits and concerns surrounding acceptability of OAT for HIV prevention and treatment.

Results: We identified 7 studies across 4 countries that evaluated OAT acceptability in real-world and theoretical use cases. Studies included populations from Kenya, South Africa, Kazakhstan, and USA. Positive acceptability of OAT was found in all 7 studies, with themes of empowerment, motivation, and willingness to be tested again exhibited throughout the findings across multiple OAT methods (Table 1). Participants from real-world settings frequently reported feelings of empowerment when receiving OAT results and a desire for OAT to be part of routine care. Theoretical use cases showed recurring themes of self-motivation. Providers also generally reacted positively to OAT, although some providers raised theoretical concerns around paternalism.

Conclusion: This literature review suggests that OAT is acceptable among patients and providers. The data indicate that OAT can potentially motivate individuals to better adhere to their ARV regimens. Further research should be conducted to gain additional knowledge on OAT acceptability in diverse settings in order to optimize implementation and improve care.

1176 A Community-Engaged Approach to Inform Preferences for Novel Long-Acting Pre-Exposure Prophylaxis and Antiretroviral Therapy

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Background: Optimal adherence to antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP) are necessary to end the HIV epidemic. However, many individuals report poor adherence to medication regimens leading to increased risk of HIV transmission. Long-acting ART and PrEP interventions attempt to improve adherence through providing long-lasting forms of the intervention delivered through different modes of administration (oral, injection, subdermal implant) and frequencies (monthly, every 2 months, annually). The present study explored individual preferences for long-acting ART/PrEP and adaptations to a digital health adherence intervention, iTAB (individualized Texting for Adherence Building).

Method: Eight semi-structured interviews and four semi-structured focus groups (n=34) were conducted with adults in San Diego who have PrEP or ART experience. A rapid qualitative analytic approach was utilized to synthesis interview data and identify key domains from interview transcripts. Two team members translated domains into summary templates and matrix to assess the breadth of each domain.

Results: Across all participants convenience and improved adherence were identified as the greatest advantage to long-acting antiretrovirals. PWH also indicated that long-acting ART eliminated the daily reminder of their HIV status. Majority of participants indicated a preference for a dosing frequency of once annually, followed by every 1-3 months to align with other medical appointments. Only four participants stated a preference for an annual subdermal implant with oral being the favored route of administration. For iTAB adherence support, participants stated a preference for reminder texts for an upcoming visit or dose 1 week before, 1 day before, and the day of the visit/dose. Main barriers to long-acting antiretrovirals were potential side effects, availability for clinic visits, and insurance coverage.

Conclusion: These findings demonstrate that individuals value the potential convenience and optimizing of adherence offered through long-acting ART/PrEP. Future work will use this feedback to adapt iTAB to support adherence to long-acting agents for HIV prevention and treatment.



1177 Development of a Predictive Model for Identifying PrEP-Eligible Women

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Background: Researchers in the United States have created several models to predict persons most at risk for HIV. Many of these predictive models use data from all persons newly diagnosed with HIV, the majority of whom are men. Consequently, risk factors identified by these models are biased toward features that apply only to men. We sought to create a predictive model for women using data from two major hospitals in Chicago with large opt-out HIV screening programs.

Method: We matched 48 newly diagnosed ciswomen to 192 HIV-negative women based on number of previous encounters at University of Chicago or Rush University hospitals. We examined data for each woman for the two years prior to either their HIV diagnosis or their last encounter. We assessed risk factors including demographic characteristics and clinical diagnoses using odds ratios and 95% confidence intervals. We created a multivariable logistic regression model and measured predictive power with the area under the curve (AUC). In the multivariable model, age group, race, and ethnicity were included a priori due to increased risk for HIV among specific demographic groups.

Results: The following clinical diagnoses were significant at the bivariate level and were included in the model: pregnancy (OR 1.96 (1.00, 3.84)), hepatitis C (OR 5.73 (1.24, 26.51)), substance use (OR 3.12 (1.12, 8.65)) and sexually transmitted infections (STIs) chlamydia, gonorrhea, or syphilis. Our final model had an AUC of 0.74 and included healthcare site, age group, race, ethnicity, pregnancy, hepatitis C, substance use, and STI diagnosis.

Conclusion: Our predictive model showed acceptable discrimination between those who were and were not newly diagnosed with HIV. We identified risk factors in the two years prior to diagnosis including pregnancy, hepatitis C diagnosis, and substance abuse in addition to the traditionally used recent STI diagnosis, that can be incorporated by health systems to detect women who are vulnerable to HIV and would benefit from PrEP.

1179 Utilization of Pharmacists Along the HIV Prevention and Treatment Continuum

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Introduction: Pharmacists' knowledge and accessibility in nearly every community can be leveraged within a comprehensive HIV prevention and care strategy. As trusted health care professionals, pharmacists develop and maintain rapport to help liaise between consumers and multidisciplinary teams. Pharmacists are qualified to assist with expanding rapid, point-of-care HIV testing. In addition, studies show that engaging pharmacists in care teams can increase retention in care and antiretroviral adherence.

Description: Pharmacists factor into implementing the National HIV/AIDS Strategy for the United States 2022 – 2025, yet incomplete awareness of pharmacists' skillsets remains. Pharmacists protect against adverse drug reactions that may deter antiretroviral continuance. Cataloguing responsibilities of pharmacists in the context of replenishing the HIV workforce may increase pharmacists' visibility and nurture trust between pharmacists and communities they serve.

Lesson Learned: Pharmacists aid in maximizing antiretroviral effectiveness. Evidence confirms interactions with pharmacists are pivotal to consumer understanding of antiretroviral and non-antiretroviral products. Pharmacists safeguard against drug-drug interactions that may undermine antiretroviral therapy benefits. Consider antiretrovirals that require certain body conditions for proper functioning. As some over-the-counter medications alter body conditions, pharmacists can intervene and ensure proper antiretroviral levels to combat HIV acquisition and transmission. Moreover, antiretroviral costs often serve as barriers to initiating and maintaining therapy. Pharmacists possess the aptitude to identify resources that offset financial burdens of medication procurement.

Recommendations: Along with pharmacists helping consumers evaluate HIV treatment and prevention options, pharmacists' skillsets warrant more support and directives to prescribe and administer antiretrovirals. With administrations of an HIV pre-exposure prophylaxis (PrEP) injectable confined to medical facilities, pharmacies are reasonable locations to administer HIV PrEP injections. Additionally, pharmacists are prepared to initiate dialogue with consumers on social media platforms, foreseeably dispelling HIV prevention and treatment myths. Interrupting HIV prevention and treatment untruths online requires coordination from reliable and reputable entities, both characteristics pharmacists customarily embody.



1181 Barriers to Routine HIV Screening in a Pediatric Emergency Department in Miami, FL: Providers' Perspective

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Background: The CDC recommends that universal HIV screening be conducted in the emergency department (ED) and patients 13+ be screened at least once in their lifetime. Opt-out ED HIV screening was established at Jackson Memorial Hospital in Miami, FL in 2017 with great success. However, when the program was expanded to the affiliated pediatric ED (PED), using an "opt-in" process to screen adolescents (13+), few chose to enroll. The purpose of this study is to better understand the barriers to screening for future improvement.

Method: A survey, based on a similar questionnaire, was modified and distributed with permission of the original authors: Middlebrooks, et al. It was administered anonymously to PED providers and focused on their attitudes and perceived barriers towards HIV testing. Questions were scored on a 1-5 scale from strongly disagree (1) to strongly agree (5).

Results: A roughly equal number of nurses, pediatric emergency medicine attendings (PEM), and residents responded (N=24). There was agreement this population has a high enough prevalence of HIV to warrant screening ($\chi^2=3.58$ σ 1.32; [Figure 1](#)) and that screening is not too time consuming ($\chi^2=2.33$ σ 1.05). In all subgroups, views differed on whether it was their role to provide testing ([Figure 2](#)). There was statistical significance between nurses and attendings regarding their views on confidentiality. Attendings believed that there was a high chance of patients' confidentiality being broken ($\chi^2=3.27$ σ 1.35), while nurses did not ($\chi^2=2.33$ σ 1.51).

Conclusion: Our results show that clinicians at this PED believe this patient population warrants HIV testing, but there is disagreement about their role in screening. Future interventions should be more generalized to the entire department. Further studies to clarify attending-specific concerns about confidentiality are warranted to address this barrier.

1182 Associations between Prescription Characteristics and Viral Suppression among People Living with HIV in South Carolina: An Exploratory Study

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Background: The Ending the HIV Epidemic initiative aims to increase viral suppression among people living with HIV (PLHIV) in key United States jurisdictions, including South Carolina. Supporting PLHIV in adhering to antiretroviral therapy (ART) is critical, and pharmacy-related experiences have important implications for adherence. This study examines associations between pharmacy-related characteristics and viral suppression among a large sample of PLHIV.

Method: A cross-sectional survey was completed by 400 PLHIV receiving care at a large immunology center in South Carolina. The majority were Black (74.5%) and male (64.5%). Approximately half (49.8%) reported a sexual minority identity (i.e., LGBT). Mean age was 46.4 years (SD = 12.9). Participants self-reported whether they were virally suppressed. A logistic regression was conducted to determine whether pharmacy- and prescription- related characteristics predicted viral suppression. Predictor variables included whether their pharmacy answers drug-related questions, has a pharmacist available for questions, assists with copayment questions, uses mail order services, and is regularly stocked with their medications. Participants also reported whether they felt stigmatized at that pharmacy.

Results: The regression model significantly predicted viral suppression ($\chi^2=12.62$, Nagelkerke $R^2=0.068$, $p=.05$) and correctly classified 89.8% of the cases. Having a pharmacy that answers drug-related questions was associated with greater odds of viral suppression ($B=-1.34$, $SE=.663$, $p=.044$), while experiencing stigma at the pharmacy was associated with lower odds of viral suppression ($B=2.085$, $SE=.837$, $p=.013$). The remaining pharmacy variables did not predict viral suppression.

Conclusion: Pharmacists play an important role in promoting viral suppression among PLHIV. Pharmacies should strengthen systems in place to address patients' drug-related questions. They should also implement programs to reduce stigma in pharmacy settings and train pharmacy staff in supporting the unique psychosocial needs of PLHIV.



1184 Mental Health, Self-care, and Engagement in Care among Black Women Living with HIV

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Background: Due to socio-structural factors Black women living with HIV (BWLWH) within the U.S. represent the highest percentage of women living with HIV, and experience mental health struggles that impact health behaviors. This study examines the associations between mental health symptoms/diagnoses, self-care, medication adherence, engagement with healthcare, HIV-related healthcare visits, and hospitalization.

Method: One hundred and nineteen BWLWH in the Southeastern United States completed baseline assessments for an intervention development study. At the baseline assessment, BWLWH completed self-report measures on scheduled visits (general, HIV-related healthcare), visits attended/missed/re-scheduled, mental health care engagement (outpatient, support group), hospital visits (emergency room, overnight stays) and a clinician-administered interview assessing mental health diagnoses.

Results: Results showed that higher self-care ($\beta = -.23$, $p = >.05$) and self-reported medication adherence ($\beta = -.32$, $p = >.05$) were associated with less emergency room visits. Higher self-reported medication adherence was associated with lower intensive care unit (ICU) visits. PTSD diagnoses were associated with higher ICU and emergency room visits ($\beta = .89$, $p = <.05$) and less HIV-related healthcare visits attended. Higher suicidality was associated with lower HIV-related healthcare visits attended. Higher HIV-1 viral loads were associated with higher HIV-related healthcare visits attended ($\beta = .45$, $p = <.05$). Higher wise pill adherence was associated with fewer missed visits. PTSD diagnosis was associated with a higher number of outpatient mental healthcare visits for group psychotherapy. Lower suicidality ($\beta = -.40$, $p = <.05$) was associated with attending support groups for the first time.

Conclusion: Findings highlight the need for the treatment of mental health symptoms and enhancing self-care among BWLWH to improve engagement in care and health behaviors and decrease emergency room visits and hospitalization.

1185 A Structural Equation Model of Intersectional Microaggressions and Discrimination, Resilience, and Mental Health among Black Women Living with HIV

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Background: Compared to non-Black women, Black women in the U.S. are more likely to be diagnosed and living with HIV. Furthermore, along the HIV treatment cascade, Black women living with HIV (BWLWH) are less likely to be engaged/retained in care or virally suppressed. These disparities are largely linked to structural and psychosocial factors (e.g., discrimination, microaggressions) that may impact mental health and ultimately viral suppression.

Method: In the Southeastern United States, 151 BWLWH enrolled in a longitudinal cohort study completed baseline assessments between October 2019 and January 2020. Measures administered captured microaggressions (gendered-racial, HIV, and LGBTQ), “macro” discrimination acts (gender, race, HIV, sexual orientation), resilience factors (self-efficacy, trait resilience, post-traumatic growth, positive religious coping, and social support), and mental health (depressive symptoms, PTSD symptoms, and post traumatic cognitions) at baseline. Three parallel structural equation models (SEMs) were estimated with latent discrimination, latent microaggression, and latent resilience as predictors, and depressive symptoms, PTSD symptoms, and post traumatic cognitions as separate outcomes. Indirect effects from latent discrimination and latent microaggression via latent resilience also were estimated.

Results: All three models fit well based on several fit indices. There were significant direct pathways of latent microaggression and latent resilience to depressive symptoms, PTSD symptoms, and post traumatic cognitions. Latent discrimination did not have a significant direct pathway to any of the mental health outcomes. Indirect effects between latent microaggression and mental health, latent discrimination and mental health, both via latent resilience, were not significant.

Conclusion: Using SEM, our findings affirm that intersectional microaggressions and resilience factors play key roles in the mental health of BWLWH. Additional research and analyses are needed to examine these associations and pathways over time and may provide better insights into the potential mediating role of resilience.



1186 Experiences Accessing Healthcare Services among Persons Living with HIV during COVID-19 Social Distancing in Western Washington

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Background: COVID-19 social distancing has posed significant challenges to the provision of healthcare services and their accessibility, making accessing routine care difficult. In this study, we explore how COVID-19 social distancing has impacted accessing routine care services for persons living with HIV (PLWH) in Western Washington State.

Methods: Twenty-four patients from the University of Washington HIV clinic patient registry were recruited to participate in semi-structured in-depth interviews (IDIs) through purposive sampling. All 24 IDIs were conducted through HIPAA-compliant Zoom, audio recorded, and transcribed. Thematic analysis was conducted to identify important themes related to how COVID-19 social distancing has impacted healthcare access among PLWH.

Results: COVID-19's impact on healthcare access in this population varied considerably. Individuals who expressed difficulty navigating the system relied heavily on social services support, and most described negative experiences with telemedicine. Participants who were less reliant on social services often expressed that their ability to access healthcare was unchanged due to COVID-19 social distancing restrictions. These individuals described positive experiences with telemedicine and were satisfied with their HIV care. For some patients, fear of contracting COVID-19 led them to delay needed care. Others noted that fear of contracting COVID-19 increased their motivation to adhere to their HIV medications, which they perceived would protect them from COVID-19.

Conclusion: Our results highlight disparities in COVID-19's impact on access to healthcare services, with more vulnerable patients who required social services to help to engage in care expressing greater challenges. Despite recent innovations in health care delivery in response to the COVID-19 pandemic, current and future healthcare innovations should be carefully evaluated and provided with adjunctive services if required, in order to ensure equitable healthcare access.

1189 Role of Disclosure, Romantic Relationship, and Mental Health on the Adherence to ART on Adolescent and Young People Living with HIV and AIDS in Nigeria

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Introduction: Disclosure in relationship of adolescents and young people living with HIV is critical to improving their self-efficacy, adherence to Anti-retroviral Therapy and in achieving positive treatment outcome. This study aims to assess the mental and emotional health and its effects adherence of adolescents living with HIV in three major urban cities in Nigeria.

Description: This is a mixed method cross sectional study was conducted from 2nd to 30th April 2019 among-st 60 adolescents and young people, randomly selected from three cities in Nigeria. Descriptive and qualitative analysis were adopted.

Lesson Learned: Participants aged 15 to 24 participated in the survey as 31.43% were aged 15 to 19, 68.57% aged 20 to 25. 60% were female and 40% were male. 54.29% are in a relationship and 45.71% are currently not in a relationship. 37.14% found it difficult as a result of their status while 5.71% were indifferent. 22.8% believed their relationship affects their adherence. 60% believe that they will not be accepted, 42.8% believe relationship is not for them because of HIV. 60% of respondents have never disclosed their status and said they would never, 15.3% had disclosed to their partner who changed towards them afterwards. 22.9% hid to take their medication when with their partner, 14.3% sometimes hide. 20% indicated that they were scared of the future due to their status and 28.6% are sometimes scared, 25.7% have guilt due to their status and 34.3% sometimes feel guilt. 11.4% have thought of dying in the last 3 months due to their status and 28.6% sometimes thought so.

Recommendations: Adolescents and young people should be engaged in support group activities. to address self-stigma, disclosure challenges and encourage self-esteem. Peer-peer interventions should be adopted in comprehensive mental health training and monitoring should be rendered.



1190 Prevention Perception and Disclosure: The Thin Line of Achieving Adherence for Adolescent and Young People Living with HIV in Nigeria

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Background: Despite progress made to achieve the 90-90-90 among Adolescent in Nigeria, adherence amongst adolescent and young people has also been a challenge, so also is prevention interventions threatened. The aim of this study is to assess the prevention perception and disclosure issues of adolescent and young people and how it affects prevention interventions and their adherence to treatment in three major urban cities in Nigeria.

Method: This is a mixed method cross sectional study was conducted from 2nd to 30th April 2019 among 60 adolescents and young people, randomly selected from three urban cities across Nigeria. Descriptive and qualitative analyses were done to summarize their socio-demographic characteristics.

Results: Participants aged 15 to 24 participated in the survey as 31.43% aged 15 to 19 and 68.57% aged 20 to 24. 60% females and 40% males. 54.29% were in a relationship, 45.71% were not in a relationship. 37.14% found it difficult to be in a relationship as a result of their status while 5.71% were indifferent. 86.8% do not know their partner's status. 60.5% would likely refer their partner to get tested 50% are sexually active, 39.5% negotiates condom, 39.5% had sex in the last 3 months, 28.9% negotiated condom use. 60% of respondents have never disclosed their status and said they would never, 15.3% had disclosed to their partner who changed towards them after disclosure. Among those who are yet to disclose to their partner, 52.9% hid their medication from partners while 14.3% sometimes do not.

Conclusion: Adolescents and young people engage in risky behaviors even when they know the possible outcomes. Disclosure is a colossal to decisions they take in sexual relationship and life choices. Previous experiences from disclosure affects their adherence.

1192 Meeting the Emotional and Psychological Well-Being of Adolescent and Young People Living with HIV: A Relevant tool for Adherence and Retention in Care

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Introduction: Adolescents and young people (AYPLIV (15-24) living with HIV (AYPLIV) navigate through their mental and emotional health, psychological stability, disclosure, and stigma. Although some AYP are able to transcend these, the challenges interject with relationships, encourage self-stigma and discrimination, therefore bringing on depression and anxiety. As a result, adherence and retention in care are threatened.

Description: Remarkable progress has been made to end AIDS by 2030 as more AYP have the basic knowledge on HIV and safe sex practices. In Nigeria as at 2017, (60%) of AYPLHIV in the APYIN Network and Support Groups had decline in adherence and clinical appointments, all of which can be traced to emotional and mental instability, resulting from self-stigma, inability to disclose HIV status, poor sex negotiation skills. and stigma among same sex relationships. A 4-week peer education programme with the aim of meeting emotional and mental wellbeing of AYPLHIV accessing care in ART centers in Lagos State Nigeria was conducted. The programme extensively addressed self-esteem, goal setting, adaptation strategies for disclosure, optimum adherence strategies, negotiation skill in terms of sex and managing relationship and life skills. The results achieved were amazing as improved adherence ranging from 65% to 75%, 60% disclosed status, 85% negotiated condom use with their partner consistently through the results were amazing but more could still be achieved

Lesson Learned: Having stable emotional health and balanced psychological well-being will strengthen the realization of the abilities of AYPs and enhancing capabilities with coping with the rigor of everyday life and supporting productive contribution to their community and adherence.

Recommendations: Regular monitoring of emotional and psychosocial health of AYPLHIV should be adopted. Programmes that develop AYPLHIV skills should be looked into as mental health is critical and pertinent in adherence and retention in care.



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Mother-to-Child Transmission of HIV as a Large Source of New HIV Infections in Nigeria: Findings from the 2020 Mode of HIV Transmission Study

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Background: Nigeria has the highest number of children and adolescents aged 0-19 years living with HIV in West and Central Africa, with an estimate of 190,000. New infections among children due to mother-to-child transmission (MTCT) have dropped in recent years as programs to prevent transmission have expanded. However, ARV coverage among HIV+ pregnant women is still only about 55%. This paper assesses the contributions of MTCT to new HIV infections in Nigeria.

Method: The Spectrum/AIM model 6.08 was used to estimate the number of new child HIV infections due to mother-to-child transmission of HIV. New child infections were estimated from the number of births occurring to HIV-positive women, the number of women receiving ARV prophylaxis by duration on prophylaxis, the transmission rates by prophylaxis status or CD4 count for women without prophylaxis, program data on the proportion of women already on ART at the time of the first antenatal visit, and the proportion testing HIV-positive at the first visit.

Results: New child HIV infections due to mother-to-child transmission accounted for 22% of all new HIV infections. However, in many states the contribution was even larger. In Ebonyi state, new child infections accounted for more than half of all new infections. The ratio of the number of new infections among children aged 0-to-14 to the number of new infections among adult aged 15-to-49 was about 0.31 in Nigeria but varied from 0.12 to 1.2 across the 36+1 states.

Conclusion: New child HIV infections due to mother-to-child transmission of HIV represent a large source of new HIV infections in Nigeria and is the largest source of new HIV infection in several states. The Government of Nigeria has designed and started implementing strategies to address this finding.

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"Yes, I'm Reminded, but It Doesn't Mean I'm Taking Them": Experiences with Short Message Service Reminder Use in Real-Time Monitoring PrEP Adherence among Young Women in Kenya

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Background: Adherence to daily oral pre-exposure prophylaxis (PrEP) is challenging, and cellular technology offers a promising opportunity for support. However, a recent randomized controlled trial found that SMS reminders did not improve PrEP adherence. We used qualitative methods to explore the trial participants' experiences with the SMS intervention.

Method: The Monitoring PrEP among Young Adult women (MPYA) study randomized 350 women at risk of HIV acquisition (aged 18-24) in Kenya to receive SMS reminders to take PrEP versus no SMS reminders over two years. All participants utilized a real-time adherence monitor. SMS reminder message content was determined by individual preferences and transmitted daily or triggered by a missed dose. Serial in-depth interviews were conducted at one week after enrollment, Month 3, and Month 12 to understand the experiences with and effectiveness of SMS reminders while on PrEP. Interviews were digitally recorded and transcribed. An inductive and deductive content analysis approach was used for analysis.

Results: Among the 54 participants, the median age was 21 years and the median VOICE risk score was 7. SMS reminders were initially highly acceptable. Participants expressed enthusiasm with receiving the reminders because SMS reminders helped in 'habit forming' as their daily adherence habits were reinforced. Additionally, participants reported liking the coded nature of the SMS reminders that offered privacy. Overtime, participants reported growing concerns about privacy and SMS fatigue. They felt SMS kept them from taking on the responsibility for adherence, thus reducing their self-efficacy. Participants reported other challenges, including phone loss, poor telephone network, and lack of electricity.

Conclusion: The use of SMS reminders was initially acceptable, yet concerns became evident after prolonged use. Further research may explore the use of SMS reminders in alternative frequencies tailored to individual needs, in addition to identification of alternate adherence support strategies.



1200 Impact of Incentivized Support Group Meetings in Enhancing ART Adherence among Female Sex Workers in Nigeria: A Retrospective Study

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Background: Globally, the goal of antiretroviral therapy (ART) is to achieve viral suppression and positive outcomes among people living with HIV (PLHIV). To achieve this, optimal ART adherence must be encouraged. However, in resource-constrained settings like Nigeria, several challenges may contribute to poor adherence, including organizational and financial barriers, and stigma. This study aims to assess the impact of incentivized support in achieving optimal adherence.

Method: A retrospective analysis of data from female sex workers (FSW) receiving antiretroviral therapy in selected ART clinics in Nigeria where incentives were provided to support group meeting (SGM) attendees between May and November 2021 was conducted. Two cohorts were analyzed: FSW attending at least one SGM, and FSW with no attendance within the period. Adherence to ART was self-reported and defined as not missing a dose of ART within 30 days before data collection. Chi-squared test was used to determine the association between attendance and adherence.

Results: Overall, 413 FSW were on ART during the study period, and their median (IQR) age was 26 years (21 – 32 years). Of them, 207 (50.1%) attended at least one SGM. 81% of clients who had at least a visit were taking their ART without missing a dose, with 98% reporting health education, psychological and socioeconomic support as a reason for attendance and good ART adherence. 64% of those with no history of attendance recorded good adherence to their daily medication, with majority (91.5%) reporting being socioeconomically stable.

Conclusion: Our study demonstrated an association between incentivized support and good ART adherence in FSW in Nigeria, highlighting the positive impact of psychological and socioeconomic support in the targeted groups of PLHIV. Putting more effort in holistic interventions is recommended to enhance adherence and mitigate existing barriers in resource-limited settings.

1201 Performance of a Digital Pill System to Evaluate Pre-Exposure Prophylaxis Adherence during Periods of Increased HIV Risk among Men who have Sex with Men who use Substances

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Background: The efficacy of daily oral pre-exposure prophylaxis (PrEP) is dependent on adherence, which may be challenging for men who have sex with men (MSM) engaged in condomless anal intercourse (CAI) and substance use. Adherence can be directly measured via digital pill systems (DPS)—ingestible radiofrequency sensors integrated into gelatin capsules that overencapsulate PrEP. Real-time DPS ingestion data enables the detection of PrEP nonadherence during periods of elevated HIV risk.

Method: HIV-negative, adult MSM with recent, non-alcohol substance use utilized DPS with PrEP for 90 days and completed weekly surveys related to sexual activity, condom use, and substance use during the prior seven days. Responses indicating (1) CAI or (2) any sexual activity and substance use were categorized as high risk for HIV acquisition. DPS-recorded PrEP adherence data was queried for the 7-day period preceding each survey response. Adherence was dichotomized as <4 and ≥4 doses/week.

Results: Thirteen MSM participated (median age: 32). Nine were White (69.2%); three were Hispanic or Latino (23.1%). Of 113 completed surveys (73.9% of total sent), 48.7% indicated high HIV risk, with 12.4% reporting CAI, 16.8% reporting any sexual activity and substance use, and 19.5% reporting both CAI and substance use. Weekly mean DPS-recorded PrEP adherence was 90.3% (6.3 of 7 doses/week), with ≥4 doses/week detected during 92.0% of weeks. The percentage of participants with ≥4 detected doses/week was 88.9% during weeks with CAI, 89.5% during weeks with any sexual activity and substance use, 92.0% during weeks with both CAI and substance use, and 92.8% during lower risk weeks. Differences in PrEP adherence between risk categories were non-significant.

Conclusion: Participants maintained high levels of PrEP adherence indicative of HIV protection while engaging in high-risk behaviors. DPS can be deployed concurrently with data collection tools to assess ingestion patterns and address nonadherence during periods of risk.



1203 A Community-Informed Campaign to Increase PrEP Awareness among African Americans

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Background: African American young adults are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) has potential for helping to remediate racial/ethnic HIV disparities, yet PrEP awareness, initiation, and maintenance is lower among this group. PrEP promotion efforts have been critiqued for stigmatizing priority groups while ignoring others who could benefit from PrEP. This study seeks to address this by developing and evaluating a community-informed multimedia campaign to increase PrEP awareness and PrEP use intention among a sample of African American young adults (age 18-29 years old) from multiple priority groups.

Method: Campaign elements were based on focus group data and community advisory board feedback. The campaign included print, digital media, internet radio, and social media. The campaign ran from June 2019 – December 2019. Survey data collected from 200 African American young adults to assess program effectiveness. Chi-square and logistic regressions determined differences in PrEP awareness over time. T-tests determined differences in PrEP use intentions over time. T-test with posttest data determined differences in PrEP use intentions by campaign affinity (like vs dislike). Social media metrics and Google analytic measures (click through rates [CTR; percentage of people clicking on an ad after seeing it], cost per click [CPC], page views) were also used to assess campaign effectiveness.

Results: PrEP awareness increased at posttest ($p < 0.0001$). Participants reporting affinity towards the print campaign demonstrated greater PrEP use intention ($p < 0.05$). The digital campaign produced 3,758 unique pageviews on the project landing page. Campaign CTR (3.27%) was higher than industry competitors ((1.79%) and campaign CPC (\$1.98) was lower (\$3.17).

Conclusion: Community-informed approaches to PrEP campaign development demonstrates broad-based appeal, cost-effectiveness, and utility for increasing PrEP awareness and interest.

1207 Investigating Electronic Patient Portal Use and Barriers to Usage among People Living with HIV (PLWH)

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Background: Engagement in regular healthcare is critical for people living with HIV (PLWH). However, many PLWH, particularly marginalized populations, are not engaged in care. Online portals allow patients to securely access health information and message providers, which improves engagement in care. However, little is known regarding how patient portals improve engagement in HIV care specifically. This study examined the use of portals among PLWH.

Method: From February to April 2022, we surveyed 66 PLWH who receive care at UChicago Medicine regarding their experiences using MyChart, the patient portal associated with EPIC. We gathered demographic variables and information regarding MyChart usage, barriers, and interest in MyChart enrollment, and primary reasons for using MyChart; we also assisted interested patients in enrolling in MyChart.

Results: The majority of patients identified as male (50/66, 75.8%) and Black (55/66, 83.3%). 21 (31.8%) patients were unenrolled in MyChart, 13 (61.9%) of whom agreed to enroll. For the 13 patients who opted to newly enroll, nearly half (6/13, 46.2%) stated they were previously unaware of MyChart. For the patients who opted not to enroll, almost all expressed technological mistrust and dislike of the internet (7/8, 87.5%). Patients already enrolled in MyChart reported using it for viewing lab results, messaging providers, and confirming appointment times. Users highlighted the convenience of messaging providers anytime, smartphone application, and data integration from their other healthcare sites.

Conclusion: Patient portals are valuable tools for improving engagement in care and patient-provider communication. Some PLWH noted their technological distrust, however active MyChart users appreciated its convenience and usability. Enrolling patients in MyChart is a low-cost way to improve engagement in care. These results can be used for future interventions to promote trust in patient portals and better support PLWH engagement in care.



1208 Linkage Outcomes of a Rapid Entry to Care Program for PWH in South Florida

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Background: Ending the HIV Epidemic requires innovative solutions, such as Rapid Entry to Care programs, to provide quick access to care and immediate initiation of Antiretroviral Therapy (ART). A not-for-profit medical organization and a community outreach organization collaboratively implemented an inter-agency REC program to decrease “time to care” for PWH.

Method: A REC hotline was implemented to facilitate scheduling of REC appointments. Community partners were provided the REC phone number to schedule REC appointments. An individual from the community outreach organization provided an immediate response to community partners calling the REC hotline and scheduled REC appointments for PWH seeking care. PWH prioritized for analysis included those who were newly diagnosed, out of care and re-engaging into care, treatment naïve, recent incarceration, pregnant and/or out of ART at the time of referral. Time to care was measured in days from the initial referral to the first appointment with a provider. The data was captured for a 2-month period in between January and March 2022.

Results: 13 PWH were linked to care through the REC program. The mean and median “time to care” was 4 calendar days. The average age was 39. 77% were male. 31% identified their race as Black. 38.5 % had a baseline CD4 count of less than 100 cells/mL. 38.5% of PWH were newly diagnosed. 15.4% of PWH were provided same-day appointments.

Conclusion: REC programs provide the opportunity for PWH to receive care and ART within a few days of seeking care. Interagency collaboration in REC programs enables organizations to utilize unique organizational strengths to support PWH seeking care and ART, thus reducing patients’ barriers to care. Providing a dedicated phone number, for community partners, to schedule REC appointments reduces additional barriers to care of PWH.

1209 Attrition in Care among Newly Diagnosed Adolescents and Young Adults in South Africa: A Prospective Cohort Study

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Background: In South Africa, over 70% of the 8 million people living with HIV (PLHIV) are in care. Despite this, young people face unique challenges in initiating treatment after an HIV diagnosis. National data show the biggest gap is after testing. There has been limited research on socio-behavioral factors influencing attrition from care among newly diagnosed adolescents and young adults (AYA) in South Africa.

Method: We prospectively enrolled 94 AYA ages 18 – 24 years old, between April 2018 and October 2019, who were diagnosed with HIV at two community testing sites in Cape Town. We administered a detailed socio-behavioral survey at baseline and six months follow-up and linked to The Western Cape Provincial Health Data Center (PHDC), a database that includes hospital admissions, outpatient visits, laboratory and pharmacy data to confirm ART initiation and viral load suppression within a year. In this exploratory analysis, we describe baseline socio-behavioral characteristics of participants by ART initiation and viral suppression status at one year.

Results: Among 94 participants, 86 were female; mean age of 21yrs. Only 11 (13%) were locatable within the database, indicating they started ART within a year, of whom 7 achieved viral suppression. Non-initiators were less likely to live with a parent/relative than those who initiated ART (69% vs. 100%). They were also more likely to report higher levels of anticipated stigma (31% vs. 0%), and fewer friends they can count on for support (58% vs. 9%) than those who initiated ART (Table 1).

Conclusion: In a community-based sample of newly diagnosed AYA in South Africa, most did not enter care within a year. Non-initiators had numerically higher rates of anticipated stigma and lower likelihood of supportive friendships. Further research is needed to develop effective intervention strategies to address barriers to care for young people living with HIV in South Africa.



1211 Intensive Non-Clinical Support for People Living with HIV and with Complex Needs

Colin Armstead (presenting)¹

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Introduction: The innovative Intensive Support service works alongside local HIV clinic multi-disciplinary teams and provides a high level of non-clinical support to people living with HIV and with complex needs such as alcohol or drug misuse, poor mental health, or homelessness. The service recognises that such life factors often impact heavily on a person's ability to manage and maintain good HIV health and that this particular cohort of people living with HIV have historically been marginalised and without access to the support needed to maintain good clinical engagement, adhere to medication, become undetectable and maintain undetectability.

Description: The specific aims of the Intensive Support Service are:

- Improvement in HIV health
- Increased clinic engagement
- Improved self-care and management
- Improved mental health and emotional wellbeing
- Improved adherence to medication resulting in an undetectable viral load

Lesson Learned:

- 96% of people improvement in clinic engagement and attendance within 12 months of Intensive Support involvement
- 71% of people undetectable following Intensive Support involvement
- *Vulnerable pregnant woman* – No Recourse to Public Funds, high Viral Load (VL), late presenter – Intensive support throughout pregnancy. Outcome: undetectable VL at delivery, baby HIV negative & social situation much improved
- *Gay man with depression and agoraphobia* – off medication for several months, missing appointments with several health specialities but engaging well with ISW, Mid-way: Now back on meds, reduced VL & attending appts with ISW support

Recommendations: Design, development, and provision within a partnership between clinical services and HIV support organisation means that treatment social care is optimised for patients requiring this level of support, meaning potential for cost savings to health and social care budgets. Continue to advocate for an Intensive Support model of working with people living with HIV and with complex needs to ensure access to appropriate levels of support to ensure good adherence and undetectability.

1212 Automating Syphilis Screening: The Key for Congenital Syphilis and HIV Prevention

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Background: In 2019, Florida's Miami-Dade County (MDC) had the nation's sixth highest rate of infectious syphilis, according to the CDC. Homestead Hospital (HH) embraced technology and enhanced their HIV/Hepatitis C screening infrastructure to include Syphilis TP Screening (EIA). The fully integrated Syphilis Screening Algorithm includes a smart rule, which facilitates auto-generated high volume Treponemal testing. The Department of Health (DOH-Miami-Dade) provides funding to support screening and a dedicated Disease Intervention Specialist, who facilitate post-discharge Comprehensive Prevention Services (e.g., treatment, biomedical intervention, and partner services).

Method: The smart rule was developed in the hospital's electronic health record (EHR) using the Syphilis Reverse Screening Algorithm. The smart rule triggers an EIA order based upon: signs & symptoms documented during triage, a positive pregnancy test result, a positive Sexually Transmitted Infection (STI) result on date of service, and/or a historical positive STI result. Embracing the established Linkage Specialists role, real-time data reconciliation and linkage services are rendered to all syphilis-positive cases. Each person diagnosed with syphilis represents an HIV prevention opportunity.

Results: 11,681 Syphilis TP-Screens Performed, with a 2.7% seropositivity (n=319). Of those, 12% (n=39) were pregnant females. Though additional confirmatory testing (RPR or TPPA) and DOH-Miami-Dade maternal surveillance, 8 cases of Congenital Syphilis transmission were successfully averted in the community.

Conclusion: The innovative and replicable private-public response to MDC's syphilis problem allows for the interruption of disease transmission and reduction of healthcare costs. The program embraces technology and enhances the routine screening model to prevent the acquisition of HIV and Congenital Syphilis through early detection. Using EHRs to integrate screening addresses three public health epidemics with one blood draw and overcomes healthcare provider bias for public health impact on health disparities.



1213 The Association of Self-Reported Adherence Measures with Viral Suppression of for Individuals with HIV-1 on Dolutegravir-Containing First-Line Antiretroviral Therapy in Uganda

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Background: Historical data from a study of non-boosted protease inhibitor-based antiretroviral therapy (ART) have suggested an average adherence threshold of 95% as the minimum necessary for viral suppression. However, dolutegravir-containing regimens, which are preferred first-line ART worldwide, may be more forgiving due to their potency and high barrier to drug resistance.

Method: We analyzed data from 483 ART-experienced adults in Uganda who were routinely switched from non-nucleoside reverse transcriptase inhibitor-based regimens to tenofovir-lamivudine-dolutegravir (TLD). We compared viral suppression (<50 copies/mL) at 24- and 48 weeks post-enrollment across levels of self-reported percent adherence using chi-squared tests. We fit generalized estimating equations (GEE; logit link, exchangeable correlation structure) with viral suppression as the outcome and repeated measures of self-reported adherence as the predictor of interest.

Results: Median age was 47, and 41% were female. Overall suppression rates were high (>95%). However, those reporting lowest adherence had lower suppression rates at 94% (95% CI 79, 99) and 86% (95% CI 68, 96) at 24- and 48-weeks, respectively, than those reporting perfect adherence (Figure). Using <80% adherence as a threshold had a sensitivity of 17% (95% CI 5, 39) and specificity of 95% (95% CI 92, 97) at 48- weeks post enrollment to detect viral non-suppression. In GEE models, lower self-reported adherence remained significantly associated with viral non-suppression after adjustment for age, sex, pre-switch viral load, ART-duration, and previous ART regimen.

Conclusion: Individuals reporting high adherence to TLD have extremely high rates of viral suppression. However, individuals reporting poor adherence to TLD have significantly higher levels of viral non-suppression. Self-reported adherence questionnaires should be explored as a possible means of identifying individuals on TLD for targeted virologic monitoring and/or adherence support.

1214 Engaging Stakeholders for System Change: A Regional Ending the HIV Epidemic Collaborative

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Introduction: To meet [Ending the HIV Epidemic \(EHE\) goals in Philadelphia](#), the jurisdiction must enact system change that requires provider buy-in and ownership of EHE strategies. At very high priority is achieving universal availability of immediate anti-retroviral therapy (iART) in the jurisdiction. Universal iART is a major system change that requires conceptual understanding, process knowledge, provider, and stakeholder buy-in, facility-level changes, and payer and reporting system changes.

Description: The Philadelphia Regional EHE Collaborative is organized into topic-specific, time-limited working groups, a structure that Philadelphia Department of Public Health (PDPH) EHE staff built based on experience leading provider buy-in processes for Medicaid [system reform](#) and implementing the [Fast-Track Cities Best Practices Repository-listed Undetectables](#) viral load suppression initiative. To align the collaborative with complimentary efforts, PDPH contracts with Health Federation, a local nongovernmental organization that operates the MidAtlantic AIDS Education Training Center. Launched in 2021, the iART Working Group of the Collaborative convened PDPH-funded HIV testing and care providers for interactive sessions including didactic and discussion methods to identify, understand, and address client, facility, and system barriers and facilitators to successful iART implementation.

Lesson Learned: Building provider buy-in at implementation start enables PDPH to proactively address barriers to universal iART availability, including provider resistance and payer barriers. PDPH is currently developing a health equity working group, which aims to help providers reduce stigma- and access-related barriers to HIV prevention and care. This session will provide an organizational framework, key considerations, and rationale for designing a stakeholder engagement process, including how to incorporate findings into program and policy change and how to identify and refine working group topics.

Recommendations: Provider buy-in is essential to achieving system change. Administrators and leaders need practical guidance to design and implement these essential processes.



1221 Impact of Operation Triple Zero (OTZ) on Viral Load Suppression amongst Adolescents in 68 Nigerian Army Reference Hospital, Lagos

Harrison Nkechinyere (presenting)¹, Ismail Lawal², Yakubu Adamu², Laura Chittenden², Nathan Okeji³, Kehinde Aribisala⁴, Adegbenga Olarinoye⁴, Uzoamaka Agbaim¹, Funmilayo Owolabi³, Dooshima Okonkwo⁵

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- ⁵ HJFMRI LGT/GTE, Abuja, Nigeria

Background: In Nigeria, AYP, aged 10-24, comprises 22.3% of the population and with HIV prevalence of 3.5%. The AYP living with HIV enrolled at the 68 NARHY, Lagos reflects the national challenges with poor viral suppression. The OTZ program aligns with the UNAIDS 95-95-95 goals. It seeks to empower AYPLHIV to be in charge of their treatment and commit to triple zero outcomes – zero missed appointments, zero missed drugs, and zero viral loads.

Method: A cross-sectional retrospective study to evaluate the impact of OTZ on the viral load of 53 AYP enrolled in the OTZ between March to December 2019 was analyzed. The Percentage of viral load suppression before enrollment compared with 6 and 12 months after enrollment. The AYP is grouped into 10-14, 15-19, and 20-24 years. Activities conducted are monthly meetings with the AYP during which health care workers review them, provider peer counseling, and caregivers' engagement to support adherence to medication and ARV refills.

Results: Before OTZ, 81% aged 10-14 years, 75% aged 15-19 years, and 25% aged 20-24 years were suppressed (VL less than 1000). Six months after enrollment, 94% were suppressed- 95% aged 10-14 years, 96% aged 15-19 years, and 66% aged 20-24 years. Twelve months after enrollment, 96% of AYP virally suppressed – 100% aged 10-14 years, 93% aged 15-19 years, and 100% aged 20-24 years. Male VL improved from 79% to 96% and 92%, while females ranged from 69% before enrollment to 93% and 100% 12 months after enrollment.

Conclusion: The OTZ activities contributed to improved viral load suppression in the AYP in the facility. The improvement in the age group 20-24, was due to close engagement with caregivers and peer group, who were paired with unsuppressed colleagues for monitoring and follow-up.

1225 Community-Driven Evaluation to Improve Engagement for an HIV and AIDS Fundraising Organization

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¹Hill Country Ride for AIDS, Austin, TX, USA

Introduction: The Hill Country Ride for AIDS (HCRA) is the primary HIV and AIDS fundraiser for Central Texas AIDS service organizations (ASOs). Many people in the service population are not involved with the HCRA. The HCRA sought to learn how the organization can adapt its programming to appeal to a broader audience.

Description: The HCRA team is conducting a one-year Community Driven Evaluation to determine perceptions of the organization and community needs, and to develop ideas to broaden the organization's programming in response:

- Phase 1 – Foundational Learning: Structured interviews of ten national and local HIV/AIDS fundraising leaders and ASO executives to learn more about the landscape of fundraising, new ideas, and engaging broad audiences.
- Phase 2 – Community Focus Groups: Focus groups were held with community members. Recruitment was carefully conducted to reach underserved populations.
- Phase 3 – Ideation and Action: HCRA leaders met for a Human Centered Design session to respond to the findings by co-creating ideas for change.
- Phase 4 – Idea Trial and Implementation Planning: Three ideas were selected for trial implementation in 2022 and will be evaluated after the annual fundraising event in April. A roadmap will be developed for other ideas.

Lesson Learned:

1. Improve the racial and ethnic inclusivity of the HCRA and partner with beneficiaries to reach those they serve on their terms in their spaces.
2. Ensure the ride is accessible to "non-cyclists."
3. Provide ways to participate outside of cycling.
4. Value and recognize fundraisers and teams for their efforts.
5. Have those who benefit tell their stories and transparently communicate how ride funds are spent.
6. Provide ways to volunteer without an ongoing commitment.

Recommendations: Three ideas from the project are in test implementation, which will be evaluated in June. The team will also work to prioritize and roadmap implementation of remaining ideas.



1227 Assessing the Reliability of Multiple Measures of Pre-Exposure Prophylaxis Adherence among Female Sex Workers in Durban, South Africa: A Pilot Study

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Background: Pre-exposure prophylaxis (PrEP) prevents HIV acquisition, but suboptimal adherence has limited its impact among women. Blood-based adherence testing is currently the gold standard for estimating PrEP adherence but is not always feasible. We compared multiple PrEP adherence measures within a PrEP pilot study among female sex workers (FSW) to inform future adherence monitoring approaches.

Method: From October 2020–June 2021, 30 FSW in Durban were initiated on PrEP, enrolled in a pilot study, and followed for 3 months. Participants were assigned a case manager (CM) to provide PrEP information and adherence support. At 1- and 3-month timepoints, dried blood spot (DBS) samples were collected, in-depth interviews (IDIs) conducted, and self-reported and CM reported adherence assessed. Presence of tenofovir-diphosphate (TFV-DP) in DBS was used to assess blood-based adherence.

Results: At 1-month, 94% of returning participants reported medium/high adherence ($\geq 50\%$ of pills taken in past 30 days), while DBS results indicated 56% of participants had maintained medium/high adherence (Figure). In IDIs, participants described adherence support strategies and most indicated high adherence, though some accurately reported low adherence. Results were similar at month 3. Across the two timepoints, reported and qualitative measures exceeded DBS adherence estimates in 29% ($n=9/31$) of cases and self-reported perfect adherence was confirmed by DBS results in 26% ($n=8/31$) of cases (Figure).

Conclusion: Self-reported and CM reported adherence showed a high degree of consistency across timepoints, but did not align with DBS estimates in a large proportion of cases. IDIs were slightly more consistent with DBS compared to reported measures, suggesting this approach may yield better results than quantitative self-assessment. Although reported measures offer greater feasibility than lab-based testing, discrepancies indicate that biological testing is needed to accurately assess adherence.

1228 “I Know I Have a Problem Drinking, and Now They’re Sending Me Somewhere Else, They Can’t Handle Me.”: A Need for Pharmacology Services in HIV Care

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Background: Many people living with HIV have untreated comorbid mental health and/or substance use disorders, which may decrease retention in HIV care. The identification of key barriers to the seeking treatment for mental health and substance use treatment among those living HIV is needed to adequately address retention in HIV care services.

Method: Virtual interviews ($n=10$) were conducted with clients at Ryan White funded healthcare centers in four counties, identified as priority areas in the Ending the Epidemic Plan, in the Atlanta metropolitan area. Participants were a living with HIV. Transcriptions were analyzed using rapid qualitative analysis. Transcriptions were summarized using templates with domains developed based on the interview guide. Coders reviewed and discussed summary transcripts to ensure inter-coder reliability and identify themes.

Results: Three main themes were identified from the interviews—desire for mental health and substance use treatment, stigma, and the appropriateness of HIV care providers prescribing psychiatric medicine. All participants indicated a desire for mental health and/or substance use treatment services, especially when services were offered by providers that they trusted. Participants also reported stigma associated with the intersection of HIV, substance use and mental health disorders, which was a barrier to accessing services. Many participants noted that it would be appropriate for HIV care providers to prescribe medication for mental health and substance use disorders, especially for conditions already diagnosed. However, some participants expressed hesitancy related to receiving mental health or substance use treatment from their HIV care provider due to perceived lack of mental health expertise.

Conclusion: Based on the findings of this study, there is still a need for stigma-free integrated mental health and substance use treatment among those living with HIV. Future research should consider developing provider-level interventions to support HIV care providers to address comorbidities in this population.



1230

Content Analysis of Undetectable=Untransmittable and other HIV Risk-Related Information on State Health Department Websites in the United States

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Background: There is widespread unawareness and disbelief surrounding Undetectable=Untransmittable (U=U), the scientific finding that people with HIV (PHIV) who reach and maintain an undetectable viral load cannot sexually transmit the virus. Effective dissemination of the U=U message is critical because it can reduce HIV stigma and incentivize HIV testing and treatment. State health department websites are a resource for healthcare consumers to access updated and accurate health information. This study systematically analyzed U=U and other HIV risk-related information provided on health department websites.

Method: A content analysis of all 50 state and DC health department websites was conducted in 2022. Coders utilized two navigation pathways to access U=U and other HIV risk-related content (search bar and menu). A coding framework was developed, and inter-rater reliability was established ($\kappa=0.89$). U=U information accuracy was measured by four criteria: indicates zero transmission risk, specifies sexual transmission, refers to undetectable/suppressed viral load, and mentions suppression sustained across time. Information on other forms of biomedical HIV prevention—pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP)—was also coded for comparison.

Results: Approximately two-thirds (64.7%) of the health department websites referred to U=U by name; in contrast, the vast majority of sites mentioned PrEP (90.2%) and PEP (82.4%). Of the sites that provided information about U=U, most (82.4%) restricted such information to external linked sources. A minority of sites (33.3%) met all four criteria for U=U information accuracy. Multiple sites (31.4%) used ambiguous language to describe sexual transmission risk (e.g., “effectively no risk”) and 7.8% presented contradictory information in different locations within the site.

Conclusion: Further efforts are needed to keep health department websites updated with accurate U=U information. The availability and accuracy of U=U and HIV risk information is vital, as knowledge of U=U may lower rates of HIV sexual transmission and enhance the well-being of PHIV.

1231

Outcome of PMTCT Services in 4 Provinces in Indonesia

Lely Wahyuniar (presenting)¹

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Introduction: The level of HIV transmission from mother to child shows that Indonesia is in the highest rank in the world. This study aims to know the outcome of PMTCT program and to discuss program and policy implications in five provinces in Indonesia. This study was conducted in Bali, West Java, South Sulawesi and Riau with high HIV cases and currently apply PMTCT services. The study used qualitative method through FGDs, in-depth interview and observation in the primary health centers and hospitals.

Description: The results showed that there is no specific local policy for PMTCT programs and services and no PMTCT program management guideline or SOP for PMTCT services at the Health Office and primary health centers in two provinces. In each City, there are already 5 primary health centers that provide comprehensive HIV and AIDS prevention and treatment services, and this includes providing PMTCT services consisting of HIV testing and ARV treatment for pregnant women.

Lesson Learned: However, there is no ARV treatment for infant, this service must be obtained at general hospital through a referral mechanism. There is funding from local government to buy diagnostic test for HIV and to capacity strengthening of human resources, but no support for further laboratory examinations. The empowerment for midwives to be involved in PMTCT program is limited, there has never been a comprehensive training on PMTCT. The assistance's activities to ensure ARV adherence is limited. Women with HIV still get stigma and discrimination from the community and health workers. There are also some challenges in data input, analysis, and utilization.

Recommendations: It is recommended to improve: the HIV test coverage to 100% for pregnant women and quality of ARV treatment; capacity of PMTCT human resources; commitment of local government; and data utilization.



1233 ARV Medications and Strategies to Maintain ART Adherence: Findings from a Community-Led Monitoring Approach in Tshwane

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¹ Itireleng Community Skills Development, Tshwane, Gauteng, South Africa

Background: The government collaboratively with local community-based organizations are working hard to achieve the 90-90-90 strategy. Recently conducted statistics prove that the first 90 has been reached but struggling on second 90 which is the ART stage (people initiated to ART) and this affects the third 90 which is about viral suppression

Method: We employed a community led monitoring approach mostly targeted at local health facilities around Tshwane. We monitored few health facilities and found that there are gaps on adherence and medication literacy or education in the facilities and time spend on patient.

Results: From 2016 study, Tshwane has been estimated to have 21.1 % on adolescent children living with HIV, 68 % of the community population is initiated on ART, 22% not virally suppressed. These encouraged us to do more assessments and interviews to find out more from our beneficiaries on ART medication. The most findings are about ARVs side-effects, the immediate side effects, and the later side effects. According to our study these are the issues leading beneficiaries not adhering to ART. Other reasons were the lack of education on medication at health facilities and disclosure process from parents or guardian.

Conclusion: There is need for health facilities to change their system. The use of categorizing patients is not viable as patients are not attending because of the stigma associated, rather having a peer educator (strictly for medication) who will give education and facilitation of medication to all patients attending the facility every day.

1234 Talking about Treatment-as-Prevention and U=U: Patient Needs and Health Worker Perspectives

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Introduction: While the science of HIV treatment-as-prevention (TasP) is clear, this message has not been disseminated widely in sub-Saharan Africa, limiting its value in motivating treatment uptake, adherence, and retention HIV care. We sought to understand the TasP communication needs of persons living with HIV (PLHIV) and health care workers in South Africa.

Description: We conducted five focus group discussions (FGDs) with healthcare workers (HW) (N=42) from primary healthcare clinics (PHC) and counselling staff of non-governmental organisations supporting the HIV testing and treatment programs in two South African provinces. Additionally, three FGDs (N = 27) were conducted with PLHIV recruited by snowball sampling through civil society organisations and we interviewed 27 PLHIV referred by HIV counsellors at PHCs in Johannesburg. Interviews were conducted in May 2021, audio recorded, transcribed verbatim, translated to English, and thematically analysed.

Lesson Learned: While PLHIV participants had some knowledge about TasP, they expressed scepticism about its effectiveness. Knowledge about viral load suppression was a validator and motivator for medication adherence. However, PLHIV need guidance in communicating TasP, highlighting ongoing concerns of rejection by potential sexual partners. Healthcare workers were concerned about sharing the science of TasP, fearing patient non-adherence to ART and being responsible for ensuing HIV transmission. Counsellors worried that promoting TasP would undermine strong messaging on condom use to prevent other sexually transmitted infections. HIV counsellors need communication tools providing simple, unambiguous, and consistent narrative for TasP and VL counselling, with visual and narrative support. PLHIV and counsellors alike recommended a phased approach to communicating ART benefits, focusing first on attaining viral suppression and emphasizing condom-less sex only after sustained viral suppression.

Recommendations: Healthcare workers and PLHIV communication support to confidently and adequately communicate TasP, adapting the message according to PLHIVs' ART journey phases.



1236 Strategies for the Transition to Sustainable Public Funding of HIV Services in the EECA Region

Roman Drozd (presenting)¹

¹ Light of Hope, Poltava, Ukraine

Introduction: Over the past several years, the Global Fund has been actively supporting the countries of the EECA region in their transition to sustainable domestic funding for HIV programs. Experts of the Institute of Analysis and Advocacy during 2019-2021 were involved as consultants on technical assistance to countries in advocacy and implementation of transition plans. We were able to identify strategies for countries and highlight the main gaps that impede a successful transition at this time.

Description: The experts' activities were based on a systematic approach: analyzing the situation, forming recommendations, creating an open dialogue, developing plans for implementing changes, providing technical assistance in the preparation of regulatory documents. The main focus was on the analysis of barriers in public contracting mechanisms that countries used to purchase HIV services from NGOs. Another important task was to train NGOs to work on new approaches.

Lesson Learned: The experience allowed us to identify the specifics of the transition process. Countries are in the process of transforming health systems, and HIV services should not be separate from this transformation. It is important to pay attention which of the approaches will be best for each specific country. You cannot just take the successful experience of a neighboring state and repeat it. Adaptation and continuous improvement of the regulatory framework and the approaches are key to progress. It is also important to involve in the decision-making process not only the state, but also the civil sector and communities. Open dialogue and accountability mitigate many of the complexities at the planning.

Recommendations: Over the past 2 years, it was possible to implement a 3-stage model of transition in Ukraine, pilot the procurement of services in Moldova and Georgia, launch the development of road maps in Kazakhstan and Kyrgyzstan, budget funds for the public contracting in Tajikistan.

1237 Information Technology as an Assistant in Monitoring Progress on Transition, Sustainability, and Co-Financing of HIV in the Countries of the EECA Region

Viktoriia Smoliakova (presenting)¹

¹ International Budget Advocacy Hub, Kyiv, Ukraine

Introduction: The countries of the EECA region are in the process of transitioning to public funding of HIV services and building sustainable HIV systems. The approach of countries may differ due to different geopolitical situations and the peculiarities of medical systems, budgetary processes, and the civil sector development. Donors that provide grants to support transition processes should have up-to-date information on the situation within these processes. Communities and NGOs working in the field of HIV should have the same information. That is why the creation of a portal that has concentrated all the necessary information about the state of transition to public funding in those countries where this is happening has become a priority task for the team of Institute for Analysis and Advocacy and Light of Hope.

Description: The portal was created with the support of OSF and continued its development in partnership with Alliance for Public Health, 100% Life. The structure of the portal is a portfolio of each country, which displays statistical data on key populations and the spread of HIV; key donors and projects that operate in the country; coordination mechanisms and documents regulating the sphere of HIV; transition analytics module, which shows the progress of each country.

Lesson Learned: During the data collection process, a situation was discovered where in many countries there is no consolidated information on some issues. This, in turn, may threaten that several donors may fund similar activities and/or not see problem areas where funding is potentially needed but not allocated.

Recommendations: The filling of the portal is provided on a regular basis annually. This allows to see the changes in the situation in each particular country and its progress or regression. Such portals have a stimulating effect on the government and allow to attract more supporters for advocacy.



1239 Ukraine's Model of Transition Plan as an Experience that can be Piloted in the EECA Region

Oleksandra Denysenko (presenting)¹

¹ Light of Hope, Poltava, Ukraine

Introduction: Implementation of the Transition Plan 20-50-80 (TP) is one of objectives in the Global Fund grant for Ukraine for 2018-2020. To provide services in 2018 and implement the first phase of TP, two models of service delivery have been developed: centralized and decentralized. In 2018 20% of HIV prevention, care and support and TB support services for target groups were provided. The main tasks were to choose the optimal model and then implement it throughout Ukraine in 2019.

Description: In 2018, 2 regions were selected to pilot the models – Poltava and Sumy. Based on the results, our experts, together with Public Health Center and the main GF recipients, have created a model of TP for 2019-2020. In 2019, procurements of services were made through the ProZorro electronic system. The Strategic Group was set up to coordinate the process and deal with operational issues, respond to the challenges arising. About 100 million UAH has been allocated for the procurements of services in 2019. Regionals NGOs became winners of the tenders and started to provide services for state funding.

Lesson Learned: We managed to create the model of TP that is the most optimal for the HIV services area. The e-procurement mechanism is transparent and competitive, so we can get the best quality at a reasonable price. Participants in the process are all potential service providers – from municipal institutions to businesses and NGOs. Now this model is approved in normative acts and can be the basis for adaptation and implementation in the EECA region.

Recommendations: The model of services procurements for TP encourages the state to optimize its financing – to buy the necessary services at a reasonable price from quality providers.

1240 Prevention of HIV among Convicts

Mariia Bondarenko (presenting)¹

¹ Light of Hope, Poltava, Ukraine

Introduction: The COVID-19 pandemic has made adjustments to progress in tackling the HIV / AIDS epidemic. Convicted and imprisoned citizens felt this most acutely. This situation complicates the access of prisoners and convicts in penitentiaries, including HIV-positive, viral hepatitis and tuberculosis patients, to health care provided by NGOs. This, in turn, makes it difficult for health professionals to motivate HIV diagnosis, adhere to treatment for ART and hepatitis, and engage HIV-positive clients in index testing. Based on this, it was important to ensure continuity in the provision of health services for quality social support to clients in the prevention and treatment of HIV, TB, viral hepatitis.

Description: We were able to ensure unimpeded access to preventive services by introducing the position of a social worker in the medical staff of the State Institution "Poltava Penitentiary Institution (No. 23). As part of the preparatory process, an analysis of regulations and barriers to changes in the staffing of the Poltava City Medical Unit No. 23 were made. Then we advocated for changes in the staffing of the mentioned institution, prepared a draft regulation on the establishment of a multidisciplinary team, held a series of working meetings. After the introduction of a social worker, we continue to provide mentoring support to the institution.

Lesson Learned: The covid pandemic has made it clear that it is time to look for alternative and innovative ways to prevent HIV in penitentiaries in particular. The introduction of a social worker has made it possible to ensure unhindered access to prevention services for the target group.

Recommendations: This case can be an example for the whole of Ukraine. To date, we have a proven algorithm for the introduction of a social worker in the staff, proven efficiency, economic feasibility and seek to spread this successful experience to other regions.



1241 The Role of Language and Imagery in Treatment Literacy for Adherence

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Background: Viral suppression is an affirming concept with the potential to improve adherence. However, healthcare providers have struggled to find clear and relatable ways to communicate the concept, resulting in limited engagement and understanding. Using human-centred design, we found that abstract and clinical terminology hindered understanding and worked to develop an alternative approach.

Method: We developed and tested a visual, tactile health communication tool called the [B-OK bead bottles](#), which can be used to explain viral suppression to patients with little to no literacy or familiarity with clinical terminology. The tool consists of three bottles of beads. A mixed bottle represents the body upon diagnosis, with red HIV beads beginning to multiply. A bottle with many red and few black beads depicts how the virus can overtake the body in the absence of treatment. A bottle with many black beads and one red bead represents viral suppression, with the virus fully under control. We tested the tool with 529 providers in 73 facilities through discussions, observations, and survey feedback post training and use.

Results: We found high levels of acceptability and uptake. Providers found the tool easy to use and felt it made viral suppression less intimidating to patients; encouraging them to voice questions and prompting further conversation:

- "The clients engage fully with us, which is something that was lacking previously."
- "After the demonstration, clients look forward to the virally suppressed state."
- "The bottles encourage adherence easily and assist with clients who are sceptical."
- "It generates curiosity and interest. People have hope after the demonstration."

Conclusion: Awareness and acceptance of U=U is valuable for motivating ART initiation, adherence, and viral suppression. The B-OK tool has the potential to support improved outcomes across the HIV cascade by increasing patient knowledge, improving attitudes, and informing behavioural decisions. The bottles are easily integrated into existing services, and can be used by community-based staff, peer navigators, and clinicians to incorporate U=U messages into their programs.

1242 Result of CSO's Presence to Strengthening the Linkage between HIV Testing and Treatment in Indonesia

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Introduction: There is lack of evidence on the effectiveness of the various HIV interventions. A retrospective review of the National AIDS Program (NAP) results during the 2018-2020 period was undertaken. The review focused on the effectiveness of packages of interventions on selected key program outcome indicators. The objectives of this evaluation is to answer the following question: What is the result against CSO's presence to strengthen the linkage between prevention and treatment?

Description: A retrospective, quantitative methods design was employed. The review utilized all available data from the MoH and CSOs. More than 200 CSOs were exist in some priority areas.

Lesson Learned: The quantitative evaluation consisted of three domains: Outreach coverage and prevention behaviors, HIV testing, and Care, support, and treatment (CST). The Analysis constituted a more refined analysis of the impact of the presence of the civil society organizations (CSOs) in districts on program results. We compared results for CSO intervention and non-intervention districts. Community outreach programs was observed to have had significant positive effects more or less across the NAP. Substantial growth in outreach coverage from the 2017 baseline year was observed for FSW and to a lesser extent MSM. However, outreach coverage remains below the level needed to contain HIV among key populations. Districts with CSO community outreach presence outperformed districts without such presence for the large majority of HIV testing and CST indicators. For HIV testing, this was true for both key populations, who are the primary targets for CSO outreach and support efforts, and for other NAP priority population. CSO intervention districts had higher ART coverage, VL testing, and psychosocial support coverage rates and slightly lower treatment LTFU rates.

Recommendations: Investment needs to be sustained to finance the CSOs to strengthen the linkage between HIV testing and treatment.



1243 HIV Symptom Severity and Associated Factors among Young People Living with HIV in Ghana with a Detectable Viral Load

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Background: Young people living with HIV (YPLH) are at risk for sub-optimal treatment outcomes. HIV-related symptom severity can mark disease progression and is linked to HIV transmission. We examined symptom severity among YPLH in Ghana to determine associated risk and protective factors.

Method: YPLH ($N = 60$; ages 18-24) were recruited from an urban HIV clinic in Ghana to participate in an adherence intervention trial. Findings are from a baseline assessment. YPLH with detectable viral loads (>20 copies/mL) were enrolled. Participants completed the Sign and Symptom Checklist for HIV and measures assessing potential symptom-associated factors.

Results: Mean participant age was 20 years-old ($SD = 1.97$). 55% identified as male; 45%, female. One-third contracted HIV perinatally; 10% from a sexual partner; and 53% were unsure how they contracted HIV. Over half were in school (57%), and most lived with parents/caregivers (82%). 70% had a viral load above 200. Participants reported on average 12.97 HIV-related symptoms ($SD = 12.33$; median = 8, IQR = 4-18) including headaches (62%), weakness (53%), and fear/worries (52%). Severity was in the mild-to-moderate range ($M = 1.53$; $SD = 0.55$). Factors correlated with higher severity were missed doctor appointments, travel time to clinic, health anxiety, and psychological distress (r 's = 0.30 to 0.48). Factors associated with lower severity were also found (r 's = -0.25 to -0.55): recent ART adherence, problem-solving abilities, social support, treatment-related cognitive resources (e.g., ART self-efficacy), perceived access to HIV care, and living with a parent/caregiver.

Conclusion: Despite access to effective treatment, our findings suggest that many YPLH in our sample struggle with managing symptoms due to HIV and related comorbidities. Our study confirmed the association between care engagement and lower symptom severity and highlighted individual, family, and socio-structural factors associated with severity that should be considered when creating developmentally tailored interventions for YPLH.

1244 Preferences for a Parent-Based Mobile Intervention to Improve Adherence to Care among Adolescents Living with HIV in Ghana: Preliminary Qualitative Findings

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Background: Adolescents living with HIV (ALH) often struggle with engaging in HIV care. Parents and other caregivers play a vital role in assisting ALH with their treatment and transitioning them to treatment self-management. This study examined preferences for a parent-based mobile intervention to improve HIV treatment adherence among ALH.

Method: ALH (ages 12-17) and their primary caregivers were recruited from an urban HIV clinic in Ghana to participate in focus groups. Guided by Social Action Theory and a user-centered design model, groups assessed barriers and facilitators to treatment adherence, mobile phone use, and intervention preferences. ALH also reported past 30-day antiretroviral therapy (ART) adherence. Findings were drawn from facilitator notes and review of group audio-recordings.

Results: Six focus groups were conducted with ALH (M age = 14.76; 8 male, 9 female) and their caregivers (13 biological mothers, 3 grandmothers, and 1 uncle), separately. Adolescents reported on average 75% ART adherence. In terms of treatment engagement, while all parents continued attending their child's clinic appointments, many had shifted ART adherence responsibilities to the adolescent. Most adolescents were confident in treatment self-management; however, some had concerns including a desire for more private discussions with their doctor. Both family members felt that text message adherence reminders sent to ALH would be helpful. ALH were particularly interested in advanced mobile features (e.g., gamification). Caregivers wanted mobile parenting support for adherence in other ways (e.g., voice messages) including on related issues (e.g., teen sexual health).

Conclusion: Families in our study reported high perceived utility for a mobile adherence intervention. Both caregivers and adolescents sought greater youth independence in managing their care such as via direct mobile contact between ALH and their providers. Findings suggest that intervention delivery should differ for caregivers and adolescents, meet a range of parenting and treatment-related topics, and use novel strategies to engage ALH.



1246 Evaluating Ending the HIV Epidemic Programs through Implementation Science

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Introduction: Philadelphia used an implementation science approach for improving the monitoring and evaluation of Ending the HIV epidemic (EHE)-funded HIV prevention and care programs in Philadelphia. This abstract describes the development and content of [EHE reengagement workplans and logic models](#) as part of the Philadelphia Department of Public Health's (PDPH) efforts to end the HIV epidemic.

Description: PDPH requested initial workplans from five EHE-funded reengagement sites in the summer of 2021. In consultation with an external implementation science expert, PDPH reviewed workplans through the lens of implementation science theories, frameworks, and models. PDPH identified areas for workplan improvement, established a plan to provide trainings on implementation science to PDPH analysts (Fall 2021) and EHE-funded agencies (Spring 2022), and then will integrate implementation science into ongoing program evaluation (Summer 2022).

Lesson Learned: Implementation strategies identified by sites included: developing stakeholder interrelationships, engaging consumers, changing infrastructure, and assessing and redesigning workflows. Most initial workplans did not address barriers at the provider-, clinic-, or system-level, and instead focused on patient-level barriers. Additionally, equity rarely was made explicit in workplans or metrics of success. By identifying gaps in workplans through an implementation science logic model, we were able to include instructions on barrier specification and equity metrics for the development of our EHE-funded HIV prevention programs, who completed their workplans in early 2022.

Recommendations: Ending the HIV epidemic will require a shift from traditional evaluation of HIV programs. Funders and providers need to move away from counting service units, and instead focus on articulating the mechanisms through which interventions and implementation strategies could reach high-priority populations. Provider-, clinic-, and system-level barrier identification and monitoring of health equity metrics are key to understanding and improving the delivery of HIV prevention and care and achieving EHE goals.

1248 Implementing a Most-Guided Randomized Trial to Improve HIV Treatment Adherence and Retention in Care: Early Outcomes from the SUSTAIN (Supporting Sustained HIV Treatment Adherence after Initiation) Study

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Background: Interventions are needed to improve HIV treatment outcomes in resource-constrained settings, particularly among individuals beginning antiretroviral therapy (ART), among whom 25-40% discontinue care within one year. To test combinations of five evidence-based ART adherence monitoring and support interventions, we are implementing a Multiphase Optimization Strategy (MOST)-guided randomized trial in Cape Town. Here we report on study implementation to date.

Method: Beginning in March 2022, a total of 512 individuals initiating ART will be enrolled at three community clinics. Participants receive an electronic adherence monitor (EAM) and are randomized to one of 16 experimental conditions, each entailing a unique combination of intervention components. Three components identify nonadherence (via viral load test indicating unsuppressed virus; missed pharmacy refill; or insufficient dose-taking, per EAM). If nonadherent, participants are contacted by phone and offered two support components (or standard counseling), per randomized condition: weekly texts and motivational interviewing-based counseling. Participants are monitored over 12 months; follow-up concludes at 24 months. Measures include viral suppression; implementation outcomes; and cost-effectiveness of intervention combinations.

Results: By late April, 38 participants were enrolled. Average age was 31.8 years; 31.6% were male. In this initial cohort, 21, 15, and 20 participants, respectively, were assigned to monitoring via viral load, pharmacy refill, or EAM. Among the latter, nine (45%) had been identified as nonadherent; average time to nonadherence was 20.6 days from study enrollment, and 29.3 days from ART start. Most had been called three times; five (55.6%) had been reached by phone.

Conclusion: In the first months after initiating ART, nearly half of trial participants monitored by EAM were identified as nonadherent, with an opportunity to benefit from support; future study phases will measure monitoring, and intervention uptake and impact of the full study population.



1249 Increase in HIV Diagnosis among Older Patients in Miami, FL

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Introduction: The Centers for Disease Control (CDC) reported in 2019 that 40% of people living with HIV did not know their status or were out of care and accounted for 80% of new HIV infections. In 2019, Florida had the highest rates of new infections with 4378 cases, 1181 in Miami. In a 2020 Florida Department of Health report, new diagnosis over the past five years increased by 8% in 30- to 39-year-olds and 7% in 50 and older, while other groups decreased.

Description: Emergency Departments (EDs) are critical for advancing public health initiatives because many patients seen in EDs do not access primary care. Two EDs in Miami, FL (one private, one public) integrated routine HIV screening into their existing workflow. Aggregate data from the past four years was used to compare diagnosis rates between both hospitals.

Lesson Learned: At Jackson Memorial Hospital ED, 76% of new HIV diagnosis were over the age of 30, 44% were over 40, and 40% were over 50. Similarly, at UHealth Tower ED, 80% of new HIV diagnosis were over the age of 30, 45% over 40, and 30% over 50.

Recommendations: Increasing HIV screening through EDs in comparable communities should be a public health objective since EDs play a critical role in identifying undiagnosed patients in high-prevalence areas. Routine HIV screening facilitated by electronic health records help address health disparities by overcoming testing bias. Our hospitals' routine screening programs are diagnosing older individuals in Miami-Dade County and linking them to care through our public-private collaboration with DOH Miami-Dade. In 2020, 83% of adults in the US visited a doctor or other health care professional, and 22% visited the ED. If this testing is expanded to all visits, most new HIV infections could be eliminated.

1250 Mobilizing Feminist Groups, WLHIV Networks, and Diverse Civil Society to Influence 2021 HLM on AIDS and Post-HLM to Safeguard the Gains for Advancing a Gender Transformative HIV Response

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Background: The 2021 HLM was an opportunity to mobilize communities, AGYW, to engage decision-makers to ensure commitments and safeguard the gains secured in the 2016 Political Declaration. In 2016, through the #WhatWomenWant campaign, ATHENA collaborated with civil society, women, and feminist movements to build a campaign that amplified the priorities, demands, and realities of women and girls globally.

Method: The HLM 2021 coincided with the Beijing+25/26 anniversary, embodied by Generation Equality's transformative actions to achieve gender equality. Women's civil society and feminist movements worked with UNAIDS to develop an agenda safeguarding the 2016 gains and advocate for a 2021 Political Declaration that:

- Centres human rights and gender-transformative HIV responses protecting AGYW
- Implements the 2021-2026 Global AIDS Strategy
- Prioritises meaningful participation from AGYW living with and affected by HIV
- Amplifies the realities of women and girls globally during pandemics

From April 2021 to the HLM in June 2021, ATHENA mapped opportunities for civil society to collaborate on HLM centred advocacy. ATHENA leveraged opportunities as an advocacy roadmap amplifying voices of AGYW. Opportunities included global advocacy processes like CSW, International Women and HIV Conference, strategic engagements leading to and during HLM, and mobilizing AGYW and civil society nationally to consolidate policy demands for a gender-transformative Political Declaration.

Results:

- There are eight years to end the global AIDS crisis by 2030
- Commitments to a#AGYW are ambitious with little time to achieve by 2025
- Like HIV, there is a relationship between COVID-19 and GBV
- Like HIV, COVID-19 has gendered impacts

Conclusion: Through #WhatGirlsWant ATHENA conducted an intersectional feminist analysis of the 2021 HLM Political Declaration to access if it meets the demands previously mentioned by women's civil society and feminist movements. ATHENA developed a feminist roadmap which will be disseminated across our networks for endorsement and to inform our advocacy as we work towards end the AIDS crisis.



1251 Five Point Initiative: A Community-Informed Implementation Model to Address HIV in Black Communities

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Background: Black individuals in the United States remain the most disproportionately impacted by new HIV diagnoses, represent the highest portion of individuals living with HIV, and have the highest morbidity rates. Structural inequities and historical oppression are the primary drivers. Such drivers limit access to HIV prevention tools that need to be delivered with culturally congruent and community informed approaches.

Method: The Five Point Initiative is a community-informed implementation model developed and initially piloted between September 2019 and March 2020 in Miami, Florida in communities heavily impacted by HIV. Key components of the model include community consultants/experts, community businesses (e.g., corner stores, beauty supply stores, laundromats, mechanics, barbershops), local health organizations, an academic research program engrossed in community engaged research, and community residents who provided ongoing feedback throughout.

Results: Over the course of six months the Five Point Initiative carried out 10 outreach events, partnered with 13 community businesses and 5 health organizations, engaged 677 community residents, collected health information via a survey, distributed 12,434 condoms, provided information on PrEP, and offered voluntary HIV testing. In addition to evidence of reach, positive feedback/ratings from residents as well as qualitative interviews with community businesses provides preliminary evidence of acceptability and feasibility.

Conclusion: The Five Point Initiative model shows promise as an implementation framework to deliver health prevention/intervention for HIV as well as other health conditions to communities facing health inequities and for whom the current systems for delivering care is insufficient.

1254 Raising HIV Awareness, Fighting Stigma, and Improving ART Adherence Using Recycled ARV Bottles: Lessons Learned

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¹ Pill Power Uganda, Kampala, Uganda

Introduction: Adherence to ART is still low in Uganda. A study among adolescents receiving ART at the Joint Clinical Research Centre found that 23% of patients had an adherence of greater than 95%. The greatest challenge was identified as stigma partly because anti-stigma and adherence campaign messages have with time become monotonous. Pill Power Uganda (PPU) realized the urgent need to innovate unique ways of fighting stigma and improving adherence using cost effective approaches. PPU embarked on raising HIV awareness, fighting stigma and encouraging adherence through recycling of empty ARV bottles into household artefacts and souvenirs.

Description: In 2017, PPU formed three peer support groups of ten HIV positive young people at each parish in Hoima district. The young people were trained in recycling empty ARV bottles. The artefacts include flower vases, baskets, dust bins and lamp shades. The products are branded with HIV adherence messages and sold for an income to support the adolescents. While at it, their leaders share the importance of adherence and encourage the young people to share their successes and challenges so that they can learn from each other. Additionally, PPU reserves trading stalls at weekly markets where the young people exhibit and hold ART adherence campaigns on busy market days.

Lesson Learned: As a result of the campaigns, seven more peer groups were formed reaching 82 adolescents with adherence peer support and income advancement. The peer support, adherence meetings and unique income generating activity motivated the youths to shun stigma and collaboratively adhere to their medication. The youths have registered 83% from 64% adherence.

Recommendations: Innovative, unique, collaborative and cost-effective approaches play a big role in raising HIV awareness, reducing stigma and promoting ART adherence among HIV positive young people. PPU plans to replicate the peer support groups to two more districts.



1255 Social Contracting to Ensure the Sustainability of Services and to Overcome Funding Cuts and Limitations on HIV Services

Maksym Demchenko (presenting)¹

¹ International Budget Advocacy Hub, Kyiv, Ukraine

Introduction: Over the last 4 years, all major types of social contracting (social services order, services procurements, financing statutory activities, providing premises etc.) have been practically tested in Ukraine. The main task was to identify the pros and cons of each and find out which of the mechanisms best ensures the sustainability of services and cost-effectiveness. According to this, procurement of services was the best.

Description: We conducted an analysis of the legislation regarding the procurement of services and the possibility for municipal institutions, businesses, NGOs participation. The main issue was the classification of HIV services. To consider these services as purely medical, it narrows the range of potential providers (medical education and license are required), especially for NGOs that have provided GF-funded services for many years, had expertise but could be out of the procurement process. That is why we with IAA, IRF, "100 percent life" advocate the separation of HIV services into a new category – public health services. A separate structure was established, the Public Health Center, which purchased these services and the basic package of services was determined.

Lesson Learned: In 2019, the Public Health Center successfully completed procurements in all regions of Ukraine. We created a new market for services available for municipal institutions, businesses, and NGOs. As the services from basic package are covered from state budget the extended package may be financed through other social contracting mechanisms from local budgets.

Recommendations: Procurement in 2019 has been completed and preparations for procurement of services for 2020 started. There will also be an opportunity to apply a framework procedure for signing contracts for 3 years, which will further simplify the purchase of these services. We believe this model can be successfully applied in other countries in the EECA region.

1256 Factors Associated with Post-Exposure Prophylaxis Awareness among Latino Sexual Minority Men in South Florida

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Background: Although biomedical HIV-prevention tools, such as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP) have led to decreases in HIV incidence in recent years, these evidence-based interventions have been insufficiently scaled up and disseminated, especially among many subgroups that face substantial HIV disparities like racial, ethnic, and sexual minorities. Given the minimal literature available on PEP awareness among Latino sexual minority men (LSMM), this study explored factors associated with PEP awareness among a group of LSMM living in Miami, Florida, a U.S. HIV epicenter.

Method: LSMM ($N=290$) participated in a cohort study examining patterns of engagement in PrEP and behavioral health treatment services. The current study was a secondary analysis of the baseline data of the cohort study. Potential factors associated with PEP awareness were identified using three methods: stochastic search variable selection (SSVS), participatory data science, and literature review – prior to being modeled using linear regression.

Results: Most participants (67.5%) reported having little to no awareness about PEP prior to initiating our study. Simple linear regression models suggested that higher PrEP knowledge ($B = 0.14$, $SE = 0.02$, $p < 0.001$), higher HIV knowledge ($B = 0.16$, $SE = 0.04$, $p < 0.001$), higher PrEP self-efficacy ($B = 0.32$, $SE = 0.13$, $p < 0.05$), and currently taking PrEP ($B = 0.33$, $SE = 0.16$, $p < 0.05$) were each associated with LSMM's greater PEP awareness. Identity affirmation was associated with less PEP awareness ($B = -0.13$, $SE = 0.05$, $p < 0.01$). Results suggest the utility of our three-pronged variable selection approach.

Conclusion: LSMM in South Florida have suboptimal PEP awareness. Addressing gaps in awareness and use of PEP among LSMM via the determinants identified in the current study could support the *Ending the HIV Epidemic* goals.



1257 Anti-Transgender Legislation and Transgender Health in the United States

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Background: There has been a recent backlash against transgender rights, especially with respect to state bills directed at transgender youth. These laws contribute to stigmatization and victimization among transgender individuals, which is associated with the community's substantial HIV inequities.

Method: This study uses survey data of key informants collected by IAPAC in 2021 using an online survey shared with Fast-Track Cities, which examined the quality of care and socioeconomic challenges facing LGBTI+ communities. These responses were compared with data collected by Movement Advancement Project on state laws targeting transgender youth from 2020-2021.

Results: In communities where anti-transgender state laws have *not* been enacted, quality of life for LGBTI+ people and quality of primary, gender-affirming, and HIV-specific care were all better-rated than in communities that had seen anti-transgender legislation enacted. The difference was most pronounced in access to gender-affirming care, which key informants rated at 3.39 on a scale of 1 ("poor") to 5 ("excellent") in communities where anti-transgender legislation had not been enacted, but 2.71 in communities where such legislation had been enacted. Discrimination on the basis of gender identity was rated as a "moderate" problem in both contexts, though was rated as slightly more problematic in those enacting anti-transgender laws ([Table 1](#)).

Conclusion: Anti-transgender legislation could exacerbate existing inequities in transgender health, including with respect to HIV, as these laws have been enacted in communities that already have poorer transgender healthcare options and lower LGBTI+ quality of life.

1258 Impact of COVID-19 on Urban HIV Responses

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Background: Through multiple surges, COVID-19 had a significant impact on HIV service delivery worldwide. Less clear are the ongoing and longer-term impacts of COVID-19 is exacting on health systems, notably in relation to political commitment and budgetary constraints, both of which pose a challenge to urban HIV responses even as the pandemic begins to subside in some countries.

Method: A survey was fielded among cities in seven countries. The survey's aim was to gain the perspectives regarding: 1) effect of COVID-19 on urban HIV responses; 2) COVID-19's impact on urban HIV budgets; and 3) ongoing commitments to funding urban HIV responses. The survey collected Likert scale responses from local stakeholders including public health departments, community-based organizations, clinical and service providers, and patient-advocates.

Results: Only 11% of respondents said that COVID-19 had only a minimal impact on their urban HIV responses, while 32% felt it would have a major impact over the coming years and 57% anticipated a more moderate impact. Social support services were considered most at risk for budget cuts, with 66% of respondents expressing this concern. Other services critical to facilitating adherence to HIV medication were also considered to be at risk of negative budgetary impact, including mental health services (42%) and key population outreach (42%). Additionally, 63% of respondents worldwide – and 81% of those in North America – felt that these budgetary constraints would probably or somewhat probably lead to an increase in HIV infections and/or AIDS-related deaths.

Conclusion: There is a great deal of concern among urban HIV stakeholders regarding the ability of cities to deliver effective HIV responses if political commitment wanes and budgetary constraints are not remedied. Services necessary to facilitate medication adherence among people living with HIV – social support services, mental health care, and key population outreach – are areas of particular concern.



1259 15 Fast-Track Cities Progress towards Achieving and Surpassing the 95-95-95 Targets, 2018-2020

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Background: Data use and analytics provides Fast-Track Cities the opportunity to improve HIV services delivery, monitor progress, and accelerate urban HIV responses. Leveraging care continuum disaggregated data helps to reveal trends, identify barriers to priority interventions, and improve decision-making.

Method: The analysis used UNAIDS 95-95-95 indicators reported by health departments across the Fast-Track Cities network. The focus was on 95-95-95 data reported by 15 cities for at least 2 years (2018 to 2020) as well as cities attaining and/or exceeding 95-95-95 targets within the given timeframe.

Results: From 2018 to 2020, all 15 cities attained at least one of the 95-95-95 targets, with 13 having surpassed one or more of the targets. The City of London was first to achieve and exceed all 95-95-95 targets from 2018 to 2020. Amsterdam was the only other city to achieve the first and the third 95 across all three years. Four cities reached the first 95 target across 2019 to 2020: Bangkok (96%) attained the target in both 2019 and 2020, Kingston (95%) in 2019, along with Colombia (96%) and San Francisco (96%) having reached the first target in 2020. Besides London, 6 cities (Dar Es Salaam, Kampala, Lagos, Berlin, Taipei, and Seville) attained and/or surpassed the second 95 target at least once between 2018-2020. In addition to Amsterdam and London, the third 95 target was achieved and exceeded by 7 cities in 2018; 6 cities in 2019; and 6 cities in 2020. Seven cities maintained the highest viral suppression rates, ranging from 95% – 98%, across all 3 years.

[Tables](#)

Conclusion: Fast-Track Cities have reported significant progress towards achieving and surpassing the 95-95-95 targets. Based on effective data-driven strategies, cities have accelerated their urban HIV responses and continue to address gaps across the prevention and care continuum. Cities' efforts to report disaggregated data will help enhance effective interventions to close gaps in care continua and assist cities in attaining or surpassing UNAIDS 95-95-95 targets.

1260 Community Engagement in EHE Planning Process

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Introduction: The Ending the HIV Epidemic (EHE) initiative was launched by the U.S. Department of Health and Human Services (HHS) in 2019 with a goal of reducing new HIV infections by 90% by 2030. EHE prioritizes 57 jurisdictions with high HIV incidence burden which were required to meaningfully engage communities to develop a locally tailored plan for EHE-funded work. This type of engagement is critical for people living with HIV.

Description: From January-March 2022, IAPAC conducted a study of people living with HIV in EHE priority jurisdictions to gauge community engagement in the development of EHE plans and community perceptions of EHE's success to date. An online survey utilized Likert scale response options plus three open response questions to gauge opinions of the EHE process.

Lesson Learned: A total of 121 participants were included in the study, of whom 66% had been living with HIV for at least ten years; 55% identified as a racial or ethnic minority. Approximately one in three participants attended a local EHE planning meeting (31%) or an HHS community listening session (36%). Only about four in 10 participants (42%) felt that their community was meaningfully engaged, and nearly two-thirds of respondents (62%) felt that the current EHE local plan did not meet their community's needs. The most common themes in responses on how to improve the local plan were more community engagement, more education for people living with HIV and the general public, more resources at the community level, and greater transparency.

Recommendations: This study found only moderate levels of satisfaction with local EHE plans, despite the study sample overrepresenting people who participated in the planning process. The results suggest the need for deliberate, meaningful engagement of people living with HIV at the local level as the EHE initiative progresses.



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