



Eligibility, Referral, and Assistance with Linkage to a PrEP Provider among Persons with Negative CDC-Funded HIV Tests in Non-Healthcare Settings

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Introduction



Background

- *Ending the HIV Epidemic in the U.S.* (EHE) initiative
 - Aims to end the HIV epidemic in the United States by 2030
 - Key strategies (or pillars):
 - **Diagnose** all people with HIV as early as possible
 - **Treat** people with HIV rapidly and effectively to reach sustained viral suppression
 - **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
 - **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Reference: Office of Infectious Disease and HIV/AIDS Policy. About Ending the HIV Epidemic in the U.S.: Overview. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/>. Accessed April 24, 2023. Updated July 1, 2022.

Background

- Pre-exposure prophylaxis (PrEP)
 - Use of antiretroviral medication to prevent HIV infection among people who could be exposed to HIV through sex or injection drug use
 - Indicated for adults and adolescents who don't have HIV, are at risk of getting HIV from sex or injection drug use, and weight at least 35 kg (or 77 lbs)

Reference: Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021.

Background

- CDC funds health departments and community-based organizations to conduct HIV prevention services
 - HIV testing
 - Linkage to HIV medical care
 - Referral to and provision of essential support services
 - Eligibility, referral, and assistance with linkage to PrEP provider

Objective

- To examine the **eligibility for PrEP referral, referral to a PrEP provider, and assistance with linkage to a PrEP provider** among persons with negative CDC-funded HIV tests in non-healthcare settings, by population groups

Methods



Data Source

- National HIV Prevention Program Monitoring and Evaluation (NHM&E) System
 - CDC-funded recipients report test-level HIV prevention program data to CDC semi-annually
 - Data are used to evaluate CDC-funded HIV prevention programs, inform programmatic activities, and document progress toward HIV prevention goals
- Analysis Sample
 - 2019-2021 data
 - PrEP-related data variables were added to NHM&E in 2019
 - Data from non-healthcare settings
 - Population group data available

Variables

- **Dependent Variables**

- Eligibility for PrEP referral
- Referral to a PrEP provider
- Assistance with linkage to PrEP provider

- **Independent Variable of Interest**

Population Group

- MSM (referent)
- PWID
- Transgender persons
- Heterosexual men
- Heterosexual women
- Other population group

- **Independent Variables - Adjustment**

- Age
- Race/ethnicity
- U.S. Census region

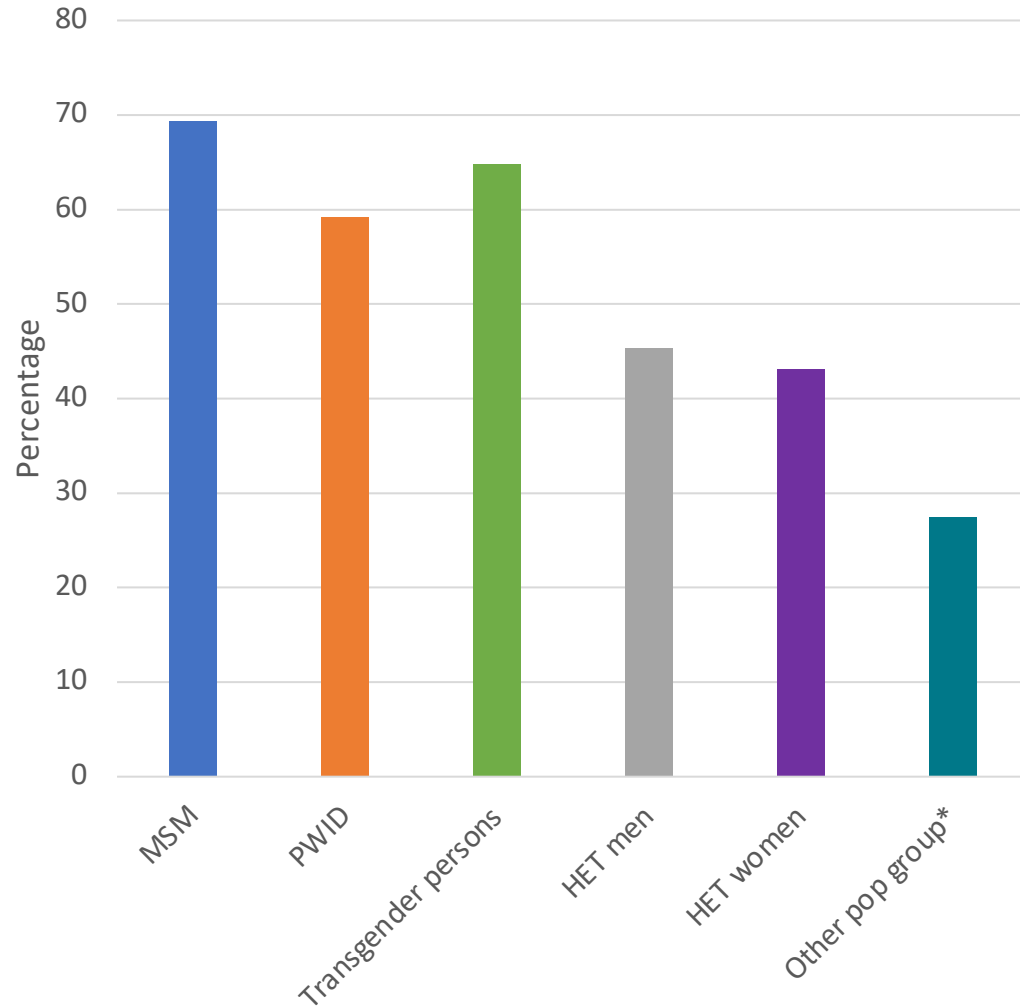
Statistical Analysis

- Prevalence of PrEP-related service outcomes for each population group
- Association between population groups for each PrEP-related service outcome
 - Robust Poisson regression
 - Population group as the independent variable of interest
 - MSM as referent group
 - Adjusted prevalence ratios (aPRs) with 95% confidence intervals (95% CIs)
 - Adjusted for age, race/ethnicity, U.S. Census region

Results



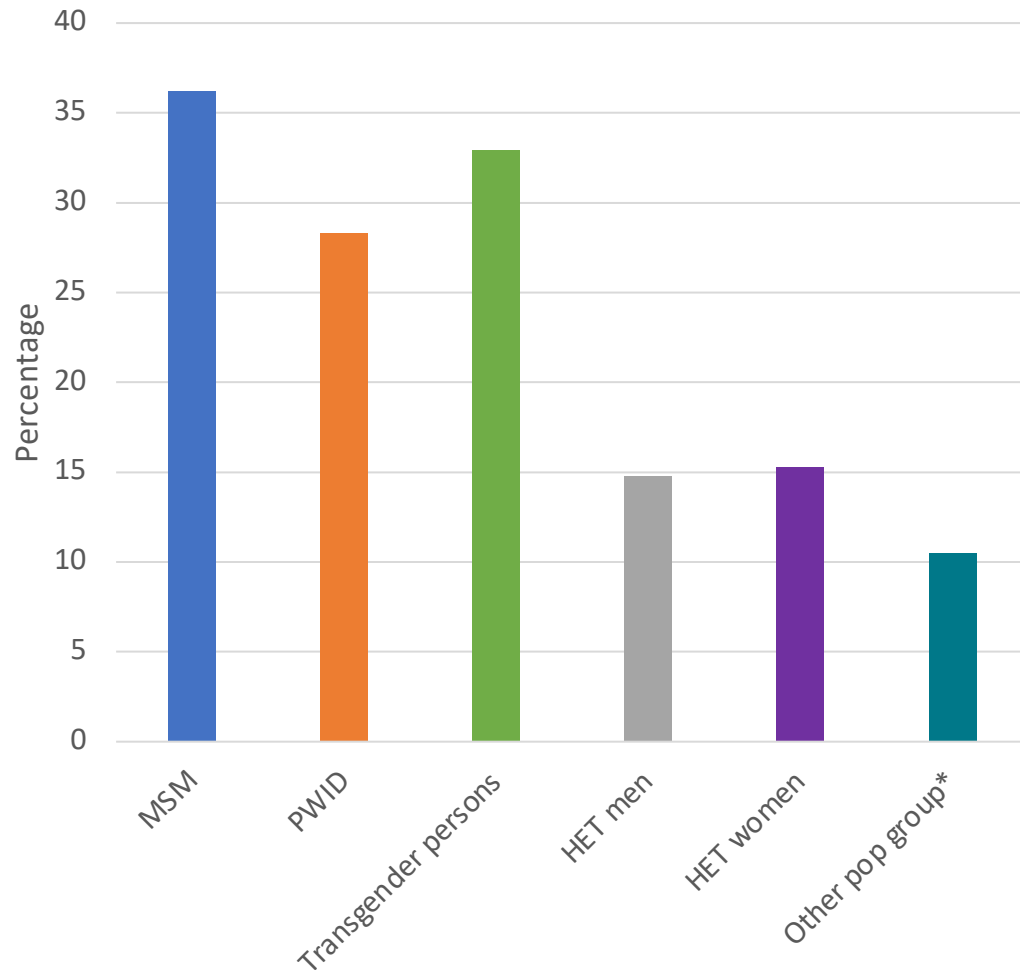
Eligibility for PrEP Referral



*includes women who have sex with women, sex with transgender persons, no sexual contact & no injection drug use

	aPR (95% CI)
MSM	Ref
PWID	0.83 (0.75-0.91)
Transgender persons	0.94 (0.89-0.999)
Heterosexual men	0.63 (0.57-0.69)
Heterosexual women	0.60 (0.54-0.68)
Other population group	0.39 (0.29-0.52)

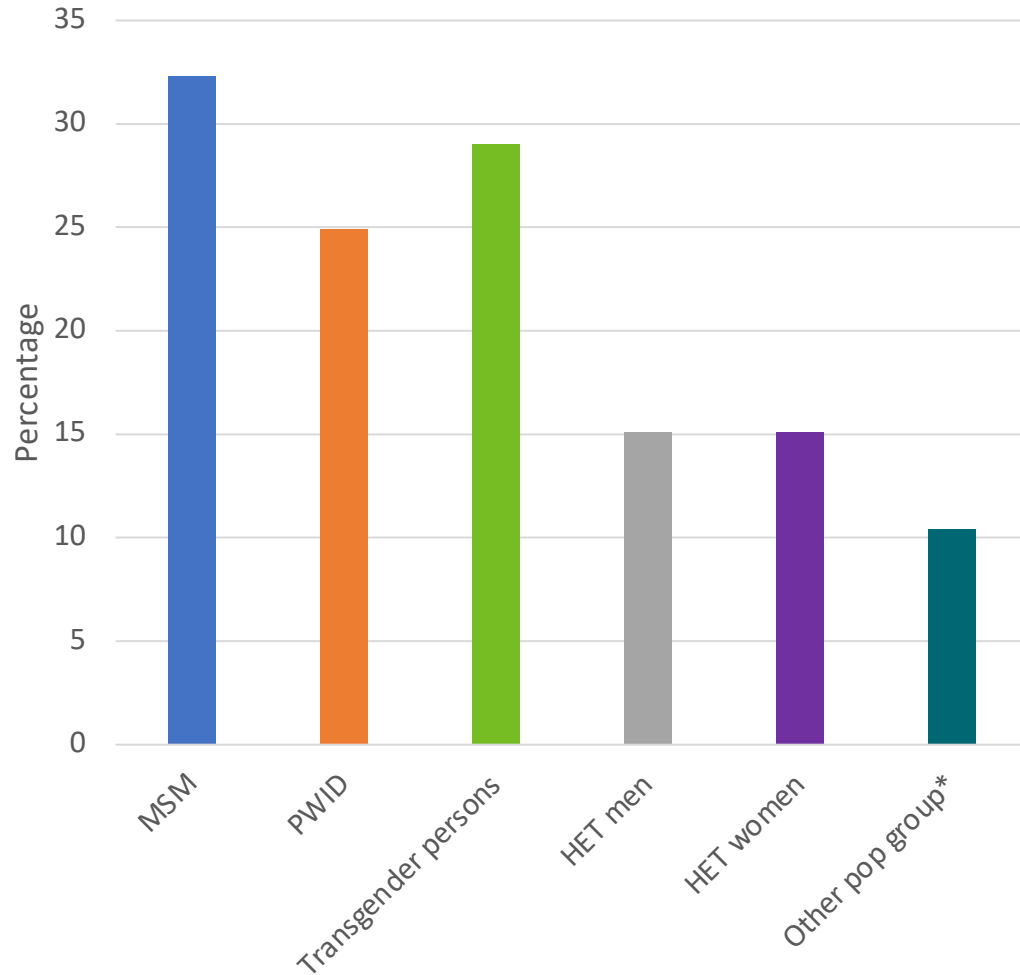
Referral to a PrEP Provider



*includes women who have sex with women, sex with transgender persons, no sexual contact & no injection drug use

	aPR (95% CI)
MSM	Ref
PWID	0.75 (0.59-0.96)
Transgender persons	0.92 (0.84-1.02)
Heterosexual men	0.39 (0.34-0.44)
Heterosexual women	0.40 (0.35-0.46)
Other population group	0.28 (0.21-0.38)

Assistance with Linkage to a PrEP Provider



*includes women who have sex with women, sex with transgender persons, no sexual contact & no injection drug use

	aPR (95% CI)
MSM	Ref
PWID	0.73 (0.57-0.94)
Transgender persons	0.91 (0.79-1.04)
Heterosexual men	0.43 (0.38-0.49)
Heterosexual women	0.44 (0.37-0.51)
Other population group	0.31 (0.24-0.40)

Discussion



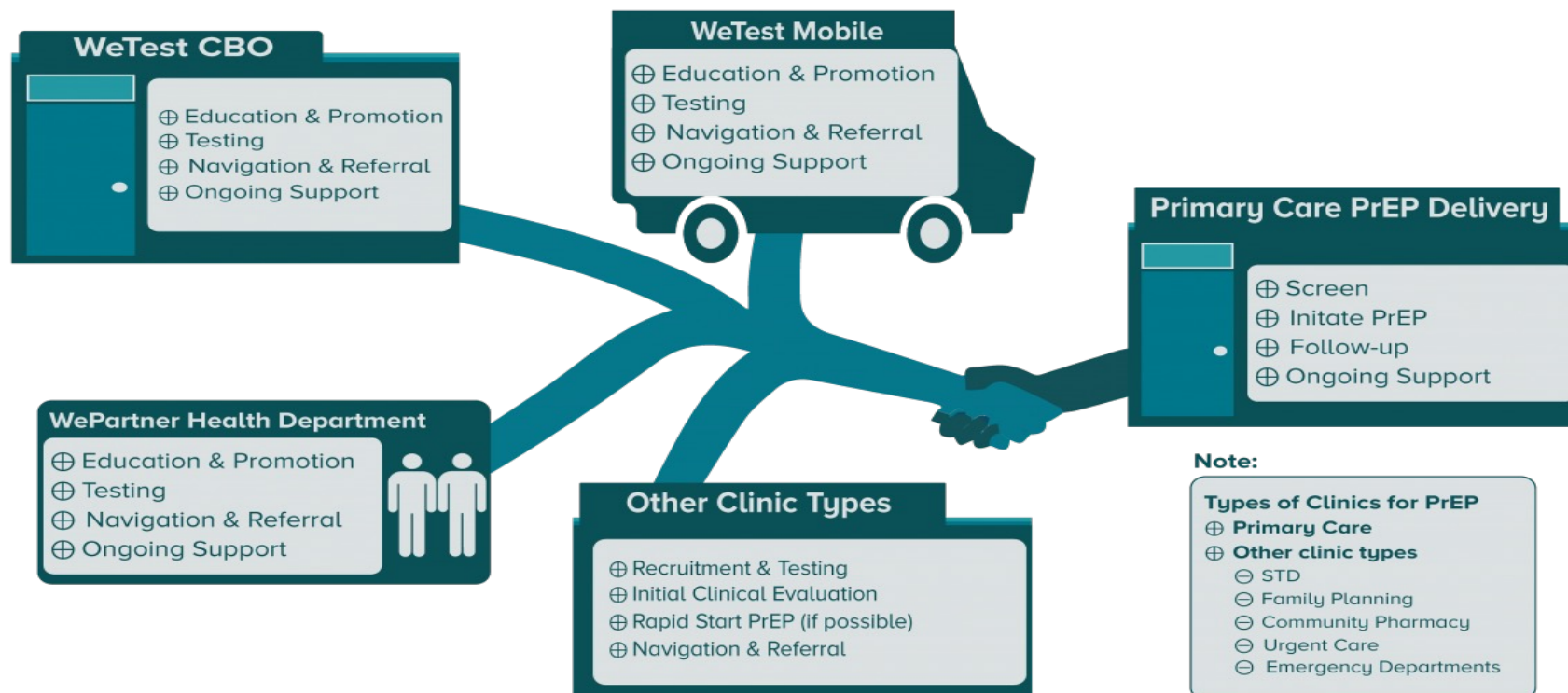
Summary

- Receipt of PrEP-related services of persons testing negative for HIV was suboptimal and varied by population group
 - Eligibility for PrEP referral: 28%-69%
 - Referral to a PrEP provider: 11%-36%
 - Assistance with linkage to a PrEP provider: 10%-32%
- MSM were most likely to receive PrEP-related services
 - In comparison, receipt of PrEP-related services was lower among
 - PWID
 - Heterosexual Men
 - Heterosexual Women
 - Other population group

Discussion

- Increased receipt of PrEP-related services is vital to reducing the number of new HIV infections
 - This can be facilitated through clinical care and public health collaborations

Collaborative Model for PrEP Awareness, Uptake, and Adherence & Retention



Limitations

- PrEP-related service variables are not a cascade
- Missing data in multivariable models
- Potential impact of COVID-19

Conclusion

- MSM and transgender persons were most likely to receive PrEP-related services through CDC-funded HIV prevention programs
 - However, it is important for programs to engage all persons at risk for HIV infection to ensure receipt of PrEP-related support
- Comprehensive PrEP care systems are needed to make PrEP available, accessible, and acceptable

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

