Building bridges between research, health services, and youth: differentiated and integrated PrEP and STI services for adolescents’ MSM and TGW in Brazil. PrEP1519 Project- Brazil

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WHO Satellite
“From policy to practice: Integrated and Differentiated PrEP services”
PrEP1519 is a demonstration cohort study, co-funded by Unitaid and the Brazilian Public Health System, and implemented in three large capital cities: Salvador, Belo Horizonte and São Paulo.

Assesses effective and cost-effective ways to provide HIV PrEP and STI care for adolescent MSM and transgender adolescent girls 15-19 years old.
How can we create demand of PrEP and STI services in this complex context?

Our strategies of recruitment to reach adolescents MSM and TGW create contact; be inclusive:

- Through peer educators (online and offline): LGBTQIA+ parties, mingling areas, bars, venues.
- Recruitment in schools: workshops; sexual education promotions.
- Referrals from NHS-Brazilian SUS services.
- Referrals from NGOs.
- Dating apps: Grindr, Tinder etc.
- By the indication of participants who are in PrEP;
- Amanda Selfie – Transgender chat bot
- Network invitation through Respondent Sampling Driven technique

QR code for accessing the paper
Photos and images are credit to PrEP1519 teamwork. Permission to be in the photo was provided by a signed informed consent.
Environment matters!
A PrEP clinic beyond the clinical care

Youth friendly environment

Reception

Multi-professional Office

Multi-purpose Lounge

PrEP dispensation

Laboratory

Doctor’s Office
PrEP1519 Implementation Model: recruiting, enrolling and linking adolescents MSM and TGW to PrEP

**Demand Creation**
- Communication material (cards, posters, PrEP emoji’s, PrEP mascot, Comics, Road Map)
- Boosting on social media
- Kits for influencers.

**OFFLINE**
- Peer educators – PE working at youth venues
  - Schools
  - Community Mobilization
  - National Health System

**ONLINE**
- Peer educators working in online platforms, hook-up apps; WhatsApp
  - Amanda Selfie - a chatbot
  - Boosting social media
  - Digital influencers

**WHERE**
- PrEP Clinics

**WHO**
- Reaching and engaging adolescents in PrEP and HIV testing

**WHAT**
- Mixed model of services delivery
  - Face-to-face services
    - HIV (RT 4th generation) and STI testing;
    - Linkage to care and treatment if screen positive for HIV
    - Counselling and screen for mental health
    - Psychological support;
    - Medical, nursing care, and social work support;
    - PrEP + condom dispensation;
    - Post-exposure prophylaxis - PEP
    - STI diagnoses and treatment POC (for syphilis)
    - Referrals to vaccination to NHS
  - Telehealth services
    - Telehealth by health providers;
    - Clinical, laboratory and behavioral questionnaires – online interview;
    - PrEP + condom + HIV self-testing sent to their preferred address;
    - Online consultations to inform STI diagnosis and offer care; and to monitor PrEP continuation and adherence;
Proportion of MSM and TGW adolescents enrolled in PrEP and other prevention methods by the total population recruited in each demand creation strategy.

Clinical Evaluation: Syndromic and Etiological

If the diagnosis is made at the time of care, treatment is offered immediately (Point of Care).

When the diagnosis is made using laboratory tests, the clinical team makes contact for guidance and offers treatment at the PrEP clinic.

Rapid tests and treatments are offered to the sexual partners of cohort participants. After treatment, monitoring is in place to ensure completeness of treatment and cure.
STI tests

- Serology for hepatitis A, B, and C.
- Participants with an indication were referred for hepatitis vaccination.
- Rapid tests (RT) for syphilis, and non-treponemal VDRL tests among those who tested positive in the RT.
- Oral, rectal, and urethral swabs or urine samples were used for nucleic acid amplification testing for Neisseria gonorrhrea (GC) and Chlamydia trachomatis (CT) at baseline, at every 6 months, and as clinically indicated at other intercurrence visits.
- The GC and CT prevalence was estimated considering infection in any of the three anatomic sites.
8,169 AMSM and ATGW were reached by the DCS
18% enrolled in the PrEP cohort,
Need to reach out and create demand for HIV/STI prevention for a large and diverse adolescents MSM and TGW;

Most adolescents recruited by peer educators (PE) activities in online strategies (70.7%);
PE in face-to-face contact (16.5%),
then direct referrals from health services and NGO (12.8%);

HIV prevalence at baseline
66/1463 = 5%

Baseline Prevalence
Syphilis: 16.2%
GN: 18.4%
CT: 9.4
Proportion of STI diagnosis according to etiological and syndromic approach. PrEP1519 Study, Salvador site, 2019-2022

The importance of access to rapid tests
The PrEP program is an excellent opportunity to treat and care STIs!

<table>
<thead>
<tr>
<th>STI</th>
<th>N</th>
<th>Incident cases</th>
<th>Sum of PY</th>
<th>Incidence rate per 100 person-years</th>
<th>(95% CI)</th>
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<tr>
<td>N. gonorrhoeae</td>
<td>132</td>
<td>19</td>
<td>219.2</td>
<td>8.7</td>
<td>(5.5-13.6)</td>
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<tr>
<td>C. trachomatis</td>
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<td>22</td>
<td>246.5</td>
<td>8.9</td>
<td>(5.9-13.6)</td>
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<td>M. genitalium</td>
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<td>11</td>
<td>240.5</td>
<td>4.6</td>
<td>(2.5-8.3)</td>
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<tr>
<td>M. hominis</td>
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<td>19</td>
<td>224.3</td>
<td>8.5</td>
<td>(5.4-13.3)</td>
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<tr>
<td>U. urealyticum</td>
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<td>43</td>
<td>186.3</td>
<td>23.1</td>
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<td>U. parvum</td>
<td>137</td>
<td>10</td>
<td>253.9</td>
<td>3.9</td>
<td>(2.1-7.3)</td>
</tr>
</tbody>
</table>

Dezanet et al. presented at 2022 International AIDS Conference
Lessons learned

❖ Developing comprehensive demand creation strategies, which include social media and digital platforms have the ability to reach young people with information and can provide linkage to services;

❖ Understanding young people’s values and preferences for service delivery ensures that appropriate service delivery choices are made available.

❖ Adolescents, especially the most vulnerable, may need more support to remain in service and PrEP use than adults. Navigators, flexible appointment schedules, financial and emotional support, reminders, and approaches through online social networks are strategies that can help in this regard.

❖ Young people needing prevention usually need other services, so providing PrEP as part of a comprehensive package is important. For example, rates of STIs and unmet needs for prevention are high.

❖ In addition, young people may require services for gender-based violence and mental health.
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