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Reframing HIV Care

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005 HIV Prevention, Detection, and Early Management Utilizing a Street Medicine Approach

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Introduction: HIV prevention, detection, and early management remain a prevalent issue in the unhoused and sex worker populations regionally, nationally, and internationally.

This research study examines the implementation of an advanced practice nurse-led street medicine team to improve HIV prevention, early detection, and management by delivering point-of-care services directly on the streets to some of the most vulnerable populations in Fresno County, California.

Description: This retrospective, quantitative study evaluates the impact of HIV prevention, testing, and early management through a street medicine delivery model targeting unhoused and sex worker populations. Data were collected retrospectively via chart review. Subjects who received HIV screening, testing, or management were identified in the electronic medical record using CPT codes and documented chief complaints. The analysis included the frequency of HIV testing, initiation of PrEP in high-risk populations, and the rate of early identification and management of HIV-positive individuals.

Lesson Learned: Collected data demonstrate

that a street medicine model directly improves access to HIV prevention and early management for vulnerable populations. Delivering HIV testing, risk reduction strategies, and early treatment in a mobile setting enables patients to reach undetectable viral loads and reduces transmission risk within these communities.

Recommendations: The use of street medicine teams should be strongly considered to reach unhoused and sex worker populations. Point-of-care delivery increases access and improves both testing and medication adherence. Placing high-risk individuals on PrEP as a harm reduction strategy is critical to reducing HIV transmission at the community level.

010 Insights from the 2023 Zambia Biobehavioral Survey: HIV Prevalence and Population Size Estimation among Female Sex Workers

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Background: Due to their heightened HIV risk, female sex workers (FSW) are a critical focus in the global HIV response. Through 2030, UNAIDS aims for 95% of HIV-positive individuals to know their status, 95% of those diagnosed to be on ART, and 95% of those on ART to achieve viral suppression. This project estimated HIV prevalence, evaluated progress toward those targets, and assessed prevention and care needs for FSW in Zambia.

Method: Using respondent-driven sampling, the 2023 Zambia Biobehavioral Survey (BBS) recruited 2,312 FSW across six towns. Participants underwent rapid diagnostic tests for HIV, syphilis, HBV, and HCV, alongside lab confirmation of viral load and HIV recency. Bayesian multilevel modeling with capture-recapture and prior data was used to estimate population size.

Results: HIV prevalence among FSW aged 16 and older varied by location, with Mongu (45.4%) and Chipata (44.4%) reporting the highest rates, and Lusaka the lowest (32.0%). Prevalence was highest among FSW over age 35. Population size estimates showed FSW were most concentrated in Lusaka (9,600) and least in Mazabuka (1,600), confirming urban and peri-urban representation.

Progress on UNAIDS Goals: In Chipata, 94.8% of FSW knew their HIV-positive status, compared to 83.8% in Solwezi. ART coverage was complete in Lusaka, Mazabuka, and Mongu. Viral suppression was 93.1% in Chipata and 82.2% in Solwezi.

Prevention and Outreach: Knowledge of post-exposure prophylaxis (PEP) ranged from 76.0%–84.2%, except in Solwezi (67.2%). Less than 30% had used PrEP. Peer educator engagement was highest in Chipata (77.7%) and Mongu (72.2%).

Conclusion: The 2023 Zambia BBS highlights high HIV prevalence and low PrEP uptake among FSW. While ART coverage and viral suppression are strong, gaps in prevention, outreach, and stigma reduction must be urgently addressed to meet national and global HIV goals.

011 Black/Brown Trans HIV Trauma and Healing in Detroit: An Approach to Tackling Healthcare Navigation through Trans-Led Case Management

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Introduction: With healthcare-focused funding from the State of Michigan, the Trans Sistas of Color Project (led exclusively by trans women of color) developed an HIV case management program for Black and Brown trans women of color (TWOC). The program focused on re-engaging women living with HIV who were out of care by supporting the hierarchy of needs impacted by health disparities.

Description: The program addressed housing through temporary and permanent options, including partnerships and direct rent or hotel support. Accessibility was expanded via phone services, Lyft rides, and food delivery (e.g., DoorDash and grocery options). Partnerships with HIV- and medical-focused organizations facilitated re-entry into care. Specialized case managers also supported gender-affirming needs, including name and gender marker changes, legal support, utility assistance, and baby care. The project also engaged high-risk TWOC not living with HIV, addressing broader health disparity needs. Notably, a trans couple supported by the program gave birth at Henry Ford Health System – an institutional first.

Lesson Learned:

- Addressing the surrounding health disparity needs helps TWOC stay in HIV care.
- Hiring TWOC health experts as case managers was critical to successful linkage and retention.
- Access to diverse resources, referrals, and programming provides TWOC with comprehensive support.
- **Recommendations:** Partnering with TWOC health experts to create and lead programming is essential for HIV care success in this community.

012 "The Patient Gets Better and Doesn't Go": Healthcare Providers' Perspectives on Integrating Care for HIV and Non-Communicable Diseases in the Dominican Republic

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Background: The dual burden of HIV and non-communicable diseases (NCDs) requires innovative, integrated healthcare approaches to support the long-term well-being of people with HIV. In the Latin America and Caribbean region, where HIV epidemics are concentrated, female sex workers (FSW) face disproportionate rates of HIV along with individual, social, and structural barriers to care. Few examples exist of integrated care models that address both HIV and NCDs for FSW. This study explored HIV care providers' experiences and perspectives on integrating HIV and NCD services in the Dominican Republic.

Method: A purposive sample of 24 HIV care providers from governmental and non-governmental clinics participated in audio-recorded key informant interviews. Using a semi-structured guide, researchers explored current practices for HIV and NCD care and probed for opportunities and challenges related to integration. Data were analyzed using narrative and thematic techniques.

Results: NCDs are frequently diagnosed in decentralized HIV clinics, which often serve as the primary healthcare source for FSW with HIV. Providers perceived that many FSW prefer receiving all care at HIV clinics due to experiences of internalized, anticipated, and enacted stigma in the broader health system. Barriers to integration include limited NCD training among HIV providers, provider bias, and a fragmented, costly referral system. Participants emphasized the importance of engaging community organizations to support sustainable HIV/NCD care integration.

Conclusion: A weak primary care infrastructure, decentralized HIV units, and pervasive stigma pose challenges to integrating HIV and NCD care for FSW with HIV. Findings will be triangulated with patient perspectives to inform an integrated care model to improve holistic healthcare for FSW and other stigmatized populations. This model may be adaptable to other health systems across the Latin American and Caribbean region.

016 Comparison of Treatment-Emergent Resistance Associated Mutations among Single Tablet Regimens and Cabotegravir+Rilpivirine for the Treatment of Virologically Suppressed People with HIV: A Systematic Literature Review and Network Meta-Analysis

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Background: Treatment-emergent resistance associated mutations (TE-RAMs) have not been observed in people adherent to HIV guideline-recommended single tablet regimens (STRs) with a high barrier to resistance but are developing in people with HIV (PWH) adherent to the injection schedule for cabotegravir+rilpivirine (CAB+RPV). This study compared the risk of TE-RAMs among STRs and CAB+RPV in virologically suppressed (VS) PWH.

Method: A systematic literature review of randomized controlled trials (RCTs) investigating switching to any STR or CAB+RPV in VS PWH with >48 weeks of follow-up in both arms, published from 2003 to March 2024, was conducted. Risk ratios (RR) with 95% confidence intervals were estimated using a random-effects model. Surface under the cumulative ranking curves (SUCRA) were used to rank interventions in preventing TE-RAMs. SUCRA scores reflect the probability of a treatment being among the best options in the network; higher scores indicate better ranking.

Results: Nineteen RCTs (10,760 participants) were included. At 48 weeks, the risk of TE-RAMs with BIC/FTC/TAF and DTG/ABC/3TC was potentially 80% lower than with CAB+RPV Q8W [RR 0.20 (0.02, 1.83) and 0.20 (0.002, 16.67), respectively], and tended to be lower than CAB+RPV Q4W and all two- and three-drug STRs. The risk of TE-RAMs with CAB+RPV Q4W appeared 56% lower than with Q8W [RR 0.44 (0.16, 1.22)]. CAB+RPV Q8W showed a trend toward a higher risk of TE-RAMs and a lower probability of preventing TE-RAMs than all INSTI- and PI-based STRs. BIC/FTC/TAF (74.3%) ranked highest and EFV/FTC/TDF (22.7%) ranked lowest in probability of preventing TE-RAMs.

Conclusion: In VS PWH, BIC/FTC/TAF has the highest probability of preventing TE-RAMs and tended to have the lowest risk, whereas CAB+RPV Q8W performed similarly to STRs with lower barriers to resistance. As resistance impacts current and future treatment options, clinicians should include the differential risk of TE-RAMs in shared decision-making discussions when switching ART in stable, suppressed individuals.

030 Oral PrEP Use and Adherence During Pregnancy and the Postpartum Period in Ugandan Women

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Background: Vulnerability to HIV increases during pregnancy and the postpartum period, yet little is known about PrEP use at these stages. This study describes adherence trends and characteristics of pregnant and postpartum women using oral PrEP in Uganda.

Method: A cohort of pregnant women in southwestern Uganda was enrolled between 2019 and 2023. Participants were surveyed about PrEP use during pregnancy and postpartum. Adherence was self-reported. Chi-square and t-tests compare characteristics between users and non-users. Logistic regression identified associations with daily PrEP use.

Results: Of 390 participants, 102 (26%) used PrEP and 288 (74%) did not. The mean age for both groups was 27 years. Among PrEP users, 39% initiated use pre-conception and 57% post-conception. Postpartum, 72% continued PrEP; 23% discontinued, mostly within 3 months (91%) despite ongoing HIV risk. Breastfeeding was reported by 95% of PrEP users versus 92%

of non-users. In multivariable analysis, wealth was inversely associated with consistent PrEP use postpartum.

Conclusion: High PrEP uptake and continuation were observed during pregnancy and postpartum. Early discontinuation postpartum, particularly among wealthier participants, suggests the need for adherence support and novel PrEP delivery options to maintain protection during high-risk periods.

047 Psychedelics and Trauma-Responsive Practices: Addressing HIV-Related Post-Traumatic Stress Disorder (PTSD) and Care Team Burnout

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Introduction: People living with HIV (PLWH) experience disproportionately high rates of Post-traumatic stress disorder (PTSD), which was further exacerbated by the COVID-19 pandemic. It has also been noted in recent years that the impact of secondary trauma, compassion fatigue, and burnout has impacted the HIV care workforce, which ultimately has led to a decrease in clinical and non-clinical staff available to provide services.

Description: This workshop explores innovative approaches to addressing post-traumatic stress disorder (PTSD) in PLWH. This session will provide an overview of global clinical research on psychedelic treatments for PTSD in PLWH and their integration into mental health care strategies. In addition, the workshop will address the significant impact of secondary trauma, burnout, and compassion fatigue has on HIV care providers, including clinical and non-clinical staff.

Lessons Learned: Psychedelic-assisted therapies have emerged as a promising intervention for managing PTSD, with growing evidence supporting their safety and efficacy in improving mental health and overall quality of life.

Trauma-responsive practices can significantly lessen the psychosocial, physiologic, and psychologic effects of both primary and secondary trauma experienced by PLWH and care teams.

Recommendations: By the end of this session participants will be able to:

- Identify the prevalence and challenges of PTSD in PLWH in managing their mental health, and its impact on quality of life.
- Describe the efficacy and safety of psychedelic therapies for treating PTSD symptoms associated with HIV/AIDS.
- Describe the psychosocial, physical and psychological impacts of both primary and secondary trauma.
- List practices and strategies, including psychedelic medicine that can positively impact patient outcomes and care team wellness.

By the end of the session, attendees will be equipped with actionable knowledge to improve patient outcomes and enhance care team well-being.

049 Community-Led Model for a Status-Neutral Approach Using Long-Acting Injectable ARV

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Introduction: A status-neutral approach integrates HIV prevention and treatment by offering equitable, stigma-free services regardless of serostatus. Long-acting injectable antiretrovirals (LAI ARVs) enhance this model by supporting adherence and reducing stigma. Abounding Prosperity Inc. developed a community-led status-neutral program with significant success in health outcomes.

Description: This model offers LAI ARVs alongside wraparound services addressing stigma, access, and adherence. Key focus areas include capacity building, integrated care delivery, support for social determinants, sustainability planning, and data monitoring.

Lesson Learned: LAI ARV users demonstrated improved adherence, viral suppression, and continuity of care. No new HIV infections occurred, and stigma declined. Peer navigators fostered trust, and holistic services enhanced engagement.

Recommendations: Traditional HIV models that differentiate based on status perpetuate stigma. A status-neutral model integrates prevention (PrEP) and treatment (ART) into unified care pathways. Success requires:

- Reducing stigma through normalized care
- Supporting adherence via simplified dosing
- Addressing social determinants like housing, food, and transportation

053 Implementation Determinants of HIV Testing and PrEP in Community Pharmacies in Philadelphia, PA

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Background: Community pharmacies can expand access to HIV testing and PrEP. However, few US pharmacies offer these services. This study explored barriers and facilitators in Philadelphia, a high-prevalence urban setting.

Method: Using a sequential mixed-methods design, interviews with pharmacists and partners informed a pharmacist survey. Domains included implementation feasibility, acceptability, and appropriateness. Analysis used the Consolidated Framework for Implementation Research.

Results: Interviews (n=15) and surveys (n=59) revealed high acceptability but lower feasibility for PrEP delivery. Only three sites offered HIV testing; none had implemented PrEP. Barriers included workload, legal restrictions, and reimbursement issues. Potential solutions included collaborative agreements, telePrEP integration, and champion identification.

Conclusion: Pharmacy-based HIV services are acceptable but underutilized. Implementation strategies must address legal, financial, and workflow challenges to expand access.

054 Pre-Implementation Assessment of Readiness for Integrating Collaborative Practice Agreements for HIV Prevention in Community Pharmacies in the Southeastern United States

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Background: Pharmacist-led preexposure prophylaxis (PrEP) can improve access in high-burden areas. Collaborative practice agreements (CPAs) allow pharmacists to initiate PrEP in partnership with providers, but navigating state-specific CPA policies remains a challenge.

Method: As part of the CAP-UP study, we assessed pharmacy staff's confidence and readiness for CPA-based PrEP implementation. Surveys began in January 2024 across eight southeastern states, using constructs from the Consolidated Framework for Implementation Research. Descriptive analysis was conducted on preliminary data.

Results: Among 189 respondents, 24% received formal CPA training. Only 13% felt fairly or completely confident writing a CPA; 51% were not confident at all. Additionally, 43% were unsure whether their state's CPA requirements were reasonable. While staff felt confident in counseling (68%) and therapy management (59%), they lacked confidence in ordering (24%) and interpreting (19%) lab tests. However, frequent communication with providers was common: 93% consulted on drug therapy changes, 86% provided and 89% received patient information, and 67% received and 60% sent referrals.

Conclusion: Gaps in CPA knowledge and confidence suggest a need for training and adaptable CPA templates. Existing pharmacist-physician communication channels can support implementation, especially with enhanced training on PrEP-specific patient care functions.

057 Participating and Recalling in a Digital Intervention Promoting PrEP Adherence and Retention: A Longitudinal Analysis of a PrEP Demonstration Trial in China

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Background: PrEP is highly effective for HIV prevention, but adherence challenges persist. This study evaluated the impact of digital intervention engagement on adherence using data from a stepped-wedge RCT in China.

Method: Participants received biweekly adherence-promoting messages for 12 months. PrEP adherence and message engagement (received, opened, recalled) were self-reported at 3, 6, 9, and 12 months. Data were analyzed using GLMM in Stata 16.

Results: Of 1,099 participants (mean age = 29.6), 4.5±2.3 messages were received and 3.9±2.2 opened. At 12 months, 86.8% recalled at least one message (mean recall = 4.0). Opening additional messages increased odds of optimal adherence by 6% (aOR = 1.06; 95% CI: 1.01–1.10). No significant associations were found for messages received or recalled alone.

Conclusion: Digital intervention fidelity is critical. Increased message engagement, specifically opening messages, was associated with better adherence, highlighting the need for strategies that encourage active participation.

066 The Effects of US Government Freeze on Foreign Aid on HIV Programs in Nairobi, Kenya

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Background: U.S. foreign aid through PEPFAR and USAID has supported HIV care in Kenya, aiding progress toward epidemic control. This study examined the impact of the 2025 funding freeze on services in Nairobi.

Method: Facility interviews, surveys, and online reviews were used to assess impacts. Data from the USAID Fahari Ya Jamii dashboard supplemented findings.

Results: In Q1 FY25, 54,301 PLHIV were served, with 77% virally suppressed. Following funding halts, clinics closed, staff received stop-work orders, and services –including viral load testing and multi-month ART dispensing – were disrupted. Many patients expressed distress over access gaps.

Conclusion: The aid freeze severely disrupted HIV services, undermining ART adherence and viral suppression efforts. These disruptions threaten Kenya's progress toward HIV epidemic control and increase stigma risk. Policy continuity is critical to sustaining care.

068 Antiretroviral Therapy Adherence in the Era of Universal Test and Treat: A Hybrid Systematic-Narrative Literature Review of Global Evidence

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Background: Consistent, sustained adherence to antiretroviral therapy (ART) is required for viral load (VL) suppression among people living with HIV (PWH). Review of adherence interventions can provide insights into promising approaches to help PWH reach and sustain viral suppression.

Method: We conducted a hybrid systematic-narrative literature review to explore adherence strategies in the universal test-and-treat era. We searched PubMed, Scopus, and Web of Science using PRISMA guidelines for peer-reviewed studies (with a control arm), in English, including people ≥12 years taking ART, published between 01 January 2015 and 18 January 2024. We extracted descriptive statistics and interventions (strategies used, adherence measures, intervention outcomes) on included studies. We described narratively interventions with a positive effect.

Results: We extracted data from 231 articles, representing 97,469 PWH. Most were from Africa (106, 46%) or North America (81, 35%). Most randomized participants (215, 93%), including 30 cluster-randomized trials, and included general populations, with 51 (22%) focused on youth and 23 (10%) on pregnant and post-partum women. Many (146, 63%) used VL as an adherence outcome; fewer used self-reported measures alone (37, 16%). The most common approaches included adherence counseling (73, 32%) and mHealth technologies (71, 31%). Among studies reporting a VL outcome, task-shifting, change in dispensing schedules, adherence club interventions, and economic/incentive strategies had the most significant VL impacts (60%, 50%, 40%, 37% respectively).

Conclusion: Numerous adherence interventions have potential to impact VL in different populations. Variability in intervention components and outcomes support calls to target interventions to PWH who may benefit most, while also addressing societal determinants of health and reducing barriers to

provide more person-centered care. Greater attention to evaluating flexible, tailored, complex interventions may offer valuable insights for developing the next generation of highly generalizable, sustainable adherence support.

078 Assessing Linkage to Care Following Opt-Out Routine HIV Screening in Adolescent and Young Adult Patients in a Pediatric Emergency Department

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Introduction: In 2019, adolescents accounted for 21% of newly diagnosed HIV cases. To address this, a large urban pediatric emergency department implemented an opt-out HIV screening protocol in July 2022 for all patients aged 13 and older. This initiative aimed to increase testing rates, improve early detection, and facilitate timely linkage to care.

Description: In July 2022, Comer Children's Hospital Emergency Department implemented a routine opt-out HIV screening program utilizing fourth-generation HIV testing with HIV-1 RNA for all patients aged 13 and older. Over the testing period, 1,750 HIV tests were performed, an increase of 221.7% compared to the same 21-month period prior to the project. The percent of positive results from routine screening was 0.4% (five patients). For positive results, immediate consultation with infectious disease facilitated rapid outpatient follow-up. All patients were linked to care within 30 days, with an average of 19.5 days, maintaining the 100% patient retention rate observed in the pre-implementation period.

Lessons learned: This project significantly increased HIV testing rates among adolescent populations in an emergency department, which is crucial for improving early identification and facilitating timely linkage to care. Ensuring prompt access to vital treatment and support can improve overall health for this vulnerable population.

Recommendations: Monitoring of metrics, including testing rates, positivity rates, linkage to care rate, and patient outcomes, is crucial for evaluating program effectiveness and identifying areas for improvement. Routine HIV screening in adolescent populations is important for young people with HIV and can serve as a model for integrating opt-out syphilis testing, enhancing comprehensive HIV prevention efforts.

082 Implementation of a Pharmacist and Pharmacy Technician Driven PrEP Workflow at a Primary Care Clinic

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Introduction: In 2022, HIV pre-exposure prophylaxis (PrEP) prescribing was underutilized, with only 36% of people who could benefit from PrEP receiving prescriptions. Increasing PrEP uptake within primary care is a strategy to reach additional populations who do not seek specialty care.

Description: Boston Medical Center is the largest health safety-net hospital in New England and is located in an End the HIV Epidemic in the United States Phase 1 Priority Area. A clinical pharmacist and certified pharmacy technician (CPhT) have been embedded within primary care to increase PrEP uptake. The health system has an existing pharmacist-led oral and injectable PrEP program within the sexually transmitted infection (STI) clinic; that workflow was adapted and incorporated into the primary care setting. The clinical pharmacist leads the interdisciplinary team in identifying and initiating patients on PrEP, while the CPhT assists with medication access, benefits investigations, and patient navigation. Referrals come from primary care providers, nurses, pharmacy staff, and through positive STI tests.

Lessons learned: In a five-month period, 16 total patients were initiated on oral PrEP, 12 patients by the pharmacist and four referred by primary care. Most of the patients, 75% (12/16), identified as female, highlighting a population currently underserved by specialty clinics. Injectable PrEP will be offered in the upcoming months, as 12 patients have expressed interest. Due to limited PrEP knowledge in primary care, provider and nursing education was provided, and a policy was developed for injectable cabotegravir. Additionally, the CPhT was trained to identify and outreach to PrEP candidates under pharmacist supervision.

Recommendations: Embedding PrEP services in primary care promotes access to treatment in a familiar setting. Additional opportunities to increase uptake include implementing injectable PrEP in primary care clinics, utilizing CPhTs to initiate PrEP conversations, and introducing team members such as case managers to assist with care coordination.

084 Living on the Edge: Racial Disparities Among Sexual Minority Men With HIV Who Use Stimulants

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Background: Achieving viral suppression among sexual minority men living with HIV (SMM LWH) who use stimulants remains a challenge. The intersectional stigma framework significantly impacts pathways influencing viral load (VL) detectability, especially among ethnic minority SMM LWH. This study aimed to examine predictors of stimulant use severity and VL detectability by race/ethnicity.

Method: This cross-sectional study of 487 SMM LWH with valid VL samples leveraged baseline survey data from a randomized controlled trial of an adherence-supporting mHealth intervention. Bivariate and multivariate regressions were performed to analyze associations of race/ethnicity and stimulant use severity, defined as cocaine/methamphetamine use frequency, and VL detectability (>300 copies/mL). Stimulant use severity [low (<4), moderate (4–26), high (≥27)] was calculated using the NIDA-ASSIST scale. Correlates included demographics, depressive symptoms (PHQ-4), and anticipated intersectional (InDI-A) and HIV-related stigmas (IARSS).

Results: Compared to white SMM, the odds of high risk stimulant use decreased for Black men (OR = 0.34, 95% CI: 0.20–0.56) and Latinx men (OR = 0.53, 95% CI: 0.32–0.87). Moderate (OR = 2.78, 95% CI: 1.36–5.69) and severe (OR = 2.98, 95% CI: 1.45–6.12) depressive symptoms and anticipated intersectional stigma (OR = 1.06, 95% CI: 1.04–1.08) were associated with increased odds of high risk stimulant use. After controlling for other predictors, the odds of detectable VL increased for Black men (AOR = 3.49, 95% CI: 1.46–8.38) and those experiencing HIV-related stigma (AOR = 1.25, 95% CI: 1.08–1.44).

Conclusion: While stimulant use remains prevalent among white SMM LWH, racial disparities persist among Black SMM LWH. Further research on intersectional stigma and other behavioral factors among SMM LWH could inform future interventions aimed at improving VL detectability.

100 Breastfeeding Program for People Living with HIV (PLWH) in Brooklyn, NY

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Introduction: In 2023 the US Dept. of Health and Human Services, and in 2024 the American Academy of Pediatrics (AAP) updated infant feeding recommendations for PLWH (in the US about 5,000 per year) and now support breastfeeding/chestfeeding as long as breastfeeding individuals are taking antiretroviral medications and have a sustained undetectable HIV viral load (<50 copies).

Until that time PLWH were advised against breastfeeding/chestfeeding in the US where safe infant feeding alternatives are available in order to prevent postnatal HIV transmission.

Description: At the State University of NY (SUNY) Health Sciences University Hospital in Brooklyn a team had been formed in October 2023 to bring together specialists in obstetrics, midwifery, infectious disease, pediatrics and case management to discuss breastfeeding policies and procedures for PLWH receiving prenatal and postnatal care. Institutional protocols were developed in 2024 and since then the team has supported 4 PLWH who met the guidelines for safe breastfeeding and elected to breastfeed. After discussion of infant feeding options, 8 individuals declined breastfeeding. The 4 breastfeeding parents have been followed for a range of 17 breastfeeding weeks with an average of 7 weeks of breastfeeding (as of 2/14/25). 100% of the breastfeeding individuals followed infant monitoring guidelines and 75% followed maternal monitoring guidelines. To date the infants have continued to test negative for the HIV virus.

Lessons Learned: Staff at SUNY have found the new guidelines for infant feeding have been accepted by patients and staff and have not adversely affected maternal or infant health. Additionally, it was found that a team-based effort with adequate support and monitoring is necessary for implementing the guidelines.

Recommendations: Our site's success with operationalizing shared decision making with PLWH in alignment with the national guidelines about infant feeding should encourage other sites to do the same.

101 People with HIV Who Use Substances Report Lower Health-Related Quality of Life

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Background: People with HIV (PWH) report greater substance use (SU) than the general population. Studies examining the impact of SU on health-related quality of life (HRQoL) suggest that SU lowers HRQoL; however, few studies have examined different substances' impacts on HRQoL among PWH.

Method: From 2008 to 2024, PWH in care in the CFAR Network of Integrated Clinical Systems (CNICS) cohort completed patient-reported outcome assessments on EQ-5D HRQoL annually, and SU, depression (PHQ-9), and anxiety with panic, among other measures, every six months, which are merged with electronic health record data. Associations between specific drugs and HRQoL among PWH were assessed using generalized estimating equations (GEEs) with a normal distribution, exchangeable correlation matrix, and robust sandwich estimator. Covariates were adjusted for by standardization with inverse probability of treatment weighting, with weights estimated from multinomial logistic regression models.

Results: Eighteen thousand two hundred eighty PWH were included, with mean age 44, 16% female, and 56% non-White race/ethnicity. The first available (baseline) mean HRQoL score was 0.833, but lower with current cannabis (0.808), cocaine/crack (0.777), methamphetamine (0.776), and illicit opioid (0.717) use. In GEEs adjusted for age, sex, race/ethnicity, CNICS site, enrollment year, years in care, HIV viral load, fibrosis-4 index, diabetes, hepatitis C infection, hypertension, estimated glomerular filtration rate, HIV symptoms index score, depression (PHQ-9) score, and anxiety with panic (PHQ-5), HRQoL was significantly lower among PWH reporting past and current SU, with those currently using illicit opioids and methamphetamine having the lowest HRQoL.

Conclusion: After adjusting for comorbid mental and physical health conditions, past and current SU were associated with lower HRQoL, with current use having a greater impact than past use. While future studies are needed to untangle the impact of SU on HRQoL versus HRQoL on SU, associations between SU and lower current HRQoL suggest that harm reduction, prevention, and treatment programs for SU among PWH could improve HRQoL.

104 Informing Healthcare Approaches for Sexually Minoritized Men with HIV and Methamphetamine Use

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Background: Methamphetamine use has surged among US sexual minority men (SMM), complicating HIV care engagement. Methamphetamine use is associated with poor adherence to antiretroviral therapy (ART), leading to elevated HIV viral load and faster disease progression. To inform HIV care strategies, this study investigated the association between methamphetamine use severity and suboptimal (less than 90%) past-month self-reported ART adherence among SMM living with HIV (LWH).

Method: Using online screener data from 7,276 SMM with self-reported HIV from an mHealth ART adherence intervention, we conducted multivariable Poisson regressions controlling for sociodemographic variables and other substance use to investigate the association between methamphetamine use severity and ART adherence. Methamphetamine use severity was calculated using the NIDA-Modified ASSIST. Self-reported ART adherence was measured using a visual analog scale (0–100%).

Results: Moderate (RR = 2.34, 95% CI 2.16–2.54) and severe (RR = 2.88, 95% CI 2.65–3.12) methamphetamine use were associated with suboptimal ART adherence compared to non-use. Older age (RR = 0.99, 95% CI 0.98–0.99) and being foreign-born (RR = 0.75, 95% CI 0.67–0.85) were associated with better ART adherence. Latino (RR = 1.16, 95% CI 1.08–1.24) and Black (RR = 1.32, 95% CI 1.23–1.41) SMM reported suboptimal ART adherence more than their white counterparts. In stratified models, younger age and moderate-to-severe methamphetamine use were associated with suboptimal ART adherence across race and ethnicity.

Conclusion: Results support the need for culturally competent methamphetamine screening within HIV and primary care settings to improve adherence. Stimulant use severity predicts suboptimal adherence. However, stratified models by race and ethnicity did not further explain this phenomenon. Addressing stimulant use and structural barriers to treatment are critical for improving ART adherence among SMM LWH.

117 Using Network Analysis to Explore the Associations Between Identities Targeted by Discrimination, Mental Health, and Barriers to Care Among Community Residents in Miami, FL

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Background: HIV disproportionately affects Black individuals in the U.S. due to intersecting socio-structural factors. Experiencing discrimination due to sexism, racism, or classism can be a barrier to care and influence mental health symptoms.

Method: Community members (N = 3,240) completed a survey from February through December 2024. Administered in HIV high impact zip codes in Miami, Florida, the survey measured barriers to care (for example, transportation, finance), everyday discrimination (i.e., lack of courtesy/respect, threatened/harassed), and mental health symptoms. Participants who experienced discrimination also indicated the identities targeted (for example, race, gender, socioeconomic status). Two network analyses were conducted: (1) treated without courtesy/respect, total barriers to care, average mental health score, and identities targeted and (2) threatened/harassed, barriers to care, mental health score, and identities targeted.

Results: A total of 1,235 participants experienced a lack of courtesy in their day-to-day lives (79.9% Black, 54.5% cisgender men, 51.1% at or below poverty). Network one indicated that higher mental health symptoms were related to higher barriers to care, discrimination due to race, and discrimination due to socioeconomic status. A total of 544 participants experienced being threatened or harassed (76.1% Black, 46.1% cisgender women, 54.4% at or below poverty). Network two analysis showed that higher mental health symptoms were related to higher barriers to care and discrimination based on race, gender, and socioeconomic status. Discrimination due to gender was also associated with discrimination due to race and socioeconomic status.

Conclusion: The findings highlight the intersectionality of discrimination experiences and the implications for mental health and structural barriers to accessing health services. Barriers to health care (such as lack of transportation and financial resources) and discrimination should be systematically addressed to mitigate mental health symptoms and increase access to HIV prevention services in HIV high impact communities.

118 Exploring Differences in PrEP Awareness, HIV Treatment, and Social Determinants of Health among Non-US- and US-Born Community Residents in South Florida

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Background: HIV incidence rates are greater among immigrant communities in the United States compared to US-born individuals, which may be linked to socio-structural factors limiting access to HIV testing, treatment, and prevention tools. Utilizing survey data from a large community-based project, we explored differences between US- and non-US-born residents in Miami-Dade County, an epicenter for new HIV diagnoses.

Method: In 2024, residents in eight HIV high impact zip codes completed a survey capturing socio-structural information, PrEP awareness, and mental health. Tukey's Honestly Significant Difference (HSD) tests examined differences between US-born and non-US-born participants. Additional HSD tests compared Black foreign-born to White foreign-born persons.

Results: In this sample of 3,240, 25.8% were non-US-born, of whom 63.9% were Black and 25.1% were White Latine. US-born participants were more aware of PrEP and received more frequent HIV testing compared to non-US-born participants. Among residents living with HIV, US-born individuals were more likely to be prescribed antiretroviral therapy and to attend an HIV-related medical visit. Participants born in the US experienced more trauma, day-to-day discrimination, incarceration, fear of displacement, anxiety symptoms, medical mistrust beliefs, and COVID-19 impact.

Compared to White (primarily Latine) foreign-born participants, Black foreign-born residents had higher harassment by law enforcement, gentrification concerns, and endorsed higher self-esteem. Compared to Black foreign-born participants, White foreign-born participants reported more housing instability, disability, and reported being treated with less courtesy and respect.

Conclusion: In HIV high impact zip codes, there are nuances in the experiences of US-born vs non-US-born individuals as well as differences among non-US-born racial groups. Targeted interventions are needed to ensure full access to prevention and treatment tools.

128 Structural Equation Modeling of Self-Silencing, Depression, Microaggressions, and Inflammation among Black Women Living with HIV

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Background: Despite marked improvements in antiretroviral treatments, HIV persists as a leading cause of death for Black women in the US. Emerging evidence suggests gendered racial microaggressions (GRM) are associated with increased depressive symptoms and viral non-suppression, as well as nonadherence via self-silencing behaviors—limiting self-expression to avoid conflict. These chronic stressors can influence immune system activation, yet few have explored this mechanism in Black women living with HIV (BWLWH). This study examines associations between self-silencing and GRM on mental health, inflammation, and viral suppression among BWLWH in South Florida.

Method: Baseline data were examined from an intervention to improve mental health and HIV outcomes among BWLWH (n = 119). Self-reported measures include the Gendered Racial Microaggression Scale (GRMS), Silencing-the-Self Scale, and Center for Epidemiological Studies Depression Scale. Blood work was assessed for viral load (VL), neutrophils, and lymphocytes. Neutrophil-to-lymphocyte ratio was used as a marker for inflammation. Structural equation modeling was performed in Mplus using self-silencing, depression, and inflammation as potential mediators of the path between GRMS and viral suppression.

Results: Model fit was within good limits (RMSEA = 0.053, CI 0.00–0.089; CFI = 0.97; TLI = 0.96; SRMR = 0.047; X^2 = 49.41, DF = 37; p = 0.083). Significant paths included microaggressions to self-silencing (β = 0.328, p = 0.003), microaggressions to depression via self-silencing (β = 4.67, p = 0.002), and inflammation to viral suppression (β = −1.19, p = 0.038).

Conclusion: Findings and model fit support the need to examine the factors of adversities, self-silencing, mental health, immune activation, and viral suppression together. Additionally, this supports literature highlighting the impact of microaggressions and self-silencing on mental health. Future studies should examine the relationship between microaggressions and VL using a larger sample size and additional markers of inflammation.

134 A Pleasure-Inclusive Multilevel Strategy to Address Anal Sex Stigma among HIV Workers: Findings from a Mixed Methods Study in the Southern United States

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Background: Stigma toward anal sex jeopardizes the goal of ending the HIV epidemic by impeding the equitable provision of sexual health services. To mitigate this impact, we evaluated a bundle of multilevel strategies to address client concerns about anal sex in a destigmatizing, pleasure-inclusive manner.

Method: Using the Behaviour Change Wheel, we developed a clinician- and community-informed bundle: an initial two-day in-person workshop with HIV workers, followed by three months of online quality improvement coaching, and continuous dissemination of client- and worker-facing resources on anal pleasure and health. We implemented the bundle among HIV workers in the Southern US and used validated measures to assess pre/post shifts in participants' self-reported proximal mechanisms of action (for example, knowledge, comfort, skills) and subsequent behavior change with regard to anal sex-specific health promotion. We conducted longitudinal surveys and in-depth interviews, then paired t-tests alongside thematic analysis.

Results: Health workers (N = 65) predominantly identified as Black or African American (64%) and cisgender (95%; 73% female). Most worked within HIV services (72%), health education (55%), and sexual and reproductive health (34%). Post-implementation, participants reported significant improvements ($p < .01$) in their skills (48%), resources (44%), knowledge (28%), confidence (15%), positive emotions (15%), professional responsibility (12%), and comfort (13–25%) with regard to anal sex-specific health promotion. Frequency of health promotion increased 18–28% ($p < .01$). Qualitative analysis of mechanisms of action indicated that social contact with credible sources and the dissemination of pleasure-inclusive client-facing materials enabled workers to destigmatize discussions about anal sex within HIV services.

Conclusion: Our bundle significantly improved mechanisms of action and increased anal sex-specific health promotion. Future research should evaluate sustainability of impact on client outcomes, scalability, and adaptability to different healthcare contexts

135 Clinical and Psychosocial Correlates of Depression among Adolescents and Young People Living with HIV in Rwanda (Aged 10–24) in 2024

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Background: Depression is highly prevalent among adolescents and young people living with HIV (AYPLHIV), negatively impacting treatment adherence and overall well-being. This study examines clinical and psychosocial factors associated with depression in AYPLHIV in Rwanda.

Method: A cross-sectional study in 2024 involved 457 AYPLHIV aged 10–24 years in Rwanda. Data were collected through structured interviews assessing HIV transmission mode, ART history, caregiver support, and trauma exposure (forced sex and physical abuse). Depression was measured using the Patient Health Questionnaire-9 (PHQ-9). Bivariate and multivariable logistic regression analyses identified factors associated with depression.

Results: Several factors were significantly associated with depression. Female participants had higher odds of depression than males (AOR = 0.482, p = 0.002). Older youth (20–24 years) were more likely to experience depression than younger adolescents (10–14 years) (AOR = 2.785, p = 0.064). Orphanhood, particularly loss of both parents, was strongly associated with depression (AOR = 2.622, p = 0.003), while living with both parents was protective (AOR = 0.308, p = 0.001). Trauma exposure significantly increased depression risk, with forced sex (AOR = 2.072, p = 0.035) and physical abuse (AOR = 2.853, p = 0.009) being key predictors. HIV disclosure was also linked to depression (AOR = 1.774, p = 0.007). Individuals with an unknown viral load had significantly higher odds of depression compared to those with a known viral load (AOR = 3.214, 95% CI: 1.404–7.359, p = 0.006).

Conclusion: Psychosocial and clinical factors, including gender, caregiver support, trauma, and HIV-related experiences, are key determinants of depression in AYPLHIV. Targeted mental health interventions integrating trauma-informed care and caregiver engagement are critical to improving mental health and HIV treatment outcomes in this population.

137 Gender-Affirming Care in South Africa: Gender Identity, Access, and Need for Social, Legal, and Medical Transition and HIV Services for Transgender and Gender Diverse People

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Background: Trans and gender diverse (TGD) people face discrimination in the South African health system, limiting their access to HIV services and gender-affirming care (GAC). This study describes TGD people's gender identities and their need for and access to social, legal, and medical transition and HIV services.

Method: A cross-sectional quantitative survey was conducted with 150 TGD individuals recruited through convenience sampling. Data were collected using structured questionnaires via REDCap. Descriptive analysis was conducted using Stata 18.

Results: Of 150 respondents, 74.0% were people assigned male at birth (AMAB) and 26.0% assigned female at birth (AFAB). Demographics showed a vulnerable population with 18.7% homeless and 66.0% unemployed. HIV testing uptake was high (99.3%), with reported HIV prevalence differing between AMAB (34.2%) and AFAB (7.9%) respondents. PrEP uptake among HIV-negative AMAB respondents was 30.4% and 5.7% among AFAB respondents, while 78.0% of TGD people living with HIV were on antiretroviral treatment. While social transition was common (98.7%), access to legal transition (4.0%) was very low, as was access to all forms of medical GAC with 44.7% of respondents accessing psychosocial care, 32.0% accessing hormone therapy, and 2.7% surgery. Among those without access, demand was high for legal transition (71.4%), psychosocial care (77.1%), and hormone therapy (68.6%). Gender-affirming surgery varied by gender identity, with AFAB respondents prioritizing top surgery (63.9%), while AMAB respondents sought both top and bottom surgeries equally (~50%).

Conclusion: Findings reveal a critical gap between demand and access to legal and medical GAC services in South Africa. There is urgent need for the provision of integrated and accessible GAC and HIV services as part of comprehensive care for TGD populations nationally.

139 High Acceptability of Integrating Biomedical HIV Prevention into Gender-Affirming Care Delivered via Telemedicine Does Not Differ Between Gender Identity or Geography

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Background: Transgender people face unique barriers in accessing preventative services, including heightened stigma, co-morbid mental health disorders, concerns about drug-drug interactions, and limited availability of gender-affirming medical providers. Many turned to telemedicine platforms for access to gender-affirming healthcare (GAHC). Person-centered approaches for HIV prevention, focusing on services transgender people are already choosing to utilize (GAHC, telemedicine), are opportunities to increase uptake of post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).

Method: In December 2023, we surveyed clients of a large telemedicine GAHC company, purposefully enrolling transfeminine and transmasculine individuals from urban and rural areas. Eligible participants were over 18 years old, on hormone therapy, and consented to participate. The online survey assessed HIV risk, awareness and experience with PEP/PrEP, and willingness to use these if offered through GAHC. We used chi-square tests and logistic regression to analyze factors associated with willingness to use HIV prevention.

Results: Among 387 participants (212 transfeminine, 170 transmasculine, 5 non-binary/other), 23.6% did not know their HIV status. Nearly half (47.3%) had unprotected sex at last encounter, and 30% had experienced sexual assault. Awareness of PEP was low (26.6%), and no participants had used it; however, prior knowledge was associated with willingness to take PEP through GAHC (aOR 2.11, 95% CI 1.11–4.02). While 61% were aware of PrEP, only 1.8% had taken it. Two-thirds (66.2%) expressed willingness to use PEP/PrEP from GAHC providers, with no significant differences by gender identity or geographic location. Willingness to use PEP/PrEP was associated with worry about acquiring HIV (aOR 2.61, 95% CI 1.86–3.36) and use of public insurance (aOR 3.73, 95% CI 3.18–4.28).

Conclusion: Awareness and use of biomedical HIV prevention were lower in this gender-diverse, geographically diverse population than in recent surveys. Integrating PEP/PrEP into telemedicine GAHC could improve uptake by increasing awareness, reducing barriers, and leveraging trusted provider relationships.

147 To Disclose or Not to Disclose? Perspectives on HIV Status Disclosure to Sexual Partners in the Era of U=U among Men Living with HIV and HIV Service Providers in Australia and the US

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Background: Undetectable=Untransmittable (U=U) introduces new considerations related to HIV status disclosure to sexual partners for people living with HIV (PLWH). Questions around disclosure may arise during patient-provider conversations. In this interview study, we aimed to understand current perspectives on HIV status disclosure to sexual partners, including patient-provider communication about disclosure, among PLWH and HIV service providers in Australia and the US.

Method: Forty semi-structured interviews were conducted by phone or online with key informants, who were recruited in partnership with HIV community-based and professional organizations in Australia (n = 20) and the US (n = 20). Key informants were 20 PLWH and 20 HIV service providers, evenly distributed between countries. Interviews were thematically analyzed.

Results: PLWH were gay cisgender men aged 29–67 years (Mdn [IQR] = 60 [24]) with an undetectable viral load. HIV service providers were cisgender men and women aged 30–65 years (Mdn [IQR] = 36 [8]). PLWH in both countries expressed varied opinions on HIV disclosure to sexual partners. Reasons to disclose included building trust and feeling morally obligated, particularly in a committed relationship. Reasons not to disclose to potential casual partners included avoiding HIV stigma, maintaining physical safety, and viewing disclosure as unnecessary if they have a sustained viral load (because of U=U). Most providers from both countries believed that disclosing is a personal decision and that patients have no health obligation to disclose their status (because of U=U). Some providers identified benefits of patient disclosure to partners, including building trust and connection in a committed relationship and enhancing social support. Several PLWH and providers from both countries acknowledged the legal responsibility in some states to disclose one's status to partners.

Conclusion: U=U shaped PLWH and providers' perspectives on disclosure in Australia and the US: Disclosure to sexual partners was not viewed as a health necessity but instead was encouraged, or discouraged, primarily based on anticipated psychosocial impacts.

149 Optimizing Telehealth Utilization through Provider Training and Strategic Support

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Introduction: Thomas Street at Quentin Mease (TSQM), a large urban HIV clinic in Houston, TX, is one of five sites funded by the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Special Projects of National Significance (SPNS) for the Telehealth Strategies to Maximize HIV Care (HRSA-22-030) project. While telehealth (video visits) improves access, convenience, and continuity of care, provider unfamiliarity with telehealth platform workflows limited its use at TSQM. To address this, we implemented a targeted initiative focused on provider training, engagement, and resource allocation.

Description: To identify barriers, we gathered feedback from TSQM providers and found two key challenges: navigating telehealth services via the EPIC electronic medical record and difficulty obtaining real-time vitals, particularly blood pressure (BP) readings. In response, we (1) educated providers on the telehealth initiative during a weekly virtual lunch program and (2) conducted one-on-one training sessions at the clinic in collaboration with the TSQM Telehealth Navigation team and Virtual Care team. To sustain engagement, we launched a weekly TSQM Telehealth Newsletter featuring training videos, articles, patient testimonials, telehealth utilization metrics, and provider images of video visits. Additionally, to address clinical concerns, we supplied home BP monitors to patients for monitoring via telehealth visits.

Lesson Learned: Comprehensive, flexible provider training was essential for telehealth adoption. Ongoing engagement through newsletters helps sustain provider interest and reinforce best practices. Supplying home BP monitors directly addressed clinical barriers, improving the feasibility of virtual care.

Recommendations: A multifaceted approach combining training, continuous engagement, and strategic planning is essential for sustaining telehealth services. Regular surveys and feedback should refine strategies and address emerging challenges. Additional efforts should include collaboration with the billing/coding team and a centralized online dashboard for telehealth training and clinic-specific resources. This streamlined platform will enhance telehealth integration and provider efficiency.

150 Quality of Life of Adults Aging with HIV: Building a Community of Practice in Houston/Harris County

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Introduction: Houston/Harris County has embraced a fifth pillar in the Ending the HIV Epidemic (EHE) initiative: Quality of Life. The population of people living with HIV over the age of 50 (PWH50+) continues to grow. Meeting their complex needs is essential to optimizing quality of life. We aim to develop an ECHO community of practice to enhance the physical, mental, and social well-being of PWH50+, driven by challenges case managers and social workers face in serving this population.

Description: An online REDCap survey was distributed via email. Twenty-six medical case managers and social workers across five Ryan White Part A HIV clinics within Houston/Harris County, an EHE priority jurisdiction, completed the survey. Participants identified the top three resources requested by PWH50+, rated available resources, described barriers to access, and suggested potential interventions.

Lesson Learned: The most frequently requested resources were housing assistance (20/26), financial support (12/26), and transportation (12/26). Additional priority needs included food insecurity (5/26), substance use (5/26), mental health (4/26), and social support (4/26). Barriers to housing resources included income requirements, failed inspections, and missed rent payments. Financial support was limited by documentation requirements, reliance on external agencies, and restricted coverage of medical costs. Transportation barriers disproportionately affected PWH50+ with mobility challenges, cognitive decline, or technological difficulties. Participants identified several interventions, including patient navigators, support groups, peer recovery specialists, affordable senior housing, and food delivery programs to better support PWH50+.

Recommendations: Case managers and social workers providing wraparound services are vital for PWH50+. Understanding resource needs and availability is crucial for developing targeted interventions to enhance PWH50+ quality of life. These findings can inform the creation of an ECHO curriculum to support a community of practice among healthcare professionals serving PWH50+ in Houston/Harris County.

152 Evaluating Perceptions and Acceptance of Urine Tenofovir Point-of-Care Testing for Antiretroviral Therapy (ART) Adherence in Namibia

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Background: The PANTHER-95 study aimed to improve virologic suppression by incorporating a point-of-care (POC) urine tenofovir (TFV) test alongside enhanced adherence counseling (EAC+) among people living with HIV (PLHIV) not achieving virologic suppression (viral load below 1000 copies/mL) while on TFV, lamivudine, and dolutegravir (TLD). Participants receiving POC TFV test plus EAC+ showed higher rates of virologic suppression compared to standard of care. We investigated the acceptability and perceptions of participants and providers regarding EAC+ with the POC urine TFV test.

Method: We conducted quantitative interviews with 202 PLHIV and 94 healthcare workers (HCWs) to assess perceptions and acceptance of POC urine TFV testing. Participants were asked if the POC test improved EAC+ sessions, accurately reflected participant adherence, if they would use the test in the future, and if the test made them feel uncomfortable. We assessed acceptability of the TFV urine test using a generalized estimating equation model to account for clustered data. The model tested whether age, sex assigned at birth, and time since ART initiation predicted participants' views on the test's impact on counseling.

Results: Eighty-four percent of participants indicated the test improved EAC, accurately reflected adherence, and 88% would use it again, though 31% reported discomfort handling the sample. Participants aged 45 years and above were more likely to agree the urine test improved their counseling (OR = 1.89, 95% CI 1.18–3.04, p = 0.008) compared to younger participants. Among HCWs, 88% indicated test benefit, 91% concurred it accurately reflected adherence, and 93% were interested in future use, although 12% noted discomfort if results conflicted with patient adherence histories.

Conclusion: The intervention was acceptable among PLHIV and HCWs as an EAC+ tool in Namibia. Exploring implementation of long-term impact on ART adherence in a large multi-site randomized trial could provide valuable insights.

154 Adapting Data-Informed HIV-Testing Outreach to Optimize Reach in the US Southeast

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Background: In the Southeastern U.S., low HIV-testing coverage contributes to diagnosis delays and high HIV incidence. We developed an HIV-testing intervention as part of a combination intervention.

Method: Data-informed outreach testing is an evidence-based strategy to improve HIV testing reach. We adapted this approach to southern Alabama with an interdisciplinary implementation team, including health department leadership, community health workers, and academic scientists in consultation with a community advisory board. Health department members applied state and commercial data to map 2017–19 vs 2020–22 ZIP code tabulation area (ZCTA) HIV testing coverage, HIV positivity rate, and incidence. The implementation team ranked ZCTAs (1 [lowest] to 3 [highest priority]) for increased outreach based on low coverage (commercial tests per 100,000 population), high or rising positivity rate (commercial test cases per 100,000 population), and incidence (public health report). We refined prioritization informed by ongoing testing activities, syphilis incidence, community stakeholders, and feasibility. We developed implementation strategies and reporting tools. Acceptability, feasibility, and appropriateness of the approach were assessed using a survey (N = 16 stakeholders, 5-point Likert scales, 1 = completely disagree to 5 = completely agree).

Results: We prioritized 5 ZCTAs for outreach (Figure). During 2020–2022, selected ZCTAs had a median (range) estimated coverage of 11.7% (9.9–17.3%) and HIV test positivity of 0.26% (0.10–2.8%). Implementation strategies include working with community stakeholders, tailored incentives, supporting local service providers, ongoing data review, and developing an outreach testing community of practice. The intervention was rated acceptable (median 4, "agree" [range 3–5]), appropriate (4 [3–5]), and feasible (4 [3–5]).

Conclusion: We leveraged an academic/public health partnership and commercial and public health data to adapt a data-informed approach to increase HIV testing reach in Alabama. The approach was rated feasible, acceptable, and appropriate; longitudinal data will determine its impact over time.

(See figure 154. Page 36)

159 Evaluating the Feasibility and Acceptability of Tele-B6: A Telehealth Intervention Designed to Enhance Social Capital among Young, Black Sexual Minority Men Living with HIV

Srija Dutta[1], Tsedenia Tewodros[1], Marcus Reed[1], Antonio Newman Jr.[1], McKinsey Bullock-Stewart[1], Samuel Opara[2], Kamini Doraivelu[1], Raphiel Murden[1], Kristi Gamarel[3], Gary Harper[3], Sophia Hussen[1]

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Background: Social and environmental factors (e.g., structural racism and heterosexism) can impede health and quality of life for young, Black sexual minority men (YBSMM) living with HIV (LWH). Social capital, the assets in a person's social networks, is a naturally occurring social resource that can buffer the deleterious impacts of stigma and discrimination on HIV care. Brothers Building Brothers by Breaking Barriers (B6), adapted as a digital intervention (Tele-B6), aims to enhance social capital through manualized, weekly synchronous sessions where YBSMM-LWH engage in group discussions and interactive activities via videoconference.

Method: To evaluate feasibility and acceptability, qualitative exit interviews were conducted with a subset of the 60 participants randomized to Tele-B6 (n = 24). Interviews involved participants with varying engagement levels and focused on experiences and suggestions for improvement. Conducted via Zoom by trained staff uninvolved in session facilitation, interviews promoted open communication. Participants received $25 for completing the interview. Rapid qualitative analysis was used to analyze data.

Results: Three key themes enhanced engagement: (1) the study team's flexibility with participants' complex schedules and living situations; (2) a non-judgmental, welcoming session environment; and (3) practical skills gained from interactive activities and group discussions. Access to a private space for Zoom sessions was crucial for some; others struggled without one. Virtual sessions helped overcome barriers (e.g., transportation, inflexible work schedules), but technological issues such as poor Wi-Fi created challenges for some.

Conclusion: Participants found Tele-B6 highly acceptable and felt confident in building social capital after completing the intervention. Suggested improvements included format changes and addressing technological issues. Further research is needed on factors affecting acceptability and feasibility of similar telehealth interventions to maximize future success.

159 Evaluating the Feasibility and Acceptability of Tele-B6: A Telehealth Intervention Designed to Enhance Social Capital among Young, Black Sexual Minority Men Living with HIV

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Conclusion: Participants found Tele-B6 highly acceptable and felt confident in building social capital after completing the intervention. Suggested improvements included format changes and addressing technological issues. Further research is needed on factors affecting acceptability and feasibility of similar telehealth interventions to maximize future success.

175 Camellia Cohort: A Light-Touch Digital Cohort Enrolling Women with Recent Curable STI in the US Deep South

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Background: Racial/ethnic minority women are disproportionately affected by STIs and HIV in the Southern US, especially in rural communities. Camellia, a digital observational cohort designed to assess factors related to HIV and STI acquisition, uses an innovative sampling strategy leveraging state health department and commercial lab datasets to recruit from communities most impacted by HIV. We describe a stratified sampling framework to ensure geographic diversity, prioritizing rural regions with high HIV incidence and limited testing coverage.

Method: Recruitment slots were allocated across Alabama's eight public health districts (PHDs), with proportional recruitment goals per PHD. Contact details and demographic data for women aged 18-50 with a gonorrhea or syphilis diagnosis in the past 90 days are provided quarterly by the health department. Zip code tabulation areas (ZCTAs) were assigned and categorized by HIV testing utilization and rurality from commercial datasets. Within each PHD, eligible women were randomly sampled with probability proportional to HIV testing utilization and rurality categories, prioritizing women in rural ZCTAs and areas with low testing.

Results: From September 2023 to February 2024, 5,504 eligible women were identified, of whom 246 enrolled. Participants' median age was 27 years (IQR 22–32), with 74% identifying as Black. Most participants (83%) had insurance, including 44% with Medicaid. Screening diagnosis was 80% gonorrhea and 18% syphilis. The cohort's geographic distribution mirrors the eligible population with similar rurality and HIV testing representation. No participants reported pre-exposure prophylaxis (PrEP) use.

Conclusion: Through meaningful state partnerships and leveraging large datasets, the Camellia Cohort is positioned to provide invaluable insights into HIV and STI acquisition risk among women in the Deep South.

(See figure 175. Page 37)

176 PrEP-ing for Black Love: A Centering-Informed Group Care Model for Black Women's HIV Prevention

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Background: Black women face disproportionately high HIV infection rates yet remain underrepresented in HIV prevention and PrEP research. Community-empowered, culturally responsive interventions are critical. Centering-informed group healthcare models emphasize holistic, relationship-centered care in consistent group settings and offer a promising avenue to foster trust, engagement, and PrEP uptake. This study presents PrEP-ing for Black Love, an innovative group care model tailored to meet Black cisgender women's PrEP needs, aiming to develop and theater-test the model's feasibility and acceptability.

Method: Using the ADAPT-ITT framework, PrEP-ing for Black Love was developed through stakeholder engagement, qualitative data collection, and iterative curriculum refinement. Thirty individual interviews with Black women interested in or using PrEP informed a three-session group care model. Facilitators were trained, and theater testing with five participants assessed feasibility and experience.

Results: Five key themes influenced PrEP engagement: (1) Black Love as empowerment framework, (2) Provider limitations in PrEP knowledge and communication, (3) Racial concordance's role in promoting PrEP uptake, (4) Barriers including stigma and medical mistrust, and (5) Group care's appeal in fostering trust and community. Theater testing showed high acceptability, increased HIV/PrEP knowledge, and improved sexual health communication skills. Two participants accessed telehealth services.

Conclusion: PrEP-ing for Black Love offers a culturally tailored PrEP care approach centering Black women's voices. By leveraging Black Love, empowerment, and sex positivity, the model fosters engagement and addresses medical mistrust, showing promise for wider community-based HIV prevention implementation.

180 Practitioners' Perceptions and Prescription Practices of DoxyPEP for STI Prevention

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Background: Doxycycline post-exposure prophylaxis (doxyPEP) is highly effective in preventing bacterial sexually transmitted infections (STIs) yet is not consistently prescribed. We sought to understand knowledge, practices, and perceptions of doxyPEP prescription among practitioners to identify opportunities to increase appropriate prescription.

Method: An electronic survey was administered to healthcare practitioners in the IAS-USA network with questions on demographics; doxyPEP experience, knowledge, perceptions; and motivators and concerns and willingness to prescribe doxyPEP. Practitioner knowledge and perceptions were described by correct responses to knowledge questions and favorable opinions for agreeing with doxyPEP for STI prevention. Future prescription was defined by practitioners who were very willing to prescribe. Logistic regression models were used to assess factors associated with doxyPEP knowledge, perceptions, and prescription practices.

Results: Of 519 total respondents, mean age was 49.6±12.1 years, 71% were white, 68% were physicians, 71% specialized primarily in the field of HIV or ID, and 49% had over 15 years of practice. For the outcomes, 73% of practitioners answered all knowledge questions correctly, 90% had favorable opinions, 85% were current prescribers, and 77% were future prescribers. Primary motivators for prescription were efficacy studies (42%) and professional guidelines (38%), while the primary concern was antimicrobial resistance (62%). Multivariable analyses found current prescription was positively associated with male sex, perfect knowledge score, favorable opinions, and future prescription. Future prescription was positively associated with favorable opinions, current prescription, efficacy studies, and negatively associated with concern for antimicrobial resistance.

Conclusion: IAS-USA practitioners were highly knowledgeable about, favorable towards, and willing to prescribe doxyPEP for bacterial STI prevention regardless of HIV/ID specialization. Similar to HIV PrEP for prevention, these early adopters of doxyPEP prescription may serve as STI prevention champions to those outside of this network and these disciplines.

182 Evaluating Pharmacy Staff Willingness to Engage in Collaborative Practice Agreements for the Prevention of HIV in the Southeast United States

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Background: A collaborative practice agreement (CPA) allows a pharmacist to provide various patient care functions (i.e., ordering labs, modifying drug therapies) under the supervision of a provider. CPAs could facilitate pharmacists to provide HIV prevention services such as pre-exposure prophylaxis (PrEP) screening and prescribing, which could enhance HIV prevention services in places with historically low access. We evaluate correlates of pharmacy staff willingness to establish CPAs to provide HIV prevention services.

Method: The Collaborative Agreement-based PrEP Using Pharmacists (CAP-UP) study conducted online surveys among pharmacy employees from eight states in the southeast United States. Data collection began January 2024 and is ongoing. Survey questions were developed using Consolidated Framework for Implementation Research constructs and capture history of CPA usage, attitudes about CPAs, and willingness to establish CPAs. Descriptive analysis was performed using preliminary data to evaluate pharmacy staff willingness to offer specific patient care functions through CPAs.

Results: Among 189 respondents, 44 (23%) currently have at least one CPA in place, with 9 (20%) of those CPAs involving infectious disease care. About 72% were willing to establish a CPA to provide additional services to their patients. The majority of these pharmacy staff were willing to provide medication therapy management (91%), patient counseling (79%), modification of existing therapy (68%), health screenings (65%), and initiation of new therapy (59%). However, fewer were willing to interpret laboratory tests (47%), order laboratory tests (46%), and perform laboratory tests (33%).

Conclusion: Most pharmacy staff were willing to establish CPAs to provide additional services beyond their current scope of practice. Future research is needed to identify factors that will allow for successful CPA development and implementation and understand barriers to willingness for pharmacy staff who are unwilling to establish CPAs.

185 Feasibility of Integrating Non-Communicable Disease Management Into HIV Peer Education at the Community Level in Rwanda

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Background: The increased life expectancy of people living with HIV (PLHIV) due to antiretroviral therapy (ART) has led to a rise in non-communicable diseases (NCDs) such as hypertension and diabetes. Addressing this dual health challenge requires integrated care approaches. This study assessed the feasibility of incorporating NCD management into Rwanda's HIV peer educator (PE) model to enhance community-based healthcare.

Method: A mixed-methods study was conducted from October to November 2024 across selected rural and urban health facilities in four provinces and Kigali city. A questionnaire survey of 107 HIV peer educators assessed their readiness to provide NCD services. Additionally, three focus group discussions (FGDs) with PLHIV and NCDs and in-depth interviews with healthcare providers and program managers explored integration challenges and opportunities.

Results: Findings indicate that integrating NCD care into Rwanda's HIV peer education model is feasible. A majority (89.7%) of PEs were willing to support PLHIV, and 97.2% reported high community acceptance. However, only 9.3% had formal training on NCD management, highlighting a critical knowledge gap. Younger and female PEs reported lower confidence levels. Key challenges included inadequate training and a lack of essential tools like blood pressure monitors and glucometers. Despite these barriers, healthcare providers and program managers supported integration, emphasizing the need for training, resources, and policy support.

Conclusion: Integrating NCD care into Rwanda's HIV peer education model presents a viable strategy for improving PLHIV health outcomes. While peer educators' willingness and community acceptance are strong, addressing training gaps, resource limitations, and policy coordination is essential for effective implementation, scalability, and sustainability.

187 Expanding HIV and SUD Prevention in Pharmacies: Addressing Bias to Improve Access and Care

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Background: The HIV epidemic is increasingly affecting rural areas, driven by rising substance use. Community pharmacies can help reduce disparities in HIV and substance use disorder (SUD) prevention. Several states now allow pharmacists to initiate PrEP and prescribe buprenorphine. However, stigma and implicit bias may limit these services' impact. Research shows that SUD stigma affects providers' willingness to prescribe PrEP, and similar biases among pharmacists could hinder access to PrEP and harm reduction services. Addressing these biases is essential to maximizing the role of pharmacists in HIV prevention.

Method: From September to November 2024, we surveyed 350 California pharmacists to assess their knowledge of CDC PrEP guidelines, attitudes toward PrEP, and confidence in counseling and prescribing PrEP. The survey also included the implicit association test (IAT) to assess unconscious attitudes toward people who inject drugs (PWID), direct questions regarding pharmacists' explicit PWID attitudes, and an embedded experiment in which we systematically varied the risk behavior of a hypothetical patient and asked pharmacists to make clinical judgments.

Results: Participants averaged 37 years old with 9.5 years in practice. Slightly over half (51%) were men, and 63% were white. Nearly half (42%) reported explicit bias toward PWID, while 91% showed strong implicit bias (mean IAT = 0.63). Only 7% had neither explicit nor implicit PWID bias. PWID patients were viewed as less adherent, less responsible, and less likely to avoid HIV risk compared to heterosexual or gay male clients. Explicit PWID and LGBT stigma, along with perceived nonadherence among PWID, predicted lower willingness to prescribe PrEP.

Conclusion: Bias affects pharmacists' PrEP decisions for PWID, making targeted interventions essential. Given the high burden of SUD in the US and pharmacists' critical role in reducing HIV and SUD disparities, these efforts are vital to prevent bias from undermining clinical outcomes and worsening health inequalities.

190 Violence and PTSD Screening in HIV Care Settings in the Southeastern United States: A Qualitative Study to Understand Current Practices and Identify Strategies to Improve Adoption and Implementation in HIV Care

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Background: Violence and PTSD are commonly experienced among people with HIV and are associated with poor HIV outcomes, making screening within HIV care critical for providing support to improve health outcomes. Little is known about current violence/PTSD screening practices in HIV care settings, and factors impacting screening adoption and implementation in these settings are poorly understood.

Method: As part of a larger mixed-methods study, from January to November 2024, 31 key informant interviews were purposively conducted among administrators, providers, and staff working in unique Ryan White Clinics (RWCs) across the Southeastern US. Interview guides were informed by the Consolidated Framework for Implementation Research. Interviews were conducted and recorded via Zoom, and transcripts were analyzed using a rapid analysis approach to generate inductive and deductive themes.

Results: Two-thirds of participants indicated their clinic conducted some type of violence screening. Of those, half reported screening only for specific forms of violence (e.g., intimate partner violence), and most noted screening was conditional rather than universal. PTSD screening was less common (n=10), also done largely "as needed." For both types of screening, time availability was the most cited barrier to implementation, followed by lack of resources to respond to a positive screen, and administrative prioritization and buy-in. Availability of a simple, brief tool was the most cited facilitator for PTSD screening (n=9), followed by training (n=8) and having resources or protocols to respond to positive screens (n=5).

Conclusion: Violence and PTSD screening occur non-systematically in many RWCs. Clinic-level strategies such as training provision, integration of simple screening tools, and protocols for responding to positive screens may support violence/PTSD screening adoption and implementation.

191 Perceived Impacts of ART Adherence Monitoring and Support During the Early Initiation Period in Cape Town, South Africa: Application of Self-Determination Theory

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Background: The SUSTAIN trial assessed impacts of five evidence-based antiretroviral therapy (ART) interventions in three clinics in Cape Town, South Africa. During their first year of ART, participants were contacted by phone/text if found nonadherent due to raised viral load, missed pharmacy refill, or missed doses via electronic monitoring device (EMD). Nonadherent participants received motivational interviewing-based counseling (MIC) or basic clinic counseling; and/or weekly texts. Guided by Self-Determination Theory (SDT), we interviewed participants regarding their perceptions of interventions.

Method: We conducted interviews with 32 participants within four months of nonadherence flagging or at 12 months. We coded transcripts to SDT constructs: autonomy (choice to take treatment/engagement), competence (knowledge, self-efficacy, behavioral skills), relatedness (feeling supported), and motivation (intrinsic, external). Content analysis was conducted in Nvivo®.

Results: Of those interviewed, 94% were flagged for nonadherence. Many struggled to feel autonomous in treatment, not understanding they had a choice in timing of pill-taking or being unable to overcome life obstacles. Many felt MIC helped them learn to adjust treatment schedules and manage side effects and other obstacles, though some described doing this independently. Patients perceived monitoring and counseling as examples of how study/clinic staff cared for them, which they viewed favorably. Presence of EMDs and calls/texts were reminders that helped build habits and increased daily accountability. Wanting to avoid disappointing staff was a widely reported extrinsic motivator, while belief in treatment effectiveness and desire for a healthy life were intrinsic motivators.

Conclusion: MIC and patient-centered care can support autonomy and competence by helping individuals resolve treatment obstacles. Adherence monitoring interventions may serve as extrinsic motivators and complement intrinsic motivations fostered during MIC. Attention from staff through contact after nonadherence or MIC can enhance relatedness by fostering connectedness and social support.

194 Using Community-Engaged Methods to Adapt a Post-Incarceration Intervention for Sexual and Gender Minoritized Adults to Improve HIV Prevention and Care Inequities

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Background: In the United States, sexual and gender minoritized adults (SGMA) are overrepresented in jails and prisons, disproportionately impacted by HIV, and face barriers to HIV prevention and care engagement following community reentry. While post-incarceration interventions address some barriers, gaps in models that improve HIV outcomes and prioritize SGMA remain. Adapting post-incarceration evidence-based interventions (EBIs) is crucial to address persistent inequities in HIV prevention and care for SGMA.

Method: From January – May 2024, formative work using concept mapping was conducted to identify and prioritize critical components for a post-incarceration intervention. Guided by the Consolidated Framework for Implementation Research intersectionality supplement, four study team members held adaptation planning meetings using concept mapping results to identify implementation determinants. Human-centered design (HCD) was used to identify adaptations and prioritize determinants to address.

Results: Implementation determinants spanned multiple social ecological levels: criminalization of HIV (structural); employment and housing barriers (community); provider relationships for referrals (organizational); disruption of social networks (interpersonal); and patient transportation (individual). Using HCD "Bulls-eye Diagramming," concept mapping results were categorized into priorities for the adapted EBI: Include (n=50; e.g., HIV testing, hygiene products), Cannot Include (n=11; e.g., furnished apartment, policy change), Include as Referrals (n=17; e.g., job training, therapy), and Requires Planning (n=17; e.g., haircuts, bedding). The "Importance-Difficulty Matrix" tool was used to prioritize determinants for adaptation.

Conclusion: Applying an implementation science framework and community-engaged methods, pre-implementation work successfully adapted a post-incarceration EBI tailored to SGMA. Centering lived experience perspectives during adaptation is expected to enhance feasibility, acceptability, and appropriateness, addressing HIV-related and other health inequities experienced by SGMA during community reentry.

202 Integrated HIV and Non-Communicable Disease Care in Community Microfinance Groups: Retention in Care Findings from the Harambee Cluster Randomized Trial

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Background: The Harambee cluster randomized trial tested a differentiated care model delivering integrated chronic disease care within microfinance groups of patients living with HIV (PLWH) in rural Kenya. We assessed the intervention's effect on retention in HIV care as a secondary outcome.

Method: Fifty-seven microfinance groups (n=855) in Trans Nzoia and Busia counties were randomized 1:1 to receive integrated community-based (ICB) care or standard facility-based care. An additional 300 controls received facility care alone. The ICB intervention included clinical consultations and management of HIV and non-communicable diseases (NCDs) during microfinance meetings, health education, and facility referrals. Retention in care was defined as attending >1 scheduled HIV care visit per quarter during 18 months of follow-up. Doubly robust generalized estimating equations accounted for clustering, dropout, and confounding in comparisons.

Results: Participants were on average 52 years old (SD 11), 75% female, and 94% had HIV viral load <400 copies/mL at enrollment. Retention was significantly better among microfinance members receiving community care compared to facility care alone (OR 3.31, 95% CI [2.58, 4.26], p<0.001). Both community-care (OR 7.51, 95% CI [6.00, 9.55], p<0.001) and facility-care microfinance members (OR 2.56, 95% CI [2.14, 3.06], p<0.001) had higher retention compared to non-microfinance patients. Results were consistent with a 3-level retention measure.

Conclusion: Accessible services that address socioeconomic barriers improve retention in HIV care. Further research is needed to elucidate mechanisms by which community-based care and economic strengthening enhance retention.

203 Strategies Used Across the Pre-Exposure Prophylaxis (PrEP) Care Continuum among Women to Promote PrEP Use: A Systematic Review

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Background: Despite strategies to increase preexposure prophylaxis (PrEP) use among women, the synthesis of strategy effectiveness needed to guide action is limited. In this review, we identified strategies implemented across the PrEP care continuum to support PrEP outcomes (knowledge, initiation, continuation, and adherence) among women.

Method: A systematic search in MEDLINE, Embase, and Scopus identified 6,732 studies published 01/01/2012-01/01/2024. Two reviewers independently screened articles for eligibility. Strategies were categorized according to the intervention approaches and types specified by Hickey et al (2017).

Results: We identified 48 studies across seven groups: adolescent girls and young women (n=21 [44%]), cisgender women (n=12 [25%]), female sex workers (n=7 [15%]), pregnant/postpartum women (n=4 [8%]), women who inject drugs (n=2 [4%]), women with substance use disorder (n=1 [2%]), and other (n=1 [2%]). Most studies were conducted in Africa (n=31 [65%]) and the Americas (n=14 [29%]). Data were synthesized from randomized (n=16 [33%]) and nonrandomized trials (n=14 [29%]), cohort studies (n=11 [23%]), and cross-sectional (n=8 [17%]). Of the 115 discrete strategies implemented, 43 (38%) were counseling approaches and 38 (33%) were service delivery, categorizing those with the greatest frequency (Table 1) and most frequently bundled (Figure 1). Of the 32 studies that assessed statistical significance for at least one PrEP outcome, 14 showed a significant increase in PrEP continuation and/or adherence. Among the 14 studies, 5 (36%) used counseling strategies, 2 (14%) used service delivery strategies, and 6 (43%) used both.

(See figure 203a/203b - Page 38-39)

213 Adaptation of a Mobile Health Positive Affect Intervention to Improve Mental Health among Adults with HIV in Florida

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Background: There is a large burden of anxiety and depression contributing to HIV care disengagement and unsuppressed viral load among people with HIV (PWH) in the U.S. South, including Florida. Few evidence-based interventions addressing mental health symptoms have been adapted for use among PWH in this high priority region. This study describes the adaptation of a multicomponent mobile health (mHealth) Positive Affect Intervention designed to reduce anxiety and depression symptoms among PWH in the South.

Method: An interdisciplinary intervention design team (IDT) of 9 HIV and mental health providers, peer supporters, community health workers, health administrators, and PWH from Florida met bimonthly from April 2024 to January 2025. Using the ADAPT-ITT framework and participatory co-design principles, the intervention was iteratively adapted to the local context.

Results: The mHealth Positive Affect Intervention was adapted for men with HIV who use stimulants to meet the needs of PWH with anxiety and depression in the South. The final adapted intervention, SHINE, included: 1) Routine screening integration for anxiety and depression in HIV clinical settings; 2) Linkage to a community health worker (CHW) via the mHealth app for navigation and referral support; 3) Five CHW-delivered Positive Affect Intervention sessions accessible through the app; and 4) Self-guided positive affect regulation practice exercises.

Conclusion: SHINE is the first contextually tailored intervention addressing anxiety and depression among PWH in Florida. Future studies will evaluate its implementation and clinical effectiveness.

215 Knowledge is Pleasure: The Relationship between Awareness of "Undetectable=Untransmittable" and Sexual Satisfaction among Gay, Bisexual, and Other Men Who Have Sex with Men in Lima, Perú

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Background: "Undetectable = Untransmittable" (U=U) is a transformative principle with the potential to improve health and wellbeing for people living with HIV (LWH). This study evaluated current awareness of U=U and its relationship to sexual behavior and satisfaction among gay, bisexual, and other men who have sex with men (GBMSM) living with HIV.

Method: Between October 2024 and January 2025, a cross-sectional web-based survey was conducted among GBMSM LWH in Lima. The survey assessed U=U awareness (knowledge of the concept or term), self-reported HIV treatment engagement, sexual behavior, and sexual satisfaction using the New Sexual Satisfaction Scale (NSSS). Bivariate analyses identified correlates of U=U awareness, followed by multivariable Poisson regression models estimating associations between U=U awareness and sexual behaviors, adjusting for significant sociodemographic factors. T-tests compared mean NSSS scores based on sexual behaviors and U=U awareness.

Results: Among 310 participants, 266 (85.8%) reported U=U awareness. Higher education, income, and cisgender identity (vs. nonbinary) were significantly associated with awareness. Those aware of U=U were more likely to be linked to care and have virologic suppression. Sexual behaviors were not significantly associated with U=U awareness. However, participants with U=U awareness and those without serodiscordant partners had significantly higher NSSS scores.

Conclusion: Among GBMSM in Lima, U=U awareness was linked to higher care engagement and greater sexual satisfaction. These findings underscore the importance of HIV-related education and timely care linkage, and highlight U=U's role in enhancing sexual pleasure for people living with HIV.

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219 Healing and Empowerment: Tackling the Overlap of HIV, Trauma, and IPV

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Background: Women living with HIV experience higher rates of intimate partner violence (IPV), including physical, emotional, and sexual abuse, compared to HIV-negative women. IPV not only increases the risk of HIV transmission but also hinders treatment adherence and continuity of care. Recognizing the urgency of addressing this issue, we implemented a comprehensive program integrating IPV screening, clinical and administrative staff training, empowerment workshops, and case management within a public health framework. This study describes the impact of these interventions based on data collected between January and July 2024.

Method: A descriptive and retrospective approach was utilized, analyzing clinical records and reports collected during the implementation of the IPV screening program. Data was gathered from routine medical visits at CEMI, where patients were screened for IPV using the validated Woman Abuse Screening Tool (WAST). Statistical analyses included descriptive measures such as frequency distributions and central tendency calculations to evaluate the prevalence of IPV and participant demographics.

Results: A total of 124 IPV screenings were conducted, revealing that 16.9% of participants scored above 15 on the WAST, indicating IPV exposure. Among those affected, 95.2% reported emotional abuse, 66.7% financial abuse, 61.9% sexual abuse, and 47.6% physical abuse. To support the women, CEMI conducted 20 empowerment workshops, attended by 219 women, who expressed high satisfaction with the program. The workshops provided participants with strategies to recognize abusive patterns, enhance self-efficacy, and navigate support systems.

Conclusion: Findings highlight the need to integrate IPV screening into routine care to mitigate adverse health outcomes and enhance treatment adherence. Implementing staff training and empowerment workshops supported a trauma-informed approach, ensuring a more effective and compassionate response to IPV. Addressing IPV within healthcare settings is crucial for improving the overall well-being of women living with HIV, ensuring their safety, and fostering long-term health outcomes.

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220 Age Mixing Relationships and Baseline HIV PrEP Uptake among Women in Western Kenya

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Background: Age mixing (5 to 9-year (age-disparate) or ≥ 10 years (intergenerational) age difference) sexual partnerships place women at higher risk of HIV infection. We assessed age mixing partnerships and its association with baseline PrEP initiation and women's worry about HIV infection.

Method: Data are from a longitudinal cohort of sexually active women without HIV accessing routine services at family planning clinics in Kisumu, Kenya. Participants received HIV testing, completed surveys, and were offered HIV PrEP. We assessed for association between age mixing and HIV risk perception and PrEP initiation using multivariable logistic regression models, adjusting for age, education level, marital status, and partner's HIV status.

Results: Of 500 women aware of their primary partner's age, median age was 26 (IQR 23, 30), 42.6% were in age concordant, 36% in age disparate, while 21.4% were in intergenerational relationships. Majority (85%) were married/cohabiting, 92.4% reported receiving financial support from partners, and 23.2% reported intimate partner violence (IPV) history in the past 3 months. Being in an age disparate (aOR 1.50, 95% CI: 0.87, 2.61) or intergenerational (aOR 1.47, 95% CI: 0.77, 2.83) relationship was associated with higher but statistically non-significant odds of PrEP initiation. Age disparate (aOR 1.23, 95% CI: 0.61, 2.47) and intergenerational (aOR 1.46, 95% CI: 0.66, 3.24) relationships were also positively associated with non-statistically significant odds of higher HIV risk perception. (Tables 1 and 2)

Conclusion: Women in age mixed partnerships may be more likely to initiate PrEP due to perceived higher risk of HIV infection. More efforts to support PrEP uptake in this group of women would be beneficial.

222 The Role of Patient Coordination Strategies in Telehealth Integration and Patient Satisfaction among Women Living with HIV in Puerto Rico

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Background: Patient coordination strategies are part of a patient-centered model of care to help individuals overcome barriers and navigate fragmented health systems to improve linkage and retention in care. These new functions add to clinical case management load and need additional resources particularly for HIV care. The Maternal Infant Studies Center (CEMI) is the largest clinic serving women with HIV in PR, supporting around 2,500 women and providing care to 500 patients annually. In 2023, CEMI became one of five participating sites in HRSA's Telehealth Strategies to Maximize HIV Care initiative.

Method: The clinic adopted a hybrid care model, combining in-person and telehealth visits, and implemented the following patient coordination strategies: outreach and promotion, education, and navigation. Participants completed a baseline survey before their telehealth appointment and a follow-up survey after it to capture their knowledge, comfort, and satisfaction with telehealth.

Results: A total of 150 patients were enrolled from April through December 2024. Satisfaction was high, with 99.2% reporting being completely or very satisfied with telehealth at follow-up. The mean satisfaction score increased from baseline to follow-up, with a mean difference of 0.29 (95% CI: 0.09 to 0.50, p = 0.0049), indicating a statistically significant improvement. The perception that telehealth reduces HIV-related stigma increased from 9.33% at baseline to 15.33% after a telehealth appointment, and most agreed that telehealth helps manage HIV, with an average rating of 4.1 on a 5-point scale in the follow-up.

Conclusion: The findings indicate that patient coordination strategies improve telehealth satisfaction and reduce barriers to HIV care access. Key activities included evaluating telehealth readiness, providing support, and sending appointment reminders. The results reinforce the integration of telehealth as a sustainable model for HIV care, underscoring the need for personalized support to enhance patient engagement and satisfaction.

224 Characterizing Engagement in HIV Prevention Strategies among Adolescent Mothers and Adolescent Non-mothers in Six East and Southern African Countries

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Background: Adolescent girls in East and Southern Africa (ESA) are at high risk of contracting HIV. Adolescent mothers, a sub-population who face heightened social and economic vulnerability, may face unique barriers to engaging in behavioral and biomedical HIV prevention strategies. We conducted cross-country analyses to characterize condom use, partner selection, HIV testing, and pre-exposure prophylaxis (PrEP) use among adolescent mothers and non-mothers in six ESA countries with high HIV incidence.

Method: We pooled data from Population-based HIV Impact Assessment surveys conducted between 2020-2021 in Eswatini, Lesotho, Malawi, Mozambique, Uganda, and Zimbabwe. Our sample included 9,856 adolescent girls (aged 15-19) who were HIV-negative or of unknown HIV status. We used multivariable fixed-effects logistic regression analyses to separately examine associations between adolescent motherhood and four HIV prevention outcomes.

Results: Adolescent mothers had significantly lower odds of reporting condom use at last sex or multiple sexual partners in the past 12 months than non-mothers (AOR=0.69; 95% CI: 0.57, 0.83; AOR=0.67, 95% CI: 0.45, .98, respectively). Adolescent mothers had significantly higher odds of receiving an HIV test in the past 12 months and of being willing to take PrEP than non-mothers (AOR=1.30; 95% CI:1.09-1.55; AOR=1.19; 95% CI: 1.00, 1.42, respectively).

Conclusion: These results reflect significant opportunities to prevent HIV among adolescent mothers, a group at elevated risk. While condom use may be lower due to relationship factors (i.e., higher rates of marriage), adolescent mothers were more likely to access (or want to access) biomedical HIV prevention strategies, like HIV testing and PrEP. Interventions that amplify adolescent mothers' access to such services, given their elevated HIV risk and low rates of condom use, are needed.

227 Evaluating CAB LA PrEP Persistence and Adherence Over 2 Years in Florida's High-Risk Communities

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Background: Long-acting cabotegravir (CAB LA) is a highly effective HIV PrEP injectable option. Two large cohorts, TRIO and OPERA, report CAB LA PrEP real-world experience. However, studies conducted in areas disproportionately impacted by HIV, such as Florida, are sparse. Thus, we studied the use of CAB LA PrEP in our multi-clinic population in Florida.

Method: We conducted a retrospective study that examines the persistence of CAB LA PrEP at 3, 6, 12, and 24 months, as well as adherence to on-time injections at Midway Specialty Care in Florida. We defined persistence across four time periods based on documentation of CAB LA injections: 3 months (zero to three months), 6 months (zero to six months), 12 months (zero to twelve months), and 24 months (zero to twenty-four months). A total of 351 individuals received at least one dose of CAB LA between December 2021 and December 2024. Population demographics are outlined in Table 1. We utilized descriptive statistics to analyze study outcomes.

Results: Median time on treatment was 334 days. Persistence rates at 3-, 6-, 12- and 24- months were 85%, 74%, 62% and 41% respectively across the organization. These rates were similar among Hispanics but were lower in Blacks and cis females. Of those who discontinued CAB LA before two years, 7% discontinued due to injection site reactions. 97% of 2,726 CAB LA injections were administered on time in this population.

Conclusion: There were high levels of adherence to on-time injections and few discontinuations due to injection site reactions over 2 years. The persistence rates were consistent among Hispanic individuals but lower among Black participants and cisgender females. There were no incident HIV infections.

244 Development and Acceptability of an Electronic SBIRT Intervention for Sexual Minority Men Seeking HIV Testing at a Community Agency in Buenos Aires, Argentina

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Background: We present the development and baseline acceptability of Reflexiones, a motivational interviewing-based electronic Screening, Brief Intervention, and Referral to Treatment (e-SBIRT) intervention iteratively developed with intended end-users to increase risk awareness of substance use practices among sexual minority men (SMM) seeking HIV testing.

Method: Participants were cisgender men aged 18+. Focus groups (n=16) and sequential individual qualitative interviews (n=30) with rapid analysis were used to iteratively develop the intervention prior to a pilot randomized controlled trial (RCT). RCT participants received Reflexiones (assessment of HIV risk behavior, AUDIT, modified ASSIST, MI components, Theoretical Framework of Acceptability questionnaire) or control intervention (same assessments without MI components). We present data from the RCT baseline visit.

Results: The pilot RCT enrolled 198 participants (intervention=146; control=52). Fifteen percent had an AUDIT score ≥8 (risky alcohol use). Substance use "at least few times per month" included marijuana (31%), methamphetamines (15%), inhalants (9%), hallucinogenics (8%), and sedatives (5%). Participants rated Reflexiones highly acceptable overall (4.56/5), likeable (4.48), respectful toward substance users (4.62), and helpful in reflecting on substance use (4.11). They understood the intervention's potential to help reduce use (4.30) and felt confident completing it (4.61). They did not perceive it as effortful (2.11) or interfering with priorities (2.09). Median completion time was 14 minutes.

Conclusion: An e-SBIRT intervention embedded in HIV testing programs effectively reaches SMM who use alcohol and drugs. Reflexiones is highly acceptable, engaging, and helps SMM reflect on substance use and sexual risk behavior. A fully powered trial is needed to assess efficacy.

245 Enhancing HIV Care through Collaborative Care Management: Lessons from Implementation in an NGO

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Introduction: People with HIV (PWH) experience high rates of mental health disorders, yet many do not receive adequate behavioral health (BH) care due to provider shortages and fragmented services. Collaborative Care Management (CoCM) integrates BH into primary care to improve access and continuity. PRCONCRA implemented a one-year CoCM project to enhance primary care infrastructure and integrate BH intervention for PWH.

Description: PRCONCRA's CoCM implementation involved staff training, a pilot with 50 women in care and treatment (WICY) participants, and impact evaluation. The project included a mental health care manager, remote psychiatric consultation, and pharmacological treatment. Outcomes evaluated included retention in care, viral suppression, care coordination, and staff capacity improvements.

Lesson Learned: Post-implementation, retention and health outcomes improved with 100% of participants on ART and 94% achieving viral suppression. BH integration strengthened organizational capacity by equipping staff with competencies and embedding evidence-based practices. Challenges included high workload, limited psychotropic medication access, and systemic barriers. Embedding CoCM fostered a sustainable service delivery framework.

Recommendations: Sustaining CoCM requires ongoing staff training, optimized workload, and enhanced EHR tracking tools. Expanding the model to other vulnerable populations and regions will amplify impact. Advocacy for regulatory flexibility and medication access, along with community education to reduce stigma, are essential. Refining implementation protocols will improve scalability and effectiveness.

249 Development of a Toolkit to Assist Community Pharmacies Starting Long-Acting ART Administration Programs

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Introduction: Community pharmacies are a promising venue to expand access to long-acting HIV PrEP but many pharmacists remain unaware of the requirements for developing a successful LA-PrEP administration program. A toolkit (IDEAS for LA-ART Toolkit) was created and reviewed by members from key stakeholder groups to assess the content and judge the preliminary usefulness of this type of tool to facilitate service development.

Description: The IDEAS for LA-ART toolkit was reviewed by community members (n=8), clinic staff (n=4), and pharmacy staff (n=4). Each completed the Acceptability of Intervention, Intervention Appropriateness, and Feasibility of Intervention Measures as well as the EBP Beliefs and EBP Culture & Readiness Scales (Short) and were invited to attend a focus group (n=13 attendees). All questions were evaluated on a 5-point Likert scale. Thematic analysis was used to elicit major themes from focus group transcripts.

Lesson Learned: Participants were positive about pharmacies administering LA ART (EBP Beliefs average = 12.5/15), but they held less confidence in pharmacy culture, resources, and mentoring to successfully initiate these programs (EBP Culture & Readiness average 9.2/15). Pharmacies administering LA-ART was acceptable (17/20) and appropriate (17.1/20) but stakeholders were less certain of feasibility (16.7/20). Most agreed the toolkit was organized, easy to understand, complete, useful, and considered the needs of patients and clinics. Focus group feedback varied by stakeholder group: Pharmacists requested detailed information around billing, reimbursement, and clinical protocols while patients requested a stronger focus on patient-centered care.

Recommendations: A toolkit can support the development of novel community pharmacy HIV treatment and prevention programs. Feedback from focus groups will finalize the IDEAS toolkit and information contained within is being mapped to the ERIC discrete implementation strategy compilation to boost the completeness of this compendium prior to use in a pilot pharmacy.

250 Assessing a Centralized Care Engagement and Syndemics Strategy for HIV (ACCESS-HIV)

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Background: Service navigation is effective at helping people vulnerable to or with HIV access fragmented healthcare and service systems, but they are often limited in scope or require lengthy enrollment processes. To address these barriers, the HIV Resource Coordination HUB, established in 2019, provides a centralized, status-neutral, "no wrong door" information and referral service for HIV and/or PrEP healthcare, case management, housing, social services, and emergency financial assistance across the entire Chicago Eligible Metropolitan Area. Our community–academic team conducted process evaluation and implementation research to understand the HUB's reach, impact, and implementation, and scalability to other jurisdictions.

Method: We used mixed methods with multilevel stakeholders to assess how HUB implementation could be improved. We descriptively analyzed HUB client demographics. We surveyed clients about their experiences accessing services through the HUB and interviewed those with different levels of satisfaction. We interviewed HUB staff, individuals who were eligible but never used the HUB, and organizations that might refer to the HUB. We summarized interviews with rapid qualitative analysis.

Results: Between 2020 and 2023, the HUB had 10,761 encounters of which 8,159 were attributed to 2,676 unique clients (638 enrolled yearly). Client demographics reflected communities heavily impacted by HIV: nearly 80% identified as Black or Hispanic; over 60% as GLBQ; and 11% as transgender. Over 85% of clients were living with HIV. Clients were on average satisfied with the services received. HUB staff identified facilitators (e.g., high manager trust) as well as barriers (e.g., high caseloads) to implementation. Potential clients and referring organizations identified expansion of HUB outreach as an area for improvement.

Conclusion: The HUB is the first HIV navigation service its size and scope, and much has been learned about its implementation. Future research can evaluate long-term impact and scalability.

251 Developing VaxCom: A Digital Health Communication Tool to Enhance Recruitment and Enrollment of Transgender Women into HIV Vaccine Clinical Trials

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Background: With multiple Phase I HIV vaccine clinical trials underway globally, a preventative HIV vaccine remains one of the most promising tools to end the HIV epidemic. In the United States, 14% of transgender women (TW) are diagnosed with HIV yet represent <2% of participants in HIV vaccine clinical trials. We present a formative research study to develop VaxCom, a digital health communication tool designed to enhance the role of recruitment and enrollment specialists (R&ES) in recruiting TW for HIV vaccine clinical trials.

Method: We conducted in-depth interviews (IDIs) with TW about their knowledge and beliefs related to HIV and barriers/facilitators to clinical trial participation, as experienced by different racial, ethnic, and age groups. We also interviewed R&ES about strategies for recruiting and enrolling general vs. transgender populations. All interviews were recorded, transcribed, and coded by two research staff using a combined deductive and inductive approach.

Results: We completed IDIs with 16 TW and 5 R&ES. TW had accurate knowledge about HIV. Confusion existed about the differences between HIV vaccine candidates and existing long-acting injectable pre-exposure prophylaxis (PrEP). While acceptance of a future HIV vaccine was high, willingness to participate in HIV vaccine studies was mixed. TW expressed concerns about medical mistrust. Overall, R&ES acknowledged the potential utility of VaxCom. Both TW and R&ES emphasized the challenge of "tailoring information without targeting." They also suggested VaxCom should include information about supportive services for TW and education for R&ES on TW-specific issues.

Conclusion: Findings from Stage 1 will inform the preliminary content of VaxCom, which will be evaluated by TW and R&ES in subsequent design sessions. In the long term, VaxCom may be adapted to general populations. Coupled with ongoing community education, the VaxCom tool can help build trust, confidence, and preparedness among the public to accept a future HIV vaccine.

254 Strengthening PrEP Access and Peer Support in Group Care: C-PrEP+

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Introduction: Innovative HIV prevention strategies are essential to addressing disparities in HIV infections among sex workers. This population faces significant barriers to prevention, including stigma and limited access to healthcare. This study uses a group care model, C-PrEP+, informed by Centering Healthcare, to mitigate barriers while integrating peer support within a single setting. Integrating group care models, such as C-PrEP+, offers numerous benefits, but challenges remain that offer areas for improvement.

Description: This study uses a Centering-informed group care model adapted for PrEP education, navigation, and retention among individuals who trade sex: C-PrEP+. The model combines individual provider visits with group care sessions, offering medical care, PrEP education, and peer support. Peer-facilitated sessions involve self and provider assessments, group discussions, interactive skill building, and debriefing, emphasizing peer support. Understanding challenges in implementation can ensure the successful sustainability of group PrEP care.

Lesson Learned: Group care fosters joy, peer connection, and empowerment in a stigma-free environment where participants engage in group-facilitated care with those who share their lived experiences. Adapting clinical procedures to the community's pace could improve engagement and accessibility. Coordinating multiple services requires clear protocols and flexibility. Challenges include limited resources, time constraints, and balancing research structure with community needs. The two-hour session format often clashes with the community's natural rhythm, causing extended wait times and reduced group care opportunities. While designed for efficiency, real-world implementation demands adaptability, underscoring the need for systems that bridge these gaps.

Recommendations: Optimizing this group care model requires clinic-specific adjustments, such as efficient space utilization and streamlined workflows, to address time and resource constraints. Strengthening communication and coordination will enhance implementation, ensuring sustainability. Leveraging non-monetary assets—community trust, passion, and intrinsic motivation—can transform HIV prevention for sex workers and inform future status-neutral care.

261 Longitudinal Associations Between Internalized HIV Stigma and Viral Suppression: Mediating Roles of Depression and Treatment Adherence

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Background: Among women living with HIV (WLH), internalized HIV stigma (IS) may reduce antiretroviral therapy (ART) adherence due to increased depression levels. We examined the pathway between IS and detectable viral load (VL).

Method: Using latent transition analysis, we modeled IS as an ordinal latent factor (low, moderate, and high levels) and estimated its direct and indirect associations with detectable VL through depression and ART adherence. We analyzed data collected at four time points (April 2016 to October 2020) from 459 WLH in the Women's Adherence and Visit Engagement substudy of the Women's Interagency HIV Study. IS was assessed with the revised HIV Stigma Scale. Depression levels were measured with the CES-D scale (16 clinical cut-off). ART adherence was categorized as high or low (90% cut-off) using a three-item scale. Viral load was classified as undetectable or detectable (20 copies/mL cut-off). Models were adjusted for age, income, race, and drug use; [T-1] and [T] represent prior and subsequent time points, respectively.

Results: WLH generally remained in the same categories for IS, depression, adherence, and VL over time. Higher IS [T-1] increased odds of high depression and adherence <90% [T] (OR=3.94, p<0.001 and OR=1.64, p=0.01).

High depression [T-1] correlated with adherence <90% and detectable VL [T] (OR=1.41, p=0.01 and OR=1.49, p=0.003). Adherence <90% [T-1] increased odds of detectable VL [T] (OR=1.63, p<0.001). IS was linked to detectable VL indirectly through depression and adherence. The total indirect effect of IS led to 2.78-fold higher odds of detectable VL (p<0.001).

Conclusion: These findings underscore the importance of addressing internalized HIV stigma to improve both mental health and HIV-related outcomes among women living with HIV.

263 Implementation of Behavioral Intervention PROMISE among Persons Who Inject Drugs

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Background: Peers Reaching Out and Modeling Intervention Strategies (PROMISE) is a community-level behavioral intervention aimed at preventing HIV transmission among persons at risk. Supported by CDC through NOFO PS15-1502 and PS21-2102, we describe PROMISE implementation by Migrant Health Center and its community impact.

Method: Initiated in 2015 in western Puerto Rico, the priority population included persons with or at risk for HIV aged ≥18 who injected drugs. Core elements included community identification, role model story (RMS) development, peer advocate recruitment/training, and CDC evaluations. Behavioral stages of using sterile syringes were assessed via five stages: Pre-contemplation, Contemplation, Preparation, Action, and Maintenance. Peers distributed RMS and modeled healthy behaviors.

Results: Between 2015–2023, PROMISE implementation met or exceeded goals in RMS developed, peers recruited, and conversations conducted (Tables 1 & 2). Participants' behavioral changes improved from 25% (year 3) to 75% and 78% (years 4 & 5) under PS15-1502; under PS21-2102, 100% reached these stages by year 2 (Table 3).

Conclusion: PROMISE was efficient and highly beneficial for adults injecting drugs in the community. Behavioral improvements among participants suggest positive community impact.

277 Overcoming Stigma: Innovative Strategies to Implement HIV Prevention Programs through Social Media and Stigma Reduction

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Introduction: The Family Health Centers at NYU Langone (FHC) is a Federally Qualified Health Center (FQHC) dedicated to providing quality care for a marginalized, diverse, low-income, and largely non-English speaking population in Brooklyn. In 2023, over 112,000 patients were served, with a majority on Medicaid/Medicare or uninsured. Brooklyn has the highest HIV diagnosis rate in NYC, with 1,624 new cases in 2022 and 18% concurrent AIDS diagnoses.

Description: This proposal outlines the implementation of a PrEP program at a newly established clinic in an industrial urban Brooklyn area with limited public transportation and a challenging environment for Latinx and LGBTQ+ communities. Despite barriers, PrEP and PEP patient numbers increased from zero to 89 within 12 months.

Lesson Learned: Success rested on three pillars: community outreach via social media, stigma reduction, and strong leadership and staff support.

Recommendations: Mobile apps like Grindr and community engagement were vital for connecting with at-risk groups and delivering accessible HIV treatment and prevention information. Educational campaigns helped normalize PrEP use and dismantle HIV-related prejudices, fostering an inclusive, non-judgmental atmosphere. Leadership and staff backing was essential to overcoming logistical challenges and sustaining the program.

279 Rapid Intervention Triggered by a Pill Ingestible Sensor to Identify Non-Adherence to Address Barriers from Social and Behavioral Determinants of Health for PLWH

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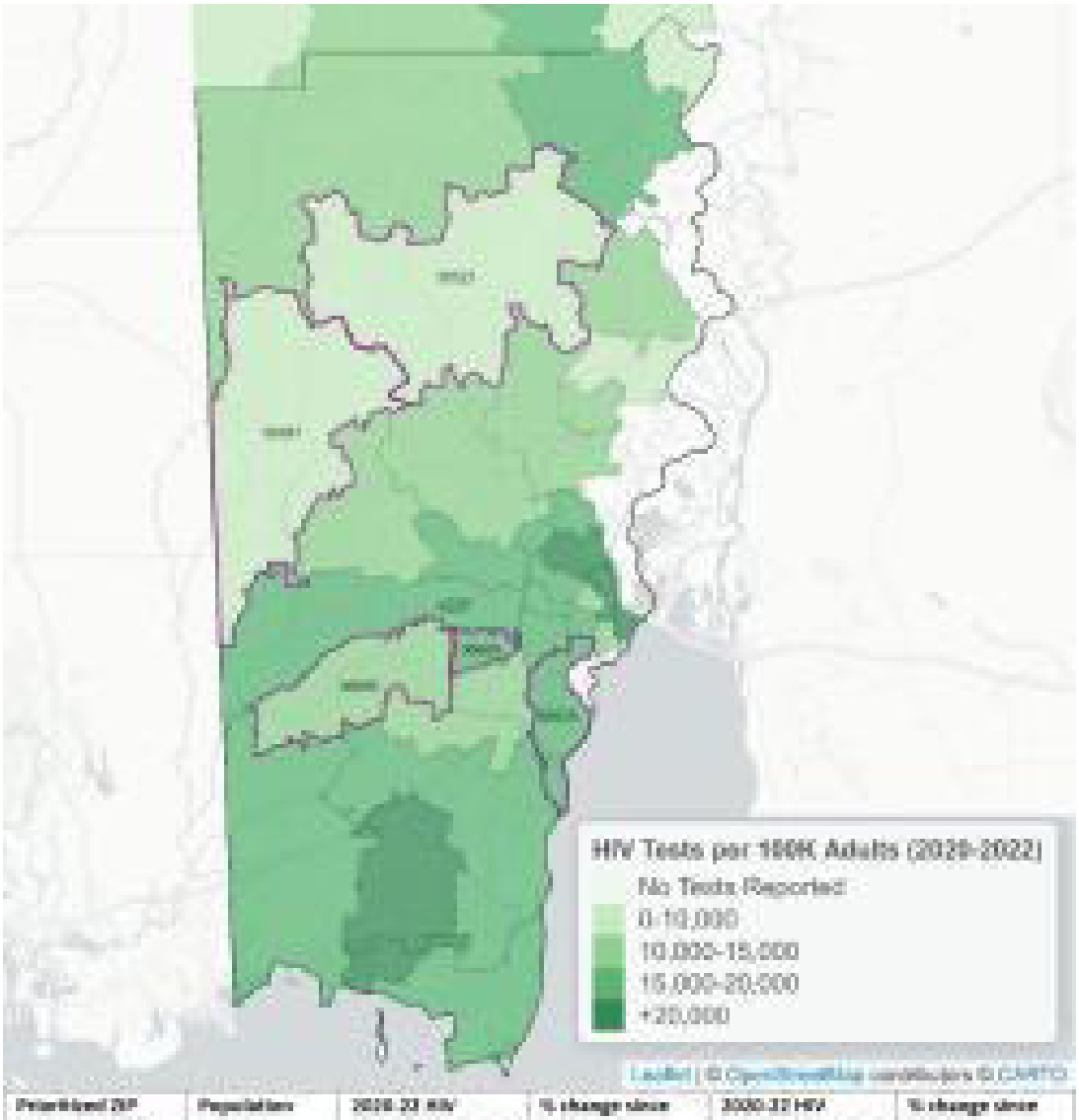
Background: Adherence to antiretroviral therapy (ART) is essential for viral suppression in people living with HIV (PLWH). Identifying true non-adherence and improving adherence remain challenging. This study tested an innovative intervention integrating an IT-based ingestible sensor system (ID-Cap, etectRx) with rapid real-time intervention addressing social and behavioral determinants of health (SBDOH) to enhance treatment adherence.

Method: Participants with poor ART adherence were randomized 1:1 to usual care (UC) or ID-Cap allowing real-time adherence assessment. Text reminders were sent for missed doses. If ID-Cap users missed 5 consecutive days, a multidisciplinary clinical team intervened immediately to address barriers. The intervention lasted 16 weeks, followed by a 12-week sustainability phase. Primary outcomes were ID-Cap and self-reported adherence; secondary outcomes included plasma HIV RNA, CD4 counts, and STDs.

Results: Since December 2024, 18 patients were enrolled (mean age 44, 94% male; 50% White, 44% Black, 6% Asian; 50% Hispanic). Housing instability and substance use were reported by 20%. Mean ART adherence via ID-Cap was 70%. Two patients missed two consecutive ART doses; 22% had unsuppressed viral load.

Conclusion: Real-time detection of non-adherence via an ingestible sensor with timely clinical intervention addressing SBDOH is feasible. This approach may prevent delayed interventions and reduce risks of resistance and HIV transmission.

Figure 154



Prioritized ZIP code tabulation area	Population estimate	2020-22 HIV testing coverage (tests per 100K)	% change since 2017-18	2020-22 HIV incidence (positive tests per 100K)	% change since 2017-18
19973	5,892	9,917.6	4.2	217.6	1800
19987	6,824	8,651.1	-28.8	300.1	680
19809	38,193	13,795.4	15.4	81.7	125.4
19809	15,376	17,038.8	15.5	382.5	120
19805	17,087	17,780.7	9.5	164.5	77.1

Figure 175

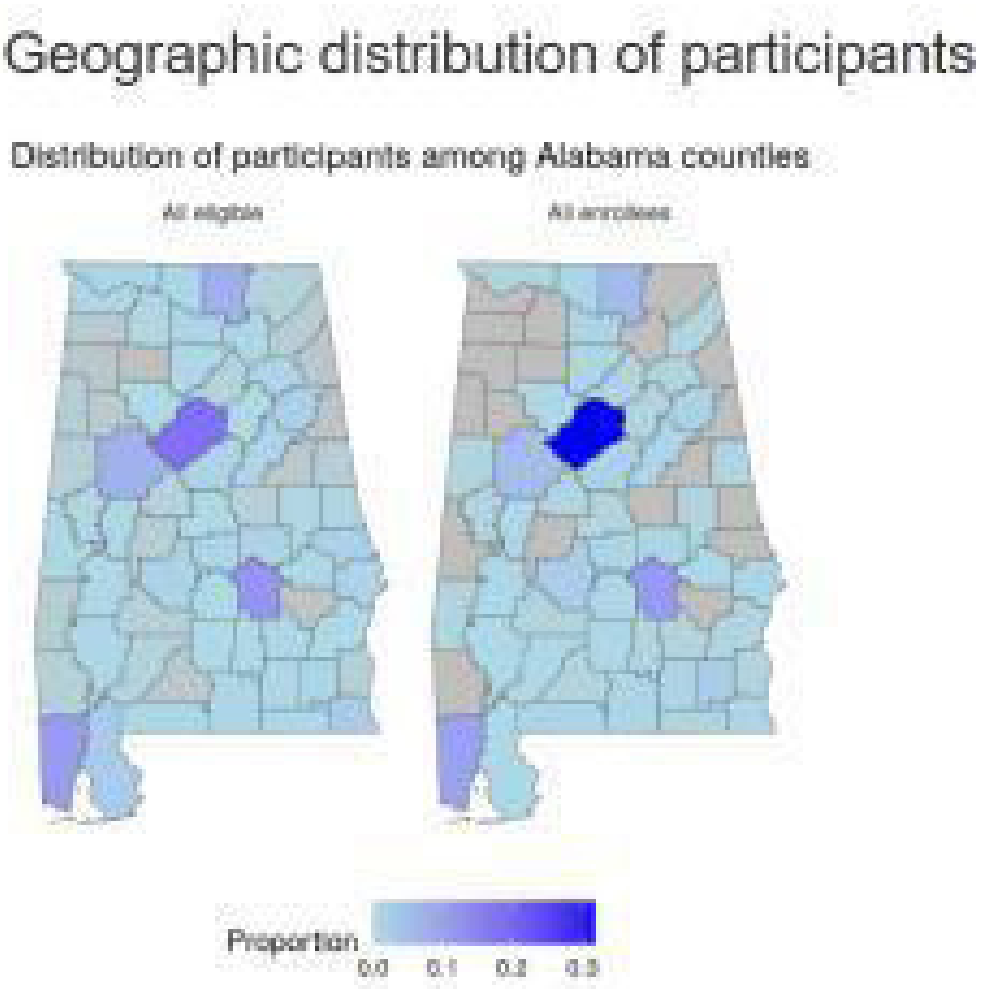

Geographic distribution of participants
Distribution of participants among Alabama counties
All eligible
All enrollees
Proportion
0.0
0.1
0.2
0.3

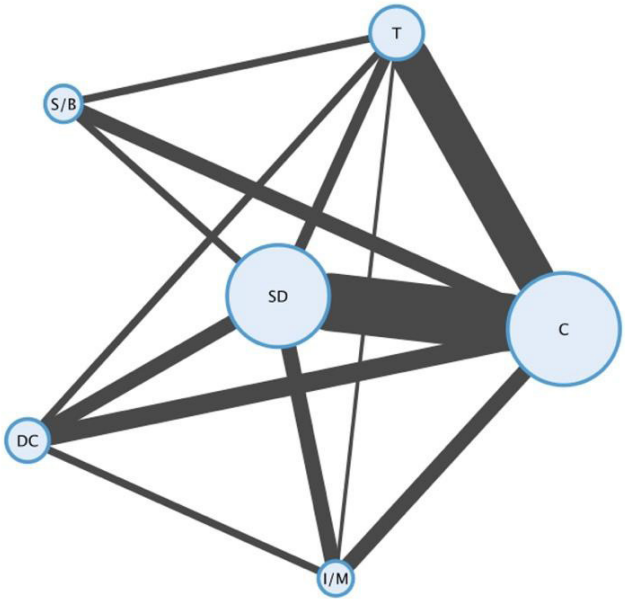
Figure 203a

Table 1: Heat Map of PrEP Strategy Approaches and Strategy Types

Strategy Approaches	n	%	Strategy Type	n	%
Counseling	43	38	Counseling	36	31
			Patient Skill Development	7	6
Service Delivery	38	33	Integration	15	13
			Community-Based Care	12	10
			Outreach	2	2
			Decentralization	2	2
			Mobile Services	2	2
			Navigator	2	2
			Point-of-care	1	1
			Home-Based Care	1	1
			Service Expansion	1	1
Technology	14	12	Technology	5	4
			mHealth	5	4
			Reminder	4	3
Demand Creation	9	8	Incentive	3	3
			Community Mobilization	3	3
			Marketing/Mass Communication	3	3
Infrastructure/Management	5	4	Health Worker Training	5	4
Social/Behavioral	6	5	Peer Support (Community-Based)	5	4
			Social Support (Non-Peer)	1	1
Total	**115**	**100**		**115**	**100**

Figure 203b

Figure 1: Network Mapping of PrEP Strategy Approach Frequencies and Co-Occurrences



Key:

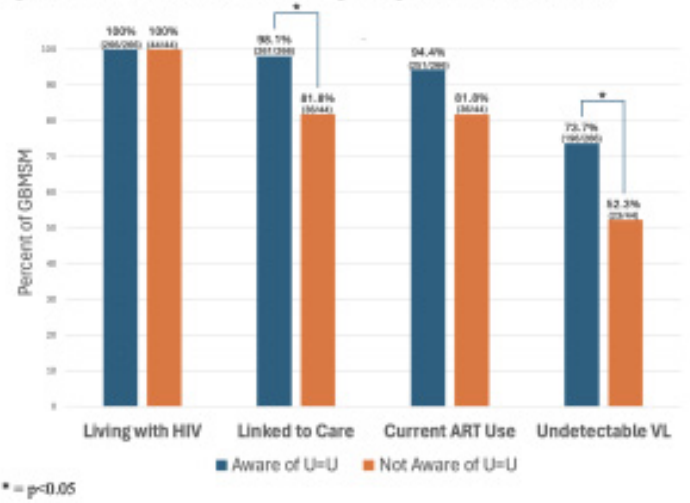
- C: Counseling
- T: Technology
- S/B: Social/Behavioral
- DC: Demand Creation
- I/M: Infrastructure/Management
- SD: Service Delivery

Note: Larger nodes indicate higher frequency. Thicker edges indicate stronger co-occurrence.

Conclusion: Despite counseling and service delivery strategies being the most frequently implemented, strategies were often bundled and multiple outcomes assessed simultaneously. Further research is needed to evaluate the context in which specific strategy approaches would be more effective for improving PrEP outcomes.

Figure 215

Figure 1. HIV care continuum and U=U knowledge among GBMSM LWH in Lima, Peru.



* = p<0.05

Table 1. Comparison of sexual satisfaction based on self-report of higher-risk sexual behaviors and U=U knowledge.

	Yes		No		T-Test
Variable	**Mean NSSS Score**	**SD**	**Mean NSSS Score**	**SD**	**p-value**
Condomless Anal Sex [a]	67.2	16.8	67.5	16.6	0.91
Transactional Sex [a]	71.4	19.0	67.0	16.6	0.26
Any Casual/One-Time Partners [a]	66.9	16.0	68.2	18.1	0.53
Sexualized Drug Use [a]	68.9	18.0	66.8	16.4	0.38
≥4 Sexual Partners [a]	69.3	1.6	66.2	16.9	0.14
Group Sex [a]	68.1	17.5	67.6	16.1	0.81
No Serodiscordant Partner(s) [a]	**71.6**	**15.4**	**65.8**	**17.0**	**0.01**
U=U Knowledge	**68.1**	**16.1**	**61.3**	**20.3**	**0.03**

[a] *within the past 3 months*

Note: NSSS scores can range from a minimum of 20 to a maximum of 100. Sexualized drug use included use of any of the following immediately before or during sex: marijuana, poppers, ecstasy, pasta básica (cocaine paste), powder cocaine, crack cocaine, heroin, GHB, ketamine, methamphetamine, tusi ("pink cocaine"), rush (synthetic marijuana), hallucinogens. Median number of sexual partners in the past 3 months was 3.

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