



PEP Talk:

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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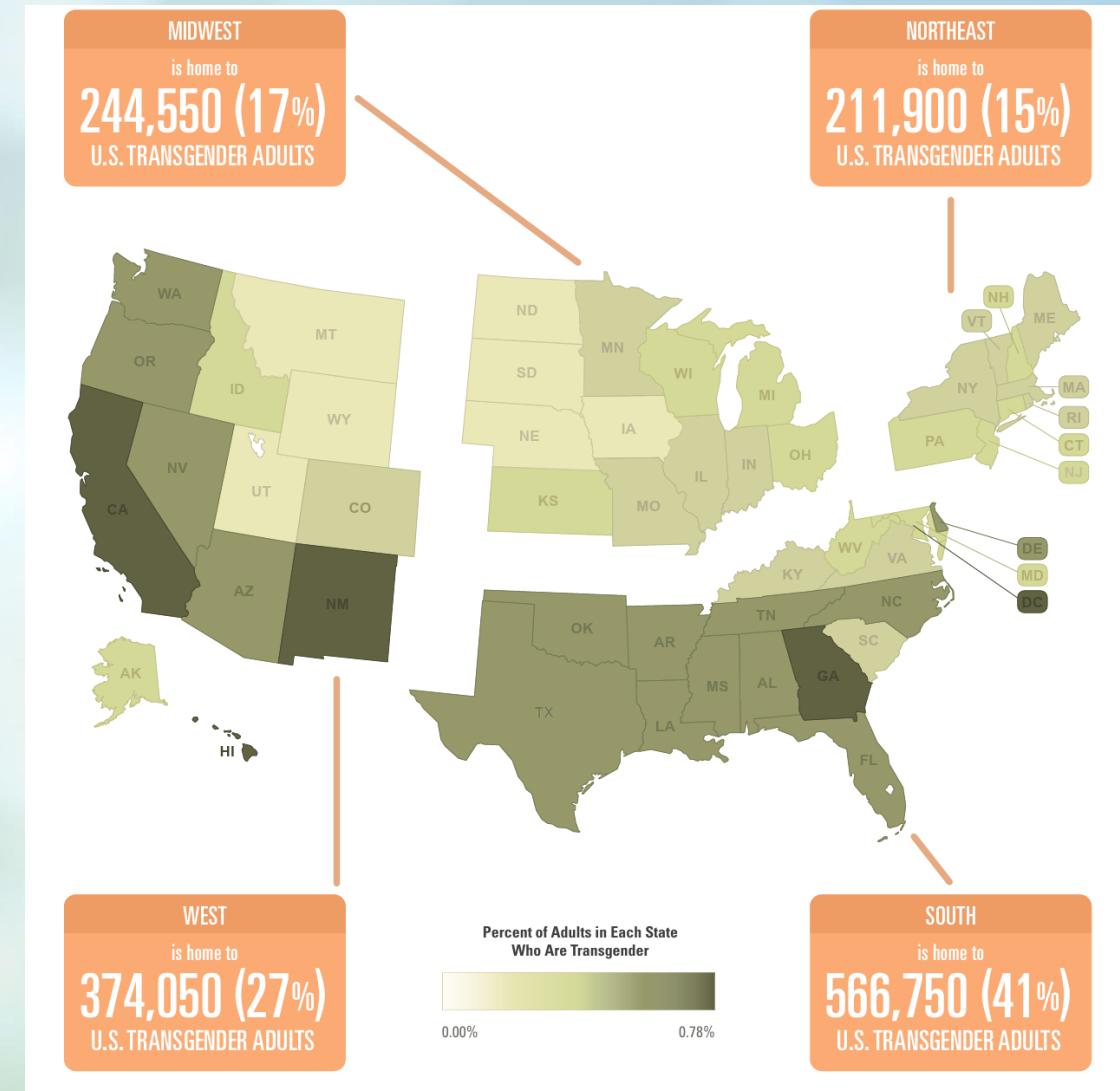


Disclosure statement: I have no relevant or material financial interests that relate to the research described in this presentation.



Background

- 1-1.4 million transgender adults in the US (June 2022)
 - 38.5% are transgender women,
 - 35.9% are transgender men
 - 25.6% reported they are gender nonconforming.
- High prevalence of HIV: 9-10% overall
 - Transwomen: 14% (estimated 44% of Black TGW, 7% of white TGW)
 - Transmen: 1-3%



Trans-Specific Barriers to Biomedical HIV Prevention

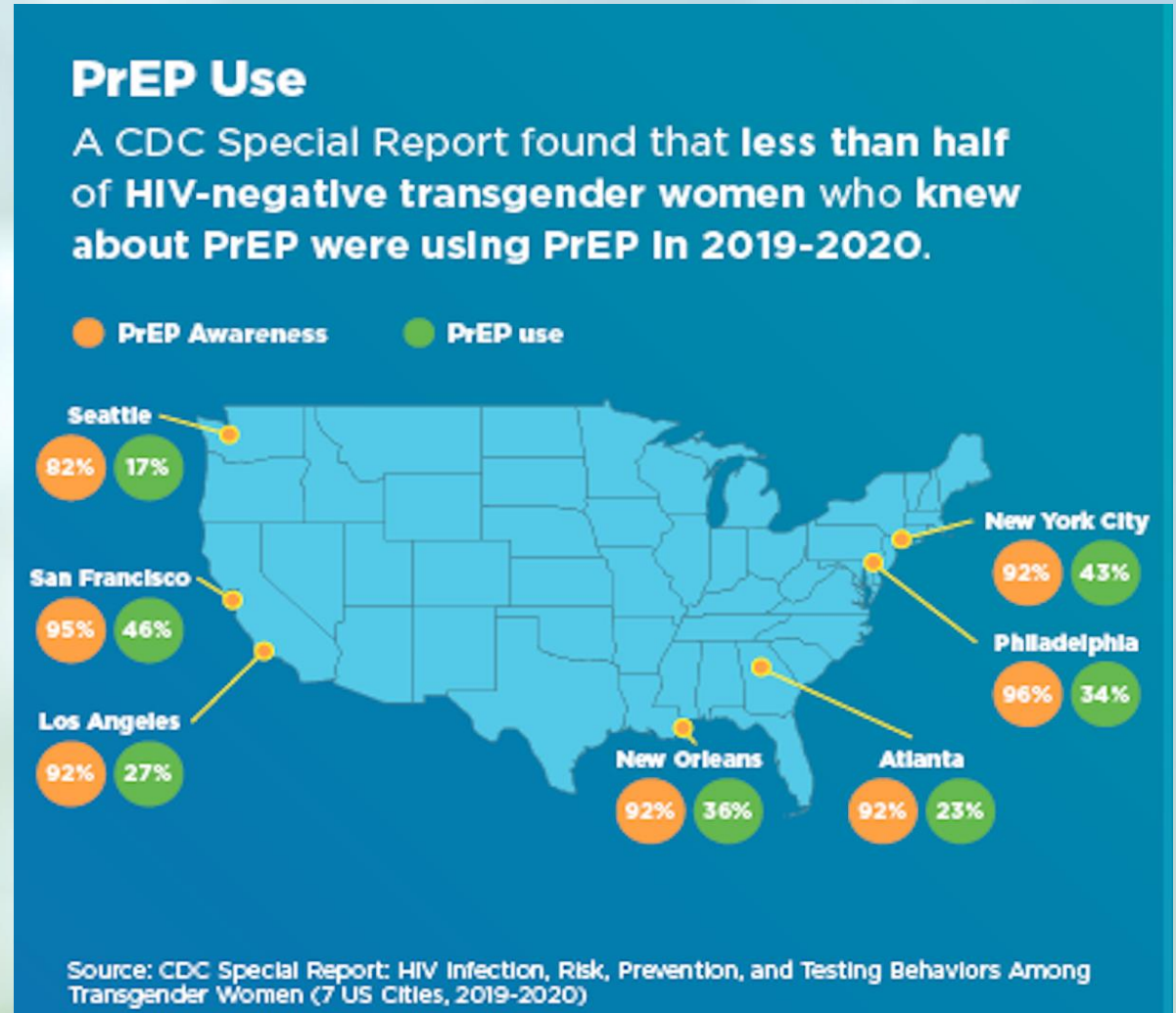
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- Drug-hormone interactions
- Concerns about discrimination
- High rates of co-morbid conditions

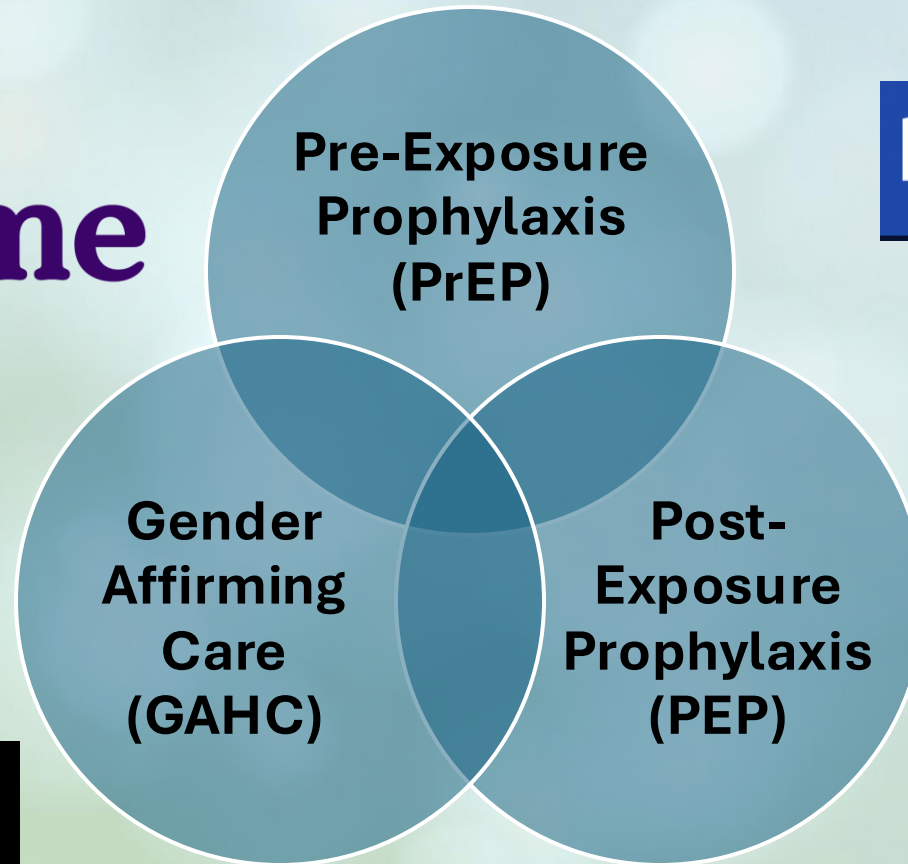
HOWEVER:

- Recent evidence suggests that TGI engaged in GAHC have improved HIV outcomes, both prevention and treatment



Is Tele-Medicine a Strategy?

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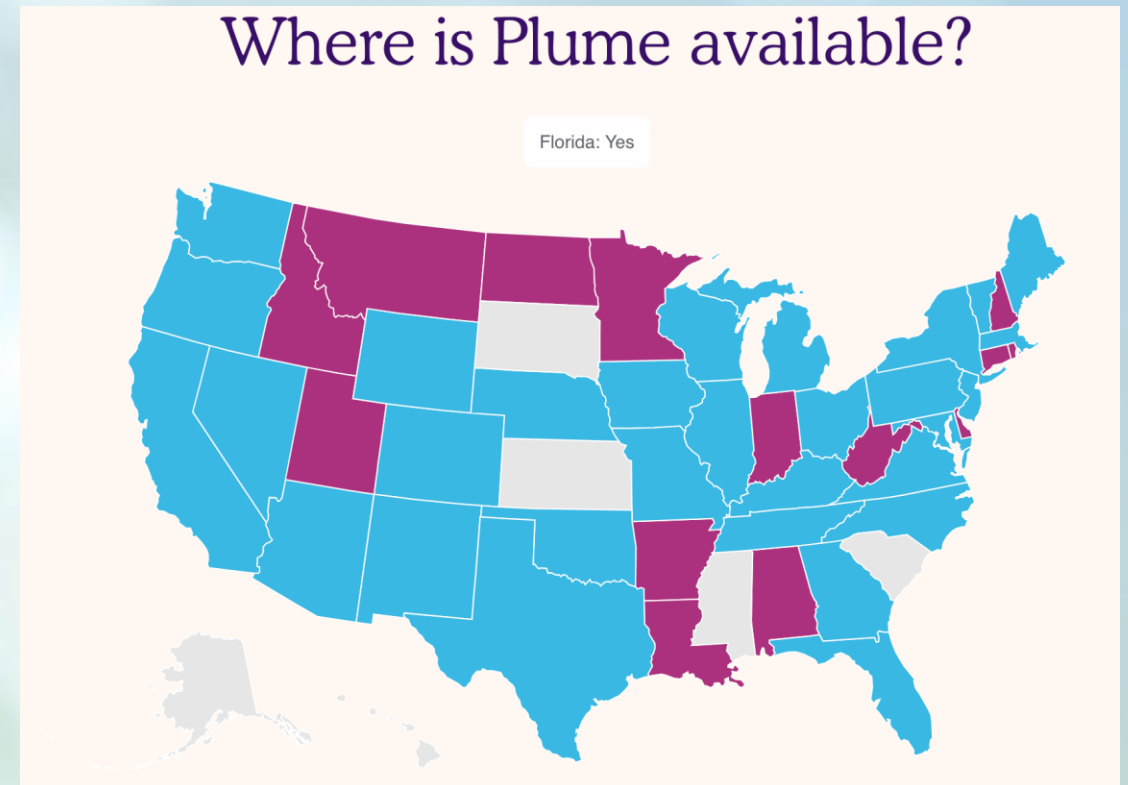




Plume: GAHC online

- Subscription based service
- 17K clients, ~15K active at any time
- 65-70% on estrogen
- 30-35% on testosterone
- Over half of providers identify as gender diverse

Where is Plume available?





Plume: Contextual Inquiry for HIV Prevention

- Largest single cohort of trans and gender non-conforming patients anywhere
- 100% telehealth platform, with labs and medication delivery infrastructure already in place
- 24/7 service delivery model in place, at least for mental health monitoring
- Diverse cohort in terms of rurality and gender identity (perhaps less diverse socioeconomically and/or in terms of race/ethnicity, but unknown)

What HIV prevention services are needed by Plume clients?

- Are those needs different based on where they live?
- Are those needs different based on their gender identity?

How should those services be designed to optimize uptake?



Study Design and Methods

Study Objective:

- To assess Plume's clients' awareness, knowledge, experience and attitudes towards HIV prevention services, specifically PEP and PrEP.

Stratified sampling strategy: wanted to capture perspectives of transmasculine individuals and rural residing individuals (based on zip)

Inclusion Criteria

- 1) Age >18
- 2) Identify as transgender
- 3) Current Plume client, on hormone tx
- 4) Able to give informed consent

~300 clients (~75 in each group)

Urban, rx'ed E+	Rural, rx'ed E+
Urban, rx'ed T	Rural, rx'ed T



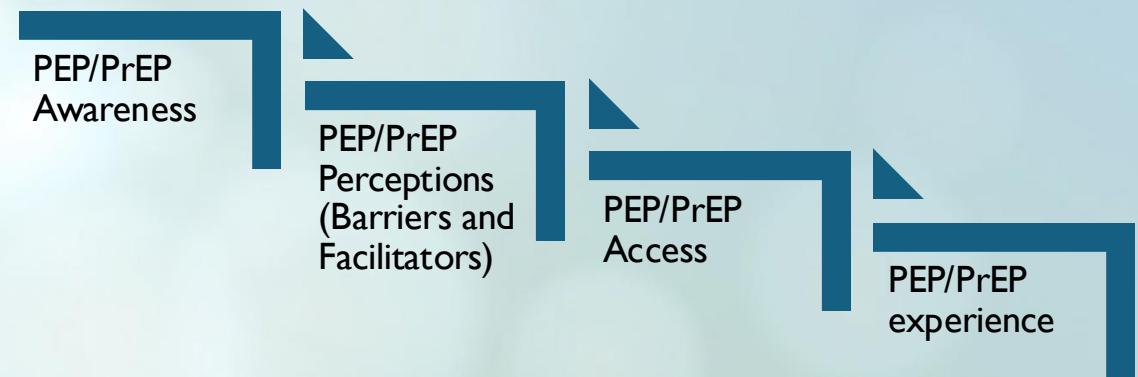
Survey Tool

Based on New York City's PEP Center of Excellence REACH study (2016-2017), including:

- demographic information
- gender identity and hormone use
- sex behaviors (to determine PrEP indications)
- HIV status and testing information
- beliefs about HIV acquisition risk
- knowledge and use of PEP, knowledge and use of PrEP, preferences regarding PrEP and PEP administration via Plume
- **Outcome of interest: Would you be willing to take PEP/PrEP if recommended by your Plume provider?**

Free response section:

- What do you want us to know about adding HIV prevention to Plume services?
- What advice do you have for us?



Snapshot from Table 1

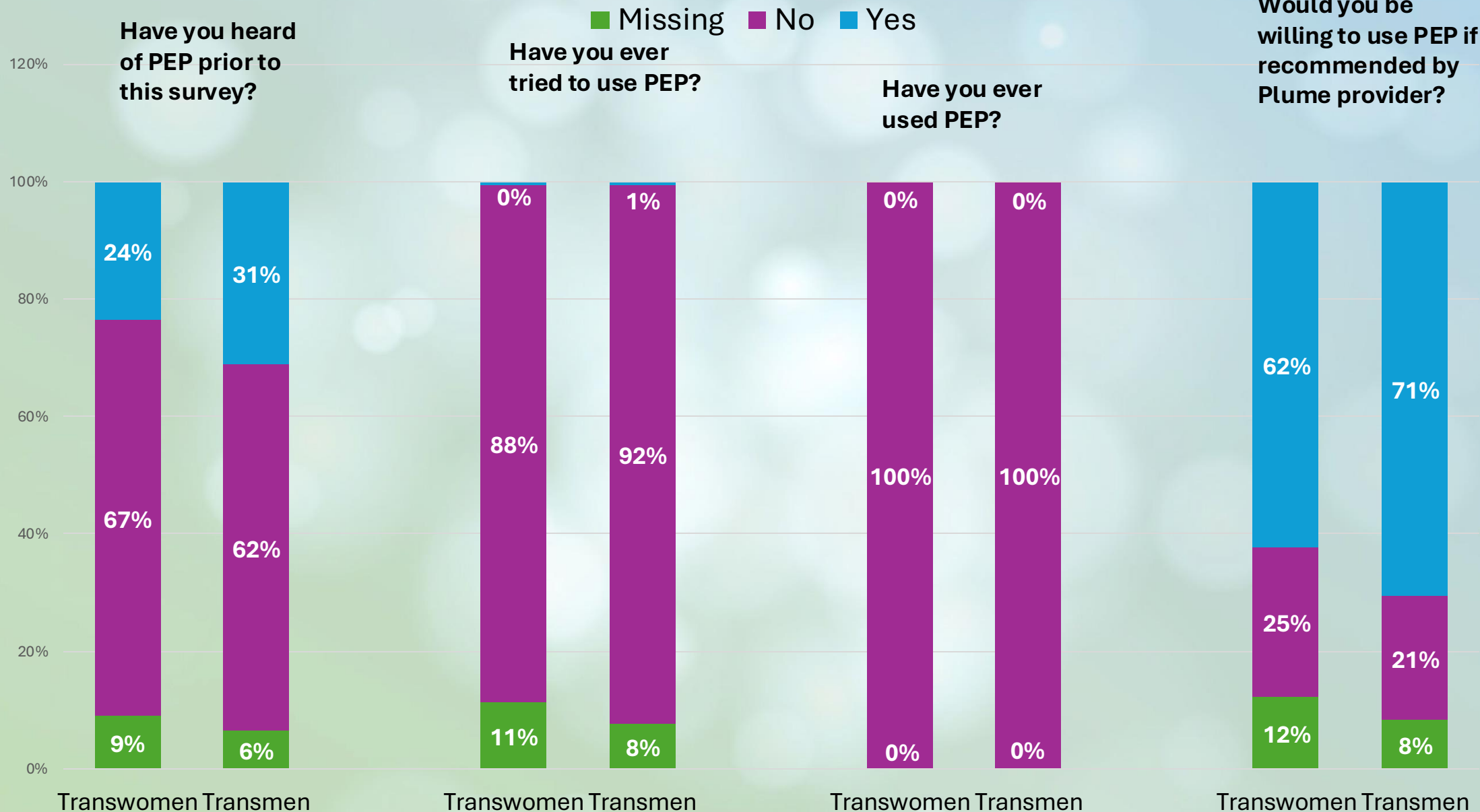
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Category	Details
Total Respondents	387
Gender Identification	Transwomen: 54.8% Transmen: 43.9% Non-binary: .013%
Geographic Distribution	Rural: 13.7% Suburban: 32.6% Urban: 43.4%
Demographics	White: 82.7% Age 18-25: 51.9%
Uninsured	Rural: 37.7% Suburban: 28.8% Urban: 11.3%
HIV Status Awareness	23.8% reported not knowing their HIV status
Experiencing Depression	269 (69.5%)
Experienced Stigma in past 30 days	153 (68.5%)
Experienced sexual assault (ever)	113 (29.2%)

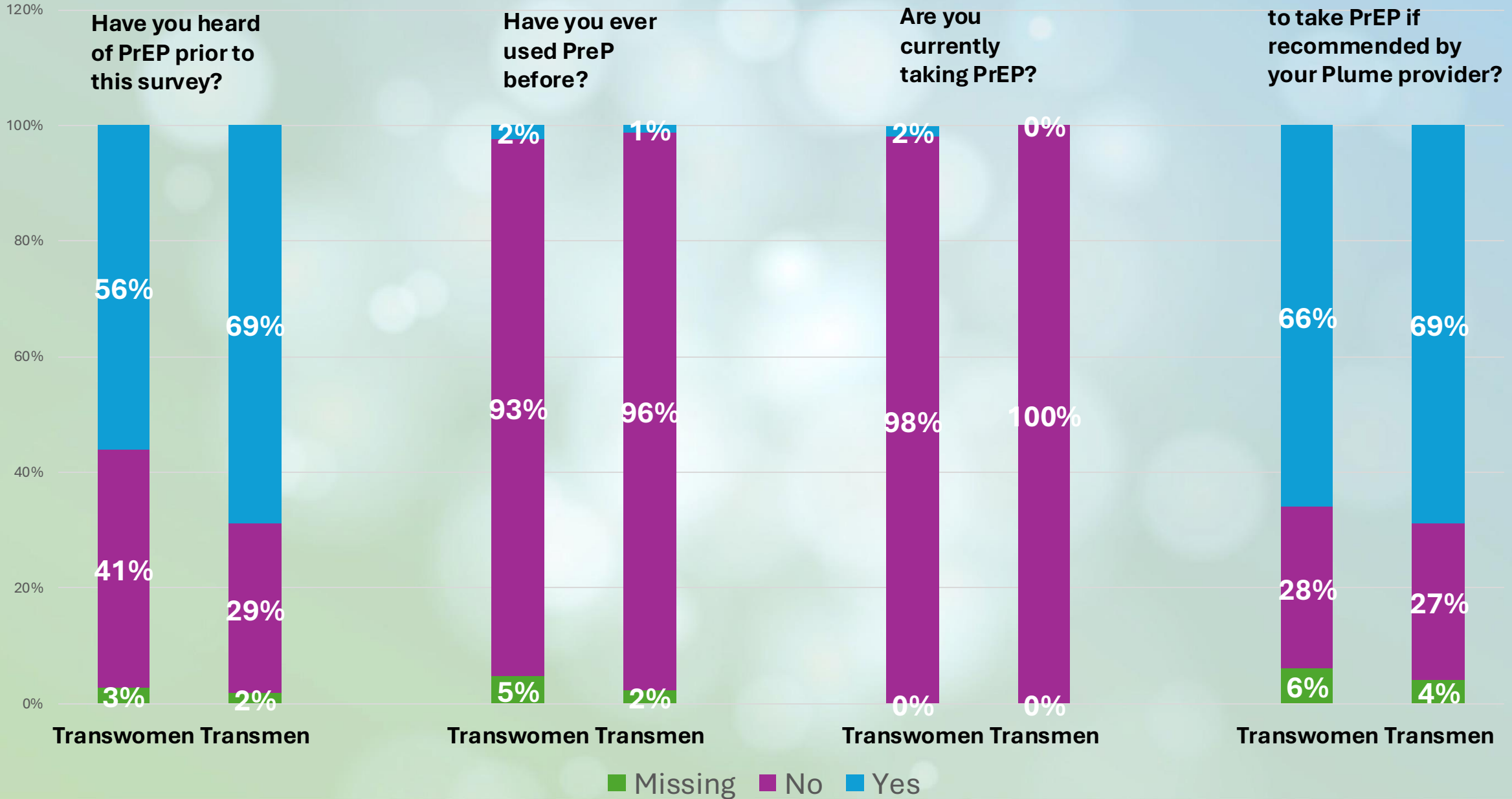
PEP Awareness, Access, Use and Willingness to Use

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PrEP Awareness, Prior Use, Current Use, and Willingness to Use

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Perceptions of PEP among Respondents

Barriers

- Lack of knowledge: 72.5% felt like they did not know enough to take it
- Concern regarding affordability: 72.8% thought they would have difficulty affording PEP

Facilitators

- Social Support: 93.9% felt they would be supported by friends



Perceptions of PrEP among Respondents

Barriers

- Lack of knowledge: 63.2% did not know enough about PrEP to feel comfortable taking it
- Concern regarding side effects: 59.7% were strongly or somewhat concerned about side effects

Facilitators

- Social Support: 93.4% felt they would be supported by friends
- Adherence: 87.3% felt that taking a daily med would not be a problem

Insurance Type, HIV Worry, and prior awareness of PEP are associated with Willingness to take PEP as part of tele-GAHC

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TERM	ADJUSTED ODDS RATIO ESTIMATE	P value	LowerCI	UpperCI
Current Hormone Testosterone (vs. Estrogen)	1.569	0.113	0.900	2.736
Rural (vs urban)	0.592	0.284	0.227	1.544
Suburban (vs urban)	0.524	0.183	0.203	1.353
Public Insurance (vs private)	3.482	0.032	1.119	10.829
No insurance (vs private)	1.949	0.064	0.963	3.942
Experienced sexual assault (vs none)	1.589	0.144	0.855	2.953
Experienced discrimination (vs none)	0.929	0.793	0.539	1.603
Aware of HIV status (vs not)	0.806	0.499	0.431	1.507
Worried about HIV (vs not)	2.410	0.004	1.331	4.365
Aware of PEP prior to survey (vs not)	2.058	0.030	1.075	3.940
STI in past year (vs none)	0.705	0.464	0.278	1.791
Engaged in transactional sex (vs not)	1.530	0.488	0.462	5.069

Insurance Type and HIV Worry are associated with Willingness to take PrEP as part of tele-GAHC

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TERM	ADJUSTED ODDS RATIO ESTIMATE	P value	LowerCI	UpperCI
Current Hormone Testosterone (vs. Estrogen)	1.14	0.639	0.661	1.965
Rural (vs urban)	0.91	0.84	0.364	2.276
Suburban (vs urban)	0.743	0.517	0.304	1.82
Public Insurance (vs private)	3.642	0.022	1.21	10.959
No insurance (vs private)	1.614	0.171	0.815	3.196
Worried about HIV (vs not)	2.567	0.002	1.441	4.574
Aware of PrEP prior to survey (vs not)	1.242	0.439	0.718	2.15
STI in past year (vs none)	0.936	0.891	0.367	2.388
Engaged in transactional sex (vs not)	1.817	0.299	0.59	5.595

HIV Acquisition Risk Factors among Survey Respondents (n=387)



Limitations and Future Directions

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- Purposive sampling affects generalizability of results
- Socio-economic status of those paying for subscription service may limit generalizability
- Did not include gender non-conforming individuals, given our sampling plan

Future Directions

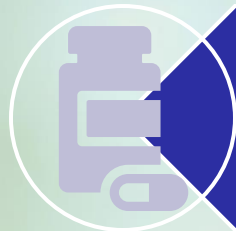
- Using these findings to design program for Plume, and other telehealth platforms
- Exploring tele-health for PEP prescription (leveraging 24/7 mental health support built into these apps)
- Tailoring messaging and awareness campaigns for those receiving GAHC from telemedicine platforms



Conclusions



Limited knowledge of PEP and PrEP among this population



Willingness to use when recommended by GAHC provider



Insurance disparities affect willingness to take PEP or PrEP in this setting



Diversity of risk behaviors need to be interpreted with a trusted provider



Thank you!

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Questions or Comments?

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