# Continuum 2026

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## Health Beyond Silos

# ORAL ABSTRACT BOOK

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**Jointly Provided By:**

IAPAC
INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

Partners for Advancing Clinical Education

# 003 Crossover Effects of Chronic Pain on Stress and Depression among People Living with HIV

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**Background:** People living with HIV (PLWH) often experience psychological distress, yet the role of chronic pain in shaping stress and depression is unclear. This study examines whether chronic pain modifies the relationship between HIV status, depression, and perceived stress.

**Methodology:** Participants were recruited from an HIV care clinic in the Southeast United States, with chronic pain defined as pain persisting or recurring for more than 3 months with associated emotional distress and/or functional disability. A cross-sectional analysis included 171 adults who completed the Center for Epidemiologic Studies Depression Scale (CES-D) and Perceived Stress Scale (PSS-10). Multivariate analyses compared the odds of depression and stress of PLWH, stratified by chronic pain.

**Results:** Of 171, 74 (43.3%) were PLWH, and among these, 53 (71.6%) reported chronic pain. Depressive symptoms were defined as CES-D ≥16, and 163 of 171 (95.3%) scored below the cutoff. 137 participants (80.1%) completed the PSS-10, with 127 (92.7%) reporting low to moderate stress. Of these, 52 (38.0%) were PLWH. Among PLWH, 31 (59.6%) reported chronic pain. Without chronic pain, PLWH was associated with increased odds of being below the depression cutoff (OR 2.25, 95% CI 1.52–3.33). Conversely, among those with chronic pain, PLWH had lower odds of being below the depression cutoff (OR 0.50, 95% CI 0.37–0.68). Among those with chronic pain, PLWH had reduced odds of being in the low/moderate stress group (OR 0.44, 95% CI 0.32–0.62).

**Conclusion:** In the absence of pain, PLWH were less likely to report high stress or depression, while with pain, they were more likely to experience both. Addressing pain requires integrated, multidisciplinary strategies that combine effective management with safe prescribing and psychosocial support.

# 018 Paving the way for the Stigma Index and Challenges Using the GIPA Principle (Greater Involvement of People Living

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**Introduction:** Stigma remains a significant barrier to achieving optimal health outcomes for people living with HIV (PLHIV). Despite advances, HIV-related stigma continues to negatively impact access to healthcare and networks of social support. To facilitate measuring and developing interventions to address HIV-related stigma, the PLHIV Stigma Index (SI) was developed. GIPA is a principle that aims to realize the rights and responsibilities of PLHIV including their right to self-determination and participation in decision-making processes that affect their lives, to enhance the quality and effectiveness of the AIDS response.

**Description:** In August 2023, the Social Determinants of Health & Equity workgroup of the Austin/Travis Fast Track Cities proposed the Stigma Index as their next goal and established a team with representatives from Austin Public Health (APH) and key partners, they met for 2 years. The study protocol was developed, approved, and recruitment started in October 2025.

**Lesson Learned:** To ensure diverse community representation, the workgroup conducted outreach to over 177 organizations in the ATGA to invite them to participate in a PLHIV-led steering committee, 27 community members responded, seven PLHIV formed the steering committee. APH supported the building process with its network members' capacity to engage PLHIV to ensure visibility, accountability, and ownership of the project. Six PLHIV interviewers were hired to complete 102 surveys in 6 months. As of January 1st, 40 interviews are completed.

**Recommendations:** Equity is a core consideration throughout execution, which empowers PLHIV by providing the tools to learn and become leaders. This collaborative approach puts data analysis in the hands of community members, and the process not only gives power to the community but recognizes that people with lived experience must play a key role to get a trustful evaluation and real solutions. No single agency can provide for the full spectrum of needs of PLHIV; partnerships between actors are needed.

# 023 Predictors of Unsuccessful Transition to Adult Care for Adolescents and Young Adults Living with HIV

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**Background:** The transition to adult HIV care is a high-risk period for adolescents and young adults (AYA) living with HIV. We describe the population at an AYA HIV clinic in Southern California and identify patient characteristics associated with unsuccessful transition to adult care.

**Methodology:** We conducted a retrospective cohort study of AYA with HIV aged 18-29 years seen between 2017-2022. All data were extracted from patients' medical records using case report forms. Unsuccessful transition was defined as not completing an adult HIV clinic visit within six months after discharge from the AYA HIV clinic. Patients not reaching transition age (24 years) or still retained after 2022 were censored from the primary analysis. Those lost to care before reaching transition age were separately described as a cohort lost to follow up (LTFU). Descriptive statistics summarized patient characteristics, and logistic regression identified predictors of unsuccessful transition.

**Results:** Of 199 patients, 91 met inclusion criteria; 56 (61.5%) transitioned successfully at 6 months. The cohort was primarily White (44%), Hispanic/Latinx (48.4%), male (84.6%), gay (59.3%), English-speaking (98.7%), and Medicaid insured (68.1%). Unsuccessful transition was associated with missing >2 appointments in the year prior to transition [adjusted odds ratio (aOR) 3.10; 95% CI 1.01-9.53], a detectable viral load (>200 copies/mL) at transition (aOR 11.76; CI 3.75-36.86), or age <25 years old at time of transition (aOR 5.14; CI 1.84-14.37). By 12 months, 81.3% had linked to adult care. Compared to the transition age group, LTFU patients demonstrated a higher burden of substance use, incarceration history, housing instability, poorer engagement and adherence, and substantially lower viral suppression (see Table 1).

**Conclusion:** Missed appointments, younger age, and detectable viral load were associated with unsuccessful transition. Those LTFU prior to transition faced more structural barriers and comorbidities, underscoring the importance of youth-friendly interventions targeting substance use, housing instability, and incarceration.

# 025 Controlling New Cases of Tuberculosis in People Living with HIV Receiving ARV Treatment at Several ARV Supply Units in Thanh Hoa Province, Vietnam

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**Background:** Vietnam ranks 11th among the top 30 countries with the highest burden of tuberculosis. On average, Vietnam detected about 120,000 cases of tuberculosis each year, with an estimated 50,000 undetected cases. The risk of tuberculosis is particularly high among HIV-positive patients, and even higher among HIV-positive prisoners serving sentences in correctional facilities.

**Methodology:** The project "HIV/AIDS Prevention and Care Connecting Healthcare Facilities and Prisons" has been implemented by AHF Vietnam in Thanh Hoa province since 2015, with 2 community clinics and 4 prisons. Besides providing ARV services, treatment of latent tuberculosis with INH is always a top priority for the clinics, especially in prisons where cell space is very cramped, with approximately 70-80 inmates per cell (about 100m$^2$). Tuberculosis screening using X-rays is also conducted annually.

**Results:** The proportion of HIV patients receiving ARV treatment who are also being treated for latent tuberculosis increased from 70.7% (50%-94%) in 2020 to 96.4% (92%-100%) in 2025. Of particular concern is the significant decrease in the rate of patients with active tuberculosis, from 1% to 0% after 5 years. Furthermore, 0.3%-0.7% of newly ARV-treated patients develop active tuberculosis; these patients were all diagnosed with tuberculosis and received treatment before HIV diagnosis. The results of tuberculosis screening using X-rays also correspond to the rates of tuberculosis detected by clinical screening and Gen-Expert results.

**Conclusion:** Increased coverage of latent tuberculosis treatment with INH has contributed to a reduction in tuberculosis incidence among HIV patients, particularly in prisons. A cohort study is needed to obtain more convincing results in advocating for the synchronized implementation of latent tuberculosis treatment interventions in prisons and clinics, and the side effects of INH is concerned.

# 029 Long-Acting PrEP Interest and Barriers among Men Who Have Sex with Men and Use Methamphetamine

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**Background:** Methamphetamine use is associated with HIV risk and suboptimal adherence to daily, oral PrEP among men who have sex with men (MSM). Long-acting PrEP (LA PrEP) is promising for MSM who use methamphetamine.

**Methodology:** We conducted interviews with HIV-negative MSM who use methamphetamine with PrEP experience. Participants reported past year sex with a cisgender man or transgender woman and past-month methamphetamine use. We collected sociodemographic characteristics, substance use, PrEP history, LA PrEP interest, and modality preferences. We report medians and proportions for quantitative measures. We conducted a thematic analysis of transcripts to describe LA PrEP facilitators and barriers.

**Results:** We conducted 20 interviews. Median age was 40 (IQR: 33-46), most were White (75%), and half were unstably housed (50%). Most had smoked (95%), injected (60%), and used methamphetamine at least 3 days/week in the past month (85%), and used it always or often before anal sex (85%). The majority were taking PrEP (70%), all oral. One participant had used LA PrEP. The vast majority were somewhat or very interested in LA PrEP (90%). The most preferred modality was biannual injections (75%).

Participants described methamphetamine as an HIV risk factor and barrier to LA PrEP. Other barriers were competing priorities, unstable housing, lack of transportation, difficulty attending medical visits, and anticipated stigma. Strategies for increasing LA PrEP engagement included incentives, frequent reminders, convenient and diverse locations, and flexible hours.

**Conclusion:** In this sample of MSM who frequently used methamphetamine, and often during anal sex, we found a high level of interest in LA PrEP. While there was preference heterogeneity, biannual injections were preferred. We identified several structural barriers to LA PrEP. Future research should assess how to optimize the delivery of biannual injectable PrEP to MSM who use methamphetamine who are at risk for HIV.

# 041 Breaking Silos: A Comprehensive Navigation Model for HIV Prevention Equity

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**Introduction:** In Nevada, obtaining PrEP is a fragmented process that many patients cannot manage alone. While The LGBTQ Center of Southern Nevada has always utilized a patient centered model, traditional public health systems still rely on passive referrals that isolate clinical care from social realities. This approach fails to address how unemployment and insurance barriers exacerbate STI rates among Black and Brown communities. To bridge this gap, I evolved our navigation to move beyond clinical silos and prioritize whole person health through aggressive, direct advocacy.

**Description:** My model utilizes navigators as programmatic strategists managing the patient lifecycle. I integrated a systemic health intervention by making social determinants of health a core pillar of the navigation process for marginalized populations. I create solutions by pivoting between pharmacy and medical billing or utilizing clinical data like the Yeztugo trials to secure Descovy for cisgender women. I bridge the gap for undocumented patients by navigating patient assistance programs from Gilead and ViiV. To bolster retention, I host socialized navigation events like trivia nights and utilize our mobile health unit for same day starts, removing institutional barriers for a welcoming community environment.

**Lesson Learned:** Since February 2025, the active patient panel grew 144 percent. Between January and November 2025, we saw 575 new PrEP starts. Utilizing 340B pricing for DoxyPEP, I addressed how bacterial STIs increase HIV acquisition risk. Despite barriers for undocumented residents, 98 percent successfully accessed medication. This proves that individualized, aggressive navigation going beyond the first administrative hurdle is the essential bridge necessary to close the gaps left by traditional referral systems.

**Recommendations:** Programs should invest in navigators as programmatic strategists empowered to dismantle systemic barriers through expert advocacy. Shifting toward socialized navigation and peer led engagement rather than clinical lectures is the only way to achieve true health equity.

# 055 Impact of Daily Substance Use on Antiretroviral Non-Adherence: Findings from a Micro-Longitudinal Study of Women with HIV and Lifetime Experiences of Intimate Partner Violence

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**Background:** Substance use may disrupt antiretroviral (ART) adherence differently in the context of intimate partner violence (IPV). We evaluated the proximal effects of substance use on ART non-adherence at the day-level and effect modification by IPV-related distress.

**Methodology:** We enrolled adult women with HIV and lifetime IPV in a micro-longitudinal study, involving two in-person interviews and 32 days of twice-daily data collection to report daily experiences of: taking ART, IPV-related distress, and substance use. We conducted multilevel modeling of ART non-adherence at the day- and person-level.

**Results:** 125 participants were on daily ART and completed ≥2 daily surveys (2,439 days of data in the complete dataset). Participants had a mean age of 54.6 years (SD=10.3), most were non-Hispanic (79.8%) and Black (67.4%), all were insured, and nearly all (92.7%) were virally suppressed. On average, ART non-adherence was reported by 37.6% of participants on 6.6% of days; substance use by 60.8% of participants on 31.6% of days; and IPV by 73.2% of partnered participants (n=71) on 40.8% of days. Most non-adherence was related to "not caring" or "forgetting." After controlling for age, substance use was not significantly associated with ART non-adherence in same-day or lagged models, regardless of how substance use was defined (by type, quantity, or frequency). Maximum IPV-related distress did not significantly moderate substance use-associated ART non-adherence with one exception: on days when a person used marijuana and IPV happened, but they were not at all upset by it, they were more often ART non-adherent (p=.03).

**Conclusion:** Women with HIV and lifetime IPV experienced ongoing IPV and substance use, but these factors did not drive ART non-adherence at the day-level. Findings suggest ART non-adherence may be driven by other factors, with implications for long-acting ART for women with potential challenges to daily medication adherence.

# 058 Listening to Women Living With HIV: Peer-Led Insight to Improve Engagement, Confidence and Care

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**Background:** Women living with HIV, particularly Black and minoritised migrant women, continue to experience barriers to engagement, confidence in treatment decision-making, and consistent care outside specialist HIV services. Peer-led approaches offer an opportunity to generate practice-relevant insight grounded in lived experience

**Methodology:** KIP 3 – **Herstories** was a peer-led programme delivered between March and October 2025. Activities included two workshops (one face-to-face, one online), Writing for Wellbeing sessions, personal story writing support, and three sets of reflective email prompts. A total of 27 women attended Workshop 1 and 18 attended Workshop 2; 27 women attended a Writing for Wellbeing follow-up session. Anonymous evaluations were completed voluntarily, with time provided during sessions and reminders sent. Qualitative data from evaluations and email responses were analysed thematically

**Results:** Women reported high confidence gains in treatment literacy and communication when time, safety and peer support were present (mean treatment confidence score 4.46/5). Comfort sharing experiences were rated highly (5/5). Lower confidence was reported in accessing digital health support (3.73/5). Qualitative findings highlighted that engagement in care is shaped by work, caring responsibilities, fear, and stigma rather than lack of motivation. Women described greater confidence when listened to and difficulties in non-specialist settings due to concerns about confidentiality and HIV knowledge.

**Conclusion:** Peer-led, trauma-informed spaces enabled women to articulate clear, practical insight into what supports engagement and confidence in care. Findings highlight the importance of protected time for shared decision-making, integration of peer support, and consistent HIV knowledge across primary and non-specialist services. Women's lived experience provides actionable learning to inform clinical practice and service design.

# 064 Food Insecurity Is Associated with Cigarette Smoking among People Living with HIV Receiving Medically Tailored Food Support

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**Background:** Cigarette smoking (CS) is common among people living with HIV (PLHIV) and contributes to morbidity and mortality. Food insecurity (FI) is associated with higher tobacco use; however, it is unknown whether this association persists among PLHIV with FI already receiving food support.

**Methodology:** We conducted a cross-sectional analysis with baseline data from a food security intervention trial (n=191) to examine the association between FI and CS among PLHIV receiving medically tailored food support. Participants were PLHIV (≥18 years), English or Spanish speaking, with or at risk for FI and receiving meals and groceries at baseline from a San Francisco-based nonprofit food organization. Current CS (primary outcome; current smoker versus non-smoker) was based on self-report. FI (main exposure) was measured using the 18-item U.S. Department of Agriculture Household Food Security Survey Module and dichotomized as food secure (high) versus food insecure (marginal, low, or very low food security). Participant characteristics were compared by CS status. Logistic regression was used to estimate odds ratios, adjusting for age, education, and prior month's income.

**Results:** Most participants were male (81.7%), median age 55.6 years; 42.4% were current smokers, and 80.1% had FI. Participants with CS were more likely to have a high school education or less (43.2% vs. 19.1%) and to experience FI (91.4% vs. 71.8%), compared to non-smokers. FI was strongly associated with current CS even after covariate adjustment (AOR 4.33; 95% CI, 1.62–11.56).

**Conclusion:** Among PLHIV receiving free, medically tailored food support, FI was strongly associated with CS, suggesting that while FI is associated with smoking, providing direct food assistance may not be sufficient to eliminate differences in smoking. Further research identifying the mechanisms underlying the relationship between FI and smoking may help improve intervention designs to support smoking cessation among populations with FI.

# 066 Laying the Groundwork for PrEP in Urgent Care: A Mixed Methods Study on Pre-Implementation Acceptability in an Urgent

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**Background:** Expanding PrEP access requires reaching patients where they access care, often urgent care clinics. This work establishes the pre-implementation groundwork to inform PrEP acceptability in urgent care settings.

**Methodology:** We conducted a prospective concurrent mixed methods study grounded in the Theoretical Framework of Acceptability (TFA) to determine acceptability of PrEP provision among a convenience sample of patients and providers recruited from one urban urgent care clinic in Alabama, a U.S. state with HIV incidence. Patient-participants completed a survey assessing acceptability, PrEP knowledge, and sociodemographics. Providers completed semi-structured interviews. We dichotomized the patient-participant sample as PrEP acceptability being "Acceptable" ("strongly agree" or "agree") versus "Not Acceptable" ("neither," "disagree," or "strongly disagree"). We employed t-test, chi-square, and Fisher's exact test and multivariable logistic regression to examine correlates of PrEP acceptability. We inductively and deductively coded the qualitative data and conducted thematic analysis. Finally, we integrated quantitative and qualitative data via joint display.
Table 1
Table 2

**Results:** Two hundred and nineteen patient-participants completed the survey with mean age 34.8 (SD=13.2), 50% Black race, 71% female sex, and 27% identifying as a sexual minority (Table 1). Only PrEP knowledge was associated with PrEP acceptability (OR=1.33, 95%CI 1.01-1.75). Six providers completed interviews, yielding three major themes: 1) Providers acknowledged a high need for PrEP, 2) PrEP initiation in urgent care is appropriate, and 3) Urgent care is not suited for continuity. Table 2 shows a joint display integrating quantitative and qualitative data by TFA construct.

**Conclusion:** Providers and patients felt that PrEP provision in the urgent care setting would meet patient needs and be acceptable. Providers noted barriers, such as continuity and training, as key factors to overcome to successfully implement PrEP in urgent care clinics.

# 068 Adopting Lenacapavir to Expand HIV Prevention Access

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**Introduction:** This session provides an overview of a New Orleans health center's experience implementing protocols for adoption of Lenacapavir. The session will provide an overview of adopted workflows, a review of program data and outcomes, a highlight of key lessons learned, and recommendations for implementation.

**Description:** CrescentCare administered its first dose of Lenacapavir in July 2025 and expanded access to 210 individuals as of February 2026. Lenacapavir implementation was driven by key medical providers, the Chief Medical Officer, and the PrEP Clinic Coordinator. To facilitate uptake, intensive training was provided to nursing staff, and direct communication pathways were established with an onsite contract pharmacy. Initiation and maintenance of Lenacapavir requires staff well-versed in insurance, prior authorizations, and assistance programs.

Of the current population, 57% are White, 28% are Black, 7% refuse to report race, 4% are more than one race, 3% are Asian/Other Pacific Islander, and less than 1% are American Indian/Alaskan Native. 85% are non-Hispanic/Latino, 12% are Hispanic/Latino, and 3% refuse to report ethnicity. 60% are Male, 13% are Female, 14% are Transgender Women, 7% are non-binary, and 6% are Transgender Men. 9% are 18-24 years old, 38% are 25-34 years old, 35% are 35-44 years old, 11% are 45-54 years old, 5% are 55-64 years old, and 2% are 65 and older.

Of the current population, at least 13 have completed a 6-month dose during their indicated window. Thus far, only 2 have potentially been lost to follow up and 1 requested to switch regimens.

**Lesson Learned:**
1. Workflow produced rapid uptake
2. Inequities in access persist
3. Financial coverage navigation remains a pain point

**Recommendations:**
1. Adaptations for a variety of clinical settings may be necessary
2. Staff training and coordination with a pharmacy team are essential

# 069 The Syndemic Way: Improving HIV Partner Services through a Syphilis Outbreak Response in Houston/Harris County

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**Background:** From 2019 to 2022, syphilis rates surged by 57% in Houston, Texas. The Houston Health Department (HHD) launched a Syphilis Outbreak Response (SOR) which successfully reduced syphilis morbidity. A syndemic approach was strategically utilized to increase screening and testing opportunities for not only syphilis but HIV as well. This study explores the impact of the SOR on HIV prevention efforts.

**Methodology:** The HHD analyzed key metrics pertaining to public health follow up (PHFU). Data includes a 3-year timeframe to compare performance before and after implementation of the SOR. Since the SOR started in July 2023, each year of analysis begins in July and ends in June. TB, HIV and STD Integrated System (THISIS) was used to extract disease investigation and case management data on HIV cases with specific statuses (new case requiring partner services, and previous positive but no previous partner services) in Houston/Harris County.

**Results:** In 2021, 47% (n=1145) of HIV cases were interviewed, in 2022, 52% (n=1296) were interviewed, and in 2023, 67% (n=1298) were interviewed. Number of partners elicited increased by 42% from 2021 to 2023. In 2021, 53% (n=191) of partners of cases were notified, while in 2023, 55% (n=329) were notified. From 2022 to 2023, the average number of days from Assign Date to Interview Date decreased from 22 to 12. Similarly, the average number of days from Interview Date to Case Closure Date decreased from 70 in 2022 to 53 in 2023.

**Conclusion:** A robust SOR comprised of enhanced surveillance, targeted outreach and community mobilization, facilitates increased detection of undiagnosed HIV cases. Syphilis and HIV share similar geographical hotspots. Therefore, leveraging existing staff and resources to identify and treat syphilis infections ultimately strengthens HIV prevention efforts among vulnerable populations.

# 070 Daily, Oral PrEP Adherence and Interest in Long-Acting PrEP among Men Who Use Methamphetamine

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**Background:** Despite methamphetamine being a driver of HIV acquisition, daily, oral PrEP uptake and adherence are low among people who use methamphetamine. Long-acting (LA) PrEP may be particularly effective for people who use methamphetamine.

**Methodology:** We conducted a PrEP trial among men who use methamphetamine. At baseline, participants reported condomless serounkown/discordant anal or insertive vaginal/frontal sex in the past 12 months and were not on PrEP or had suboptimal adherence. Surveys asked about PrEP awareness, use, and barriers. At study exit (24 weeks), we asked about LA PrEP interest and modality preference. We report medians for age and proportions for categorical measures.

**Results:** Of 123 participants, the median age was 43 years (IQR: 36-49). Most were cisgender men (95%), White (76%), and had experienced homelessness (98%). At baseline, nearly half had sex with a man in the past year (47%) and most smoked (85%) or injected (56%) methamphetamine in the past 3 months. Most had heard of PrEP (60%), of whom 12 had taken it (16%).

**Conclusion:** Among this cohort of men who use methamphetamine, a little over half were PrEP aware, and a minority had taken it at baseline. During follow-up, many reported suboptimal adherence, challenges remembering daily PrEP, and interest in LA PrEP. LA PrEP should be rolled out expeditiously to populations at risk for HIV with low uptake and suboptimal adherence to oral PrEP.

# 075 A Pilot Study of Pediatrician and Nurse Perspectives on Barriers to HIV Pre-Exposure Prophylaxis

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**Background:** HIV pre-exposure prophylaxis (PrEP) is underutilized by adolescents, with infrequent prescribing among pediatric primary care providers (PCPs) despite often caring for at-risk youth. The current study's objectives were 1) to explore barriers and facilitators to PrEP discussions and prescribing among pediatric PCPs and nurses; and 2) to identify educational needs of pediatric PCPs related to HIV PrEP.

**Methodology:** Pediatric PCPs and nurses were recruited from primary care clinics at Boston Children's Hospital from July-December 2025 for a single qualitative interview. Participants were asked about sexual history taking, knowledge of PrEP, and preferences for learning about PrEP. Interviews were audio-recorded and transcribed verbatim. Using Braun and Clarke's thematic analyses approach, two members of the team independently applied codes to sections of data and then collaboratively developed themes.

**Results:** Eighteen physicians, five nurse practitioners, and five nurses were interviewed (N=28). One participant had not previously heard of PrEP. Seven PCPs had never prescribed PrEP, five had never discussed PrEP with patients, and seven were not at all confident that they could safely prescribe PrEP. Preliminary themes included: 1) Interest in learning to prescribe PrEP integrated into sexual health counseling, 2) Lab monitoring and confidentiality concerns as barriers to PrEP, 3) Lack of provider familiarity with medications creating hesitancy to counsel or prescribe, 4) Similarities between injectable PrEP and depo-medroxyprogesterone management (nurse participants), and 5) PCP willingness to learn about PrEP from webinars or peers.

**Conclusion:** In this pilot study, many pediatric PCPs affiliated with a Boston academic medical center had little PrEP experience but were interested in learning more about PrEP. Education should focus on sexual history taking, basic prescribing and monitoring, and be delivered by peers. Interventions that expand PrEP education may improve PrEP implementation in pediatric primary care settings.  learning to inform clinical practice and service design.

# 077 Preliminary Outcomes of a Pilot Randomized Controlled Trial of SHINE: A Multi-Component Intervention to Address Depression and Anxiety among People with HIV in the U.S. South

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**Background:** People with HIV (PWH) experience elevated depression and anxiety. We developed SHINE – a 5-week community health worker (CHW)-delivered positive affect counseling intervention accessed through an mHealth app, PL Cares, designed to reduce anxiety and depression among PWH. We report interim findings from a pilot randomized controlled trial (RCT) evaluating SHINE.

**Methodology:** Participants were randomized 1:1 to control (standard of care—SoC) vs intervention (SHINE), with total target enrollment of 60 participants (Figure). Eligible participants were PWH >18 with depression or anxiety (PHQ-8 or GAD-7 ≥5) and access to the PL Cares app in Palm Beach County, Florida. Assessments were conducted at baseline and 6-weeks (post-intervention) and included PHQ-8 and GAD-7. At 6 weeks, SHINE participants rated satisfaction with the CHW and intervention. Enrollment began July 2025 and will conclude August 2026. Group differences in 6-week PHQ-8 and GAD-7 mean scores were examined using ANCOVA, adjusting for baseline values. Interim results are reported at approximately 25% trial completion (January 2026).

**Results:** As of January 2026, 34 individuals were screened, 24 were eligible, and 23 (96%) enrolled. Interim results from the 11 participants (mean age 44, 36% female, 73% Black, 9% Hispanic) who completed the 6-week follow-up assessment are shown. Mean baseline PHQ-8 and GAD-7 scores for control participants were 9.7 and 11.7, and for SHINE participants were 11.2 and 10.0, respectively. Compared to control, SHINE participants demonstrated improved adjusted mean PHQ-8 (6.5 vs 3.2, p=0.21) and GAD-7 (6.7 vs 2.8, p=0.27) scores at 6 weeks. No differences were statistically significant. All SHINE participants agreed that meeting with the CHW was helpful and helped them feel more positive.

**Conclusion:** Interim analyses suggest SHINE is feasible and acceptable, with trends toward improvement in depression and anxiety. Final outcomes from the ongoing pilot RCT will be reported upon study completion.

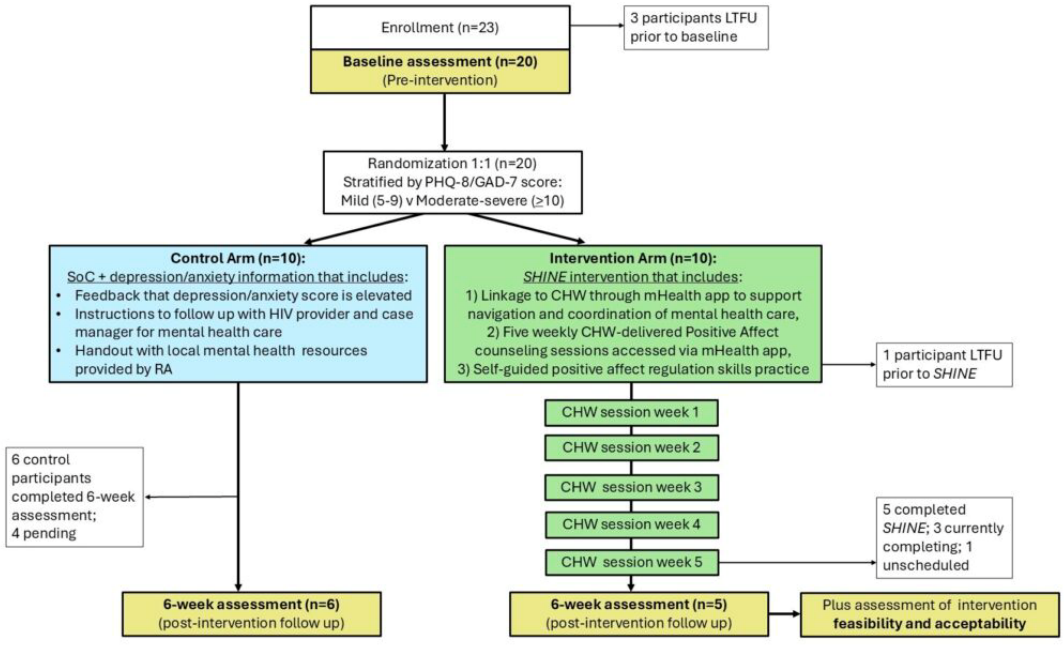


**Figure. Flow chart of study procedures and assessment timeline for pilot RCT**

# 078 Home-Based Delivery of Long-Acting Injectable HIV Pre-Exposure Prophylaxis: Early Programmatic Experience from a South Florida Pilot

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**Introduction:** Long-acting injectable HIV pre-exposure prophylaxis (PrEP) offers an effective prevention option but requires reliable, on-time administration within accessible care delivery models. Home-based delivery represents an emerging approach to address logistical barriers associated with traditional clinic-based workflows, though early programmatic experience remains limited.

**Description:** A home-based injectable PrEP pilot was initiated in South Florida to provide nurse-administered services using a repurposed mobile treatment unit (MTU) positioned near patients' residences. Eligible patients completed at least one prior provider encounter and standardized clinical and safety screening prior to enrollment. The workflow includes nurse-led visits for HIV testing, laboratory specimen collection, injectable PrEP administration when appropriate, and scheduling of subsequent care. Telehealth-based provider encounters are integrated with home-based laboratory collection and injectable administration, allowing multiple elements of PrEP care to be completed during a single encounter. Enrollment is ongoing, with participants progressing through the injectable PrEP pathway at different stages of readiness.

**Lesson Learned:** Early implementation highlighted several operational considerations. The repurposed MTU, which was not originally designed for injectable PrEP delivery, presented ergonomic limitations affecting patient positioning for some injections, underscoring the importance of mobility-informed design in mobile care environments. Maintenance and operational demands exceeded initial expectations, reinforcing the need for proactive infrastructure planning. Home-based visits occasionally surfaced clinical or preventive health questions beyond the scheduled service, emphasizing the importance of timely provider availability or escalation pathways during mobile encounters. Early patient experiences suggested reduced logistical barriers related to transportation and scheduling.

**Recommendations:** Early programmatic experience suggests that home-based delivery of long-acting injectable PrEP is feasible within an urban pilot setting. Programs should prioritize adaptable mobile environments, incorporate mobility considerations into workflows, ensure clear provider support pathways during mobile encounters, and monitor persistence and continuity to inform future refinement.

# 084 Feasibility and Acceptability of an MHealth Coaching Intervention among Youth Living with HIV with Detectable Viral Loads in the United States

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**Background:** Youth with HIV in the US face unique challenges with viral suppression (VLS). The Adolescent Trials Network for HIV/AIDS Intervention study 152 (ATN152) evaluated the effect of the Triggered Escalating Real-Time Adherence intervention (TERA), reporting significant impact on electronic dose monitored (EDM) adherence but not VLS. We evaluated the feasibility and acceptability of this mHealth intervention to understand participant and coach experiences.

**Methodology:** ATN152 enrolled 89 YWH ages 13-24 without VLS. Intervention participants were assigned a virtual coach for one-on-one planned sessions, who also reached out through SMS reminders and phone in response to missed doses per the EDM. Feasibility and acceptability of the intervention were assessed via self-administered surveys at 12 (n=42) and 48-weeks (n=22), and in-depth interviews with participants (n=19) and coaches (n=7). Thematic analysis identified themes for overall experiences and in relation to specific parts of the intervention. Coaches additionally scored each core intervention component from 1 (not useful) to 10 (very useful).

**Results:** Acceptability of TERA was high among intervention participants (Table 1). Scores were similar at 12 and 48-weeks. In IDIs, 94% of participants expressed that their ART adherence was positively impacted through coaching support, SMS reminders, smart pill bottles, and enhanced self-efficacy. Participants felt coaches valued their wellbeing and provided consistent support. Some reported SMS reminders were too frequent, which discouraged them from engaging in this component. Coaches found the intervention acceptable, assigning importance scores above eight for most core components. Coaches noted that participants rarely answered phone calls, scoring this component lowest at 5.86.

**Conclusion:** Results suggest that EDM outreach and coaching provided important support for youth. High scoring components of the intervention and longer access to remote support for YWH struggling with VLS should be considered.

# 088 Unraveling the Interplay of Sexual Partnerships and Healthcare Access: Understanding HIV Disparities among Black Women at Elevated Risk of HIV Infection

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**Background:** Black women experience a high burden of HIV in the USA, shaped by structural barriers and relationship contexts that influence exposure and access to preventive and routine care. Few studies examine how unmet healthcare needs intersect with sexual partnership dynamics, including partner concurrency, in high poverty, high HIV prevalence communities. We assessed whether unmet healthcare need was associated with neighborhood healthcare access barriers and partner concurrency among Black women enrolled in the HPTN 064 Women's HIV SeroIncidence Study.

**Methodology:** We conducted a secondary analysis of baseline HPTN 064 data restricted to 1,850 participants who self-identified as Black. Unmet healthcare need was defined as needing medical care in the prior six months but being unable to obtain it (yes/no). Neighborhood access barriers were measured by linking residential ZIP, county identifiers, and public indicators of healthcare and HIV service availability, standardized into a composite index categorized as low, medium, or high barrier. We estimated adjusted associations using mixed effects logistic regression with geographic random intercepts and covariate adjustment (age, education, income, illicit drug use, alcohol dependence, binge drinking).

**Results:** Overall, 19% reported unmet healthcare need and 36% reported partner concurrency. Partner concurrency was associated with higher odds of unmet need (odds ratio 1.31; 95% confidence interval 1.02 to 1.68). High barrier neighborhoods were associated with elevated odds compared with low barrier neighborhoods (odds ratio 1.48; 95% confidence interval 0.95 to 2.32). Illicit drug use (odds ratio 1.35; 95% confidence interval 1.02 to 1.78) and alcohol dependence (odds ratio 1.43; 95% confidence interval 1.07 to 1.91) were also associated with unmet need.

**Conclusion:** Unmet healthcare needs clustered with relationship risk, neighborhood access barriers, and behavioral health vulnerabilities. Findings identify practical opportunities to strengthen HIV prevention by improving service availability and navigation in high barrier communities, integrating behavioral health services into prevention and primary care, and pairing relationship informed screening with rapid linkage to supportive services.

# 089 High Motivation, Low Opportunity: Determinants of DoxyPEP Use among Populations Impacted by Bacterial Sexually Transmitted Infections

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**Background:** Doxycycline post-exposure prophylaxis (doxyPEP) is a promising intervention for preventing bacterial sexually transmitted infections (STIs). To maximize delivery of doxyPEP, it is essential to understand barriers and facilitators among most-impacted populations.

**Methodology:** We conducted semi-structured qualitative interviews with persons prescribed or eligible for doxyPEP in Chicago, Illinois, guided by the Capability, Opportunity, Motivation and Behavior change framework. Rapid qualitative analysis was performed to identify multilevel barriers and facilitators of doxyPEP use.

**Results:** We completed 27 interviews between May 2024 and March 2025. All participants reported male sex at birth, with 86% cisgender male and 9% transgender female; 78% of participants were Black. Most participants self-reported diagnosis of ≥ 1 bacterial STI in the year prior (63% gonorrhea, 50% chlamydia, 36% syphilis); 55.6% were living with HIV, and 57% reported using doxyPEP. Participants shared positive perceptions of doxyPEP, facilitated by personal and peer experiences, high priority to protect oneself against bacterial STIs (motivation), and high confidence in their ability to take doxyPEP as indicated (capability). Barriers included lack of knowledge or confusion with HIV PrEP (capability), limited community and clinician knowledge, STI and sexual health stigma, and limited access to clinicians who prescribe doxyPEP. Participants noted potential solutions including broader education to facilitate community and provider awareness, low barrier and non-judgmental healthcare, and home-based STI testing.

**Conclusion:** To increase opportunity for doxyPEP, it is critical to improve clinician knowledge and comfort in prescribing (training, standing orders). Improving community knowledge (marketing/social media campaigns, peer influence) may also be important for increasing doxyPEP uptake. These results can inform multifaceted implementation strategies to support use of doxyPEP among populations most impacted by bacterial STIs.

# 093 From Screening to Support: Integrating Mental Health into Routine HIV Care at Two AHF Clinics in Eswatini

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**Background:** Mental health disorders are common among people living with HIV (PLHIV), 30–60% experience depression and/or anxiety, two-three times higher than the general population. Depression increases the risk of ART non-adherence and poorer viral suppression. In sub-Saharan Africa, about 44% of PLHIV have depressive symptoms, yet fewer than 20% receive care. In high HIV burden settings such as Eswatini, mental health services are fragmented and rarely integrated into routine HIV care. We describe integration of mental health screening and management into routine care at two AIDS Healthcare Foundation (AHF) clinics and its impact on engagement and outcomes.

**Methodology:** Between May 2024 and October 2025, PLHIV attending routine HIV care visits at two AHF clinics (Matsapha and Manzini) were screened for mental health conditions using standardized tools, including the Patient Health Questionnaire-9 (PHQ-9). Clients with mild-moderate conditions received on-site management through counselling, psychotherapy, adherence support, lifestyle guidance, and basic pharmacological treatment. Clients with severe conditions were referred to outpatient or inpatient institutions. Program data were extracted from mental health registers and clinic records.

**Results:** A total of 116 PLHIV were diagnosed with and managed for mental health conditions, 77 (66.4%) were women. Depressive disorders accounted for 55.2% of diagnoses. More than two-thirds of clients were managed on-site. Among clients with poor ART adherence, 47 of 51 (92.2%) demonstrated improved adherence, accompanied by viral load suppression.

**Conclusion:** Integration of mental health screening and management into routine HIV care at two AHF clinics in Eswatini was feasible and associated with improved adherence, engagement in care, and psychosocial outcomes. This experience supports scale-up of integrated mental health services within HIV programs in resource-limited settings, with particular attention to women who bear a higher burden of mental health issues.

# 094 Implementing Integrated Next Step Counseling (iNSC) to Support PrEP Adherence and Well-Being among Pregnant and Breastfeeding Participants of IMPAACT 2009 Study: A Mixed Methods Exploration of Counselors' Experiences in Malawi, South Africa, Uganda, and Zimbabwe

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**Background:** Integrated next step counseling (iNSC) was adapted and implemented as part of the IMPAACT 2009 study, investigating pharmacokinetics, feasibility, acceptability, and safety of oral pre-exposure prophylaxis (PrEP) for HIV prevention among pregnant and breastfeeding women and their infants in Malawi, South Africa, Uganda and Zimbabwe, to support participants' well-being, HIV prevention, and adherence (for those on PrEP). Interviews with counselors and a quantitative survey explored their feelings about implementing the approach.

**Methodology:** In this mixed-methods study, 24 counselors were interviewed about their experiences with iNSC by a remote interviewer using a semi-structured interview guide and responded to Acceptability (AIM), Appropriateness (IAM), and Feasibility (FIM) scale items. Interview topics included iNSC training, counselors' feelings about the intervention, content of the counseling sessions, perceived impact on PrEP adherence, and experiences implementing a version of iNSC used when delivering drug level feedback (targeted iNSC: t-iNSC). Transcripts were coded in Dedoose and thematically analyzed. Mean scores for the AIM, IAM, and FIM scales were calculated.

**Results:** Nearly all counselors had experience with adherence and/or HIV testing counseling (88%). iNSC was considered a different approach for the majority of counselors, who described it as participant-led, empowering, and allowing participants to feel heard and connected. Counselors were able to discuss a wide range of topics in sessions using iNSC, including well-being and sexual health. Although many noted that the training process could be improved, counselors mentioned that iNSC helped them feel more confident and proficient in their counseling abilities.

**Conclusion:** .Counselors felt that iNSC and t-iNSC helped improve PrEP decision-making and adherence through a person-centered, empowerment approach. Counselors reported added confidence in their counseling abilities and positive experiences as a result of implementing iNSC. Programs considering person-centered support strategies should ensure sufficient time and practice, alongside ongoing support, for counselors adopting a new approach.
Implementing iNSC Figure 1

# 097 Healthy Balance Weight Management Initiative in HIV Care

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**Introduction:** Many people with HIV experience weight gain for many reasons, including particular ART regimens and their return to health. We created a clinic-wide quality improvement project (QIP) using the lifestyle balance initiative to manage weight in our patients.

**Description:** We implemented a modified CDC National Diabetes Prevention Program (DPP) as a lifestyle balance weight management QIP. The DPP has been shown to be an effective weight loss tool, averaging a loss of approximately 5-7% of total body weight (TBW). This QIP consisted of weekly 1-hour classes for 16 weeks, followed by 1-hour monthly classes for 6 months.

**Lesson Learned:** Patients were required to have BMI ≥ 30 and have attended 2 primary HIV care appointments in the past year. In June 2024, 10 participants joined and 40% completed the program. Fifty percent of participants had a reduction in their LDL, maintained/lowered their A1c, and lost weight. One of the four participants lost 5% of their TBW.

Weekly sessions and competing priorities (work, childcare, transportation) were the biggest barriers to retention in the program. Rotating moderators lessened rapport with patients.

A second iteration, led by a health educator and physical therapist team, was implemented in January 2025 with classes held every 2 weeks for 16 weeks, followed by monthly classes for 6 months. Eighteen participants enrolled and 72% completed the course. Of those with completed lab monitoring, 100% had a reduction in their LDL and 85% maintained/improved their A1c. Sixty-two percent lost weight, and 23% of participants lost 5% of their TBW.

**Recommendations:** This modified CDC National Diabetes Prevention Program (DPP) QI project is a beneficial tool in adapting a healthy lifestyle to target weight management in patients with HIV. The class provided a supportive and positive environment for participants to adopt a healthy lifestyle.

# 099 Cumulative Exposure to HIV-Related Stigma and All-Cause Mortality among Adults with HIV in Kenya, Nigeria, Tanzania, and Uganda

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**Background:** Stigma harms care engagement in people living with HIV (PLWH), potentially exacerbating mortality. We evaluated the association between cumulative stigma exposure and all-cause mortality among PLWH in four African countries.

**Methodology:** Data came from the African Cohort Study (AFRICOS), using 2020-2025 measurements across 12 sites in Kenya, Nigeria, Tanzania, and Uganda. Data were collected every 6-12 months. Perceived HIV-related stigma was measured using an adapted stigma scale, from which a time-updated cumulative exposure metric (percent of follow-up days with stigma) was derived. Enacted stigma was assessed via a self-reported checklist. Depression was measured using the Center for Epidemiologic Studies Depression Scale (CES-D). The outcome was all-cause mortality. Kaplan-Meier methods were used to estimate survival by stigma exposure, and Cox proportional hazards models with time-updated covariates were used to estimate associations with 95% confidence intervals (CIs), adjusted for age, gender, viral suppression, and depression symptom severity.

**Results:** The sample included 2,753 participants contributing 8,654 person-years of follow-up; 1,581 (58%) were women, and the median age at enrollment was 36.2 years. A total of 29 deaths were observed (0.34 deaths per 100 person-years). In adjusted, country-stratified Cox models, cumulative stigma exposure was associated with mortality. Each 25-percentage-point increase in the proportion of follow-up days during which participants experienced stigma was associated with a more than four-fold higher hazard of death (hazard ratio [HR] 4.01; 95% CI: 1.06–15.19). Depressive symptom severity (HR 1.07; 95% CI: 1.03–1.13) and viral suppression (HR 0.31; 95% CI: 0.10–0.97) were also independently associated with mortality.

**Conclusion:** Cumulative exposure to HIV-related stigma is associated with elevated mortality risk among PLWH.

# 104 Assessing Real World Utilization of Statin Therapy in People Living with HIV: An Observational Multi-Clinic Cohort Study from CAN Community Health

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**Background:** Informed by data from the REPRIEVE trial, the DHHS guidelines include specific recommendations about statin use for primary prevention of atherosclerotic cardiovascular disease (ASCVD) in people living with HIV (PLWH). Nearly 20% of 1.2 million PLWH in the United States are at moderate to high cardiovascular risk. We analyzed the use of statins within this population in a real-world setting

**Methodology:** We conducted a retrospective observational cohort study of PLWH aged 40-75 years old receiving medical care at CAN Community Health clinics between August 1, 2024, and August 1, 2025, via electronic medical records and ICD-10 codes review. The cohort included PLWH identified by either prescription logs or medication reconciliation records indicating statin use during the study period. The primary outcome was the proportion of eligible patients receiving any statin therapy with subgroup analysis of demographic characteristics: age, gender, race, and ethnicity.

**Results:** A total of 5,080 PLWH aged 40–75 years old were included in the analysis. Overall, 52.9% (n = 2,685) were on statin therapy during the study period. Statin use increased progressively with age; from 32.3% in those aged 40–49 years old, 54.8% in those aged 50–59 years old, 65.7% in those aged 60–69 years old, to 73.5% in those aged 70–75 years old. The most common statin in the cohort was rosuvastatin (52.4%) followed by atorvastatin (39.1%). Among participants not on statins, 5.0% were receiving an alternate lipid-lowering agent.

**Conclusion:** In this study, 52.9% of eligible patients were identified as receiving statins despite guidelines supporting statin therapy for cardiovascular risk reduction in PLWH. Notably, ages 40-49 exhibited lower uptake of statins compared to older age groups. We highlight the need for implementation-focused initiatives essential for closing this gap and optimizing cardiovascular prevention efforts in HIV care.

# 105 Are HIV Services Following the People? A Geospatial Analysis of Migration Patterns and HIV Prevention Services in Six California EHE Counties

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**Background:** California (CA) has the second highest HIV incidence in the United States (US) and is a major target for the US Ending the HIV Epidemic (EHE) initiative, with 8 EHE counties. Rising housing costs are displacing people from higher-resourced EHE counties to lower-resourced counties, potentially limiting HIV prevention service access. We therefore 1) characterized migration from 3 higher-resourced EHE counties (San Francisco, Los Angeles, San Diego), 2) identified high HIV vulnerability census tracts, and 3) estimated travel time to HIV prevention services.

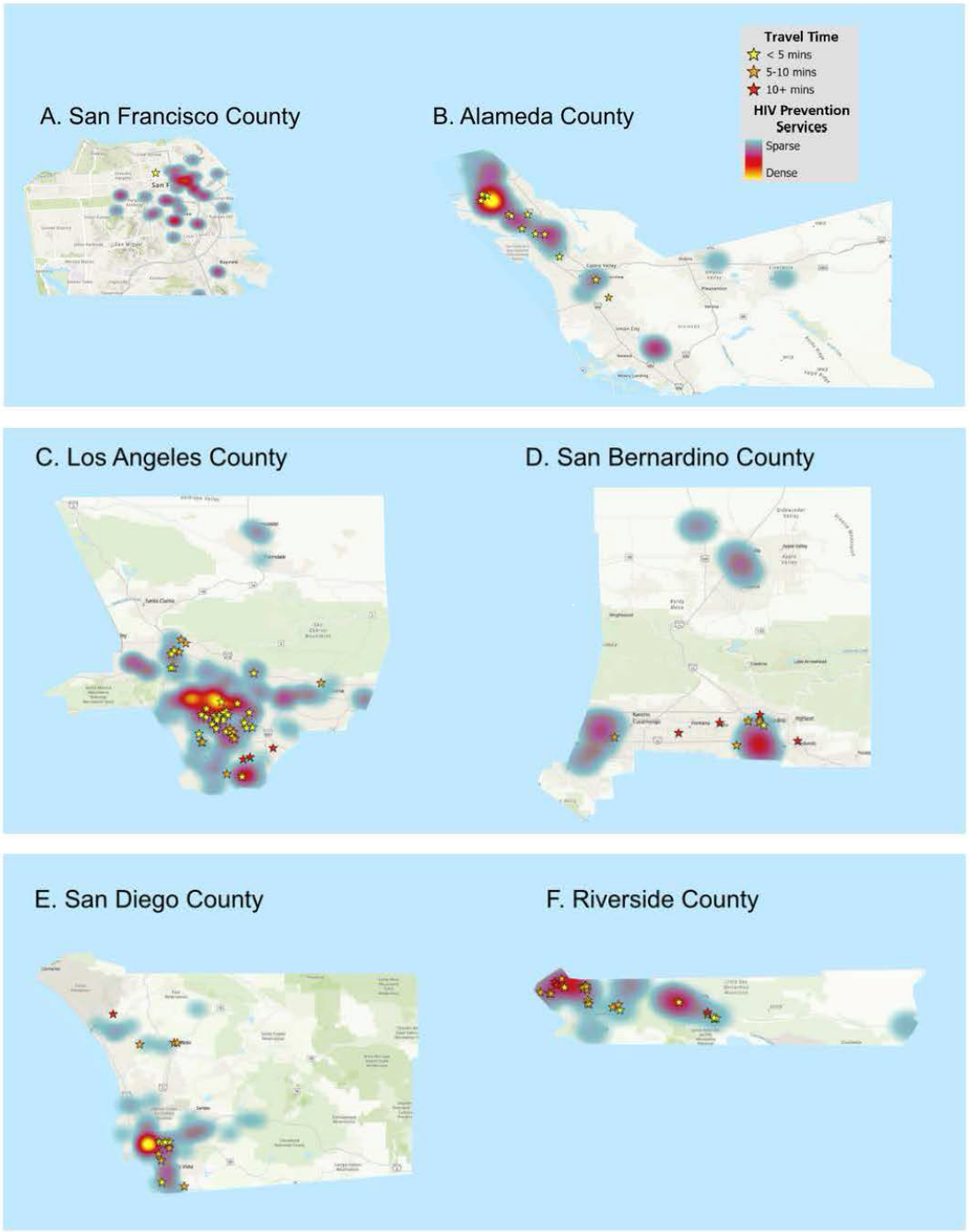
**Methodology:** We used 2016-2020 American Community Survey data to identify out-migration destinations from the 3 higher-resourced EHE counties, characterize the most mobile sub-populations, and identify census tracts with elevated HIV vulnerability (defined as higher percentage of adults age 20-34; Black, Hispanic/Latino, American Indian/Alaska Native, or multiracial residents; and households experiencing severe housing costs). Choropleth maps illustrated geographic variation in average drive time from high-vulnerability census tracts to HIV prevention providers from HIV.gov.

**Results:** Migration from San Francisco, Los Angeles, and San Diego occurred primarily to adjacent, eastern counties (Alameda, San Bernardino, and Riverside, respectively). Young adults (18-34 years) and marginalized ethno-racial groups were the most mobile. We identified 102 census tracts with elevated HIV vulnerability (Figure 1); 89% were within a 10-minute drive of HIV prevention services with longer drive times primarily in lower-resourced counties (Riverside, San Bernardino).

**Conclusion:** Californians are relocating from higher-resourced to lower-resourced EHE counties. Although prevention services are within a short drive of vulnerable areas, services may not be accessible, widely known, or affirming. More investment is needed to ensure services reach historically lower-resourced counties and to ensure available services are accessible and affirming to younger, ethno-racially minoritized populations relocating to these counties.

## Figure 1

Figure 1. Travel time to the nearest HIV prevention service provider in high HIV vulnerability areas in six California EHE counties[1]




[1]High HIV vulnerability census tracts defined as those with a higher proportion of people ages 20-34; Black, Hispanic/Latino, American Indian or Alaska Native, or multiracial; and low-income renter households spending >50% of income on rent (from US Census data)

# 106 Patterns of Utilization and Discontinuation of Long-Acting Cabotegravir/Rilpivirine in an Observational Study at CAN Community Health Clinic Network

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**Background:** Long-acting injectable cabotegravir/ rilpivirine (LA-CAB/RPV) represents a significant advancement in HIV treatment, offering an alternative to daily oral therapy through monthly or every other month intramuscular injections. Trials have demonstrated their efficacy and safety. We aim to analyze real-world data on long-term utilization and reasons for discontinuation which currently remain limited.

**Methodology:** We conducted a retrospective electronic medical records (EMR) review of patients ≥18 years old who received an order for LA-CAB/RPV at CAN Community Health clinics between January 2024 and January 2025. Records identified four cohorts: patients who continued injections throughout the study; those who received at least one injection and discontinued; those prescribed treatment but never initiated; and those who received injections through clinical trials and remained on therapy. Reasons for discontinuation were collected from EMR notes, and descriptive statistics summarized the data.

**Results:** Among 1085 patients who received an order for LA-CAB/RPV during study period, we found 756 (70%) stayed on it for the entire study period (cohort 1), 99 (9%) discontinued injections (cohort 2), and 198 (18%) never received an injection during the study period (cohort 3). 32 (3%) participated in the clinical trials leading up to FDA approval of LA-CAB/RPV and successfully stayed on the injections (cohort 4). The most frequently cited reasons for discontinuation were side effects (30%), lifestyle conflict (16%), and nonadherence (16%).

**Conclusion:** This highlights clinical and structural factors influencing LA-CAB/RPV uptake and discontinuation. Barriers such as insurance coverage limitations or scheduling challenges may impede access to initiating LA-CAB/RPV. While most patients continued therapy once started, a notable portion discontinued. This underscores the need for supportive interventions and flexible care models to sustain long-acting HIV therapy. Further research is needed to assess disparities across demographics.

# 111 PrEP Regimen Choice among People with Mental Illness and Substance Use Disorders: A Qualitative Analysis of Regimen Selection and the Influence of Prior Experiences with Psychiatric Care

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**Background:** Psychiatric symptoms and impairments as well as syndemic socioeconomic instability and substance use disorders are associated with elevated risk for HIV. Long-acting injectable (LAI) pre-exposure prophylaxis (PrEP) regimens may provide significant benefit; however, little is known about preferences for PrEP among these patients. LAI antipsychotics are frequently administered on inpatient psychiatry units (IPU), which may support colocated LAI PrEP.

**Methodology:** Semi-structured interviews with patients on an IPU explored decision-making about PrEP. All were ≥18 yrs, sexually active, and met ≥1 CDC PrEP eligibility criterion. Three PrEP options were presented: daily oral PrEP, intramuscular cabotegravir every 8 weeks, and subcutaneous lenacapavir every 6 months. Interviews explored PrEP regimen choice and influence of prior psychiatric care on PrEP selection.

**Results:** Among 25 patients, 13 (52%) selected lenacapavir, 7 (28%) chose cabotegravir, and 5 (20%) preferred oral PrEP. Participants selecting the lenacapavir emphasized reduced disruption to daily life, noting that unstable housing or work schedules made daily pills difficult. Those selecting cabotegravir emphasized more regular injection visits as reliable care access. Several participants already receiving LAIs (contraception, antipsychotics) were comfortable with colocated injections but stressed the need to align injection schedules to avoid added appointments. The requirement for oral PrEP during the tail phase did not deter interest in LAI options. Many who selected LAI PrEP cited adherence challenges with other medications and viewed injections as a helpful safeguard against missed doses. Reasons for choosing oral PrEP included familiarity with pills, ease of integration with existing medications, and needle aversion. Some participants referenced negative experiences with LAI antipsychotics or feeling pressured to accept them yet clearly distinguished those experiences from LAI PrEP.

**Conclusion:** LAI PrEP was preferred among people with psychiatric and substance use disorders. Further work is needed to understand implementation of LAI PrEP within psychiatric care.

# 116 Clinical and Metabolic Characteristics Associated with Hepatic Steatosis in People Living with HIV and Elevated Body Mass Index

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**Background:** Metabolic dysfunction–associated steatotic liver disease (MASLD) is increasingly prevalent among people with HIV (PWH), driven by metabolic comorbidities and altered fat distribution. However, the demographic and metabolic factors distinguishing PWH with hepatic steatosis from those without steatosis, particularly among individuals who are overweight, remain incompletely characterized.

**Methodology:** We conducted a multicenter cross-sectional study of adult PWH with body mass index (BMI) ≥25 kg/m$^2$ who underwent transient elastography with controlled attenuation parameter (CAP) measurement. Steatosis was defined as CAP ≥248 dB/m. Demographic characteristics, anthropometric measures, metabolic comorbidities, lipid profiles, liver enzymes, and visceral adiposity index (VAI) were compared between participants with and without steatosis.

**Results:** Among 190 PWH with BMI ≥25 kg/m$^2$ and available CAP data, 100 (52.6%) met criteria for steatosis (Table 1). Sex distribution was similar between groups; however, participants with steatosis had a higher proportion of White race and Hispanic ethnicity. Compared with those without steatosis, individuals with steatosis had higher BMI (32.9 ± 6.0 vs 29.9 ± 4.1 kg/m$^2$) and greater waist circumference (111.0 ± 13.4 vs 99.4 ± 13.3 cm). Metabolic comorbidities were more prevalent in the steatosis group, including diabetes mellitus (27.0% vs 11.0%) and hypertension (48.0% vs 34.4%). Triglyceride levels and calculated VAI were higher among participants with steatosis, whereas LDL, total cholesterol, alanine aminotransferase, and aspartate aminotransferase levels were similar between groups.

**Conclusion:** Among PWH with BMI ≥25 kg/m$^2$, hepatic steatosis is associated with greater central obesity, higher visceral adiposity, and increased metabolic comorbidity burden, independent of traditional liver enzyme abnormalities. These findings highlight the limitations of transaminases in identifying MASLD in PWH and underscore the importance of incorporating measures of visceral adiposity and metabolic risk in steatosis risk stratification.

# 117 Predictors of Liver Fibrosis in People Living with HIV

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**Background:** Metabolic dysfunction–associated steatotic liver disease (MASLD) is a leading cause of chronic liver fibrosis among people living with HIV (PWH). While hepatic steatosis is common, less is known about the demographic and metabolic characteristics associated with progressive liver fibrosis in this population. Improved characterization of fibrosis-stage phenotypes may inform targeted screening and risk stratification strategies in HIV care.

**Methodology:** We conducted a multicenter cross-sectional study of PWH receiving care at two HIV clinics in Newark, New Jersey. Participants on stable antiretroviral therapy underwent transient elastography with liver stiffness measurement. Fibrosis was categorized as F0–F1 (<7 kPa), F2–F3 (7–12.5 kPa), or F4 (>12.5 kPa). Demographic characteristics, anthropometric measures, metabolic comorbidities, laboratory parameters, and FIB4 scores were compared across fibrosis stages.

**Results:** Among 245 participants who had valid elastography data for fibrosis staging (Table 1). Of these, 165 (67.3%) had F0–F1 fibrosis, 52 (21.2%) had F2–F3 fibrosis, and 28 (11.4%) had F4 fibrosis. Increasing fibrosis severity was associated with older age and male predominance. Participants with advanced fibrosis (F2–F4) exhibited higher body mass index and greater waist circumference compared with those with minimal fibrosis. The prevalence of metabolic comorbidities increased with fibrosis stage, including diabetes mellitus and hypertension, which were present in more than 80% of individuals with advanced fibrosis. Noninvasive fibrosis burden, as reflected by FIB-4 score, increased markedly across fibrosis stages, whereas aminotransferase levels showed substantial overlap between groups. Race and ethnicity distributions were similar across fibrosis categories.

**Conclusion:** In conclusion, advanced liver fibrosis was strongly associated with older age, male sex, central adiposity, and metabolic comorbidities, while traditional liver enzymes showed limited discriminatory value. These findings underscore the importance of metabolic risk assessment and elastography-based evaluation for fibrosis detection in PWH and support targeted fibrosis screening strategies beyond reliance on aminotransferases alone.

# 119 PrEP Stigma Is Associated with PrEP Adherence, PrEP Knowledge, and Everyday Discrimination among Residents in HIV High Impact Communities in Miami, FL

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**Background:** PrEP stigma (PS) may play a role in individuals' perception of PrEP, uptake, and adherence, and be associated with other socio-structural factors impacting the lives of communities that would benefit from PrEP.

**Methodology:** Between February 2024 and December 2024, community residents responded to survey questions at local businesses in 8 zip codes of HIV high-incidence in Miami, Florida, as part of a community-engaged implementation science project. Questions covered PrEP knowledge, adherence, and stigma, as well as everyday discrimination.

**Results:** In an overall sample of 3240, among 982 community residents who had heard of PrEP (mean age = 46.88, 85.4% Black), we found that PS was significantly associated with other social factors. Higher PS was associated with lower PrEP medication adherence among those taking PrEP ($F(1, 74) = 8.17$, $p < .01$) and lower self-esteem ($F(1, 979) = 11.82$, $p < .001$). In regard to knowledge of PrEP, higher PS was related to thinking that PrEP cannot help prevent HIV in people who do not have HIV ($F(1, 980) = 9.50$, $p < .01$) and that PrEP does not help prevent other STIs ($F(1, 979) = 8.61$, $p < .01$). In addition, we found an association between PS and discrimination, such that being treated with a lack of courtesy or respect more often was linked to higher PS ($F(1, 979) = 7.01$, $p < .01$). Community members who endorsed PS and were experiencing a lack of courtesy or respect in their day-to-day lives (N = 92) indicated that everyday discrimination was linked to their gender (33.7%), race (31.5%), socioeconomic status (17.4%), gender identity (6.5%), and sexual orientation (3.3%).

**Conclusion:** PrEP stigma is a key factor to address, and doing so requires understanding its association with other socio-structural factors.

# 124 A Community-Based Participatory Research (CBPR) Approach to Integrating People Living with HIV (PLWH) Photovoice and Curriculum Development in the Implementation of a Faith-Based HIV Intervention

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**Introduction:** Memphis, TN ranks first in the United States for HIV incidence and is a priority jurisdiction under the Ending the HIV Epidemic (EHE) initiative. Located in the Deep South, its sociocultural landscape both anchors community and perpetuates HIV stigma, limiting engagement in HIV prevention services. CBPR offers a framework for addressing stigma within faith settings, where trust and cultural resonance are essential for implementation. CBPR facilitates sustainability in resource-constrained communities by leveraging PLWH and local expertise to disentangle complex challenges at biophysical, sociocultural, and spiritual levels.

**Description:** In 2019, the Snap Out Stigma (SOS) photovoice project invited 35 PLWH to photograph stigmatizing experiences, participate in interviews and group dialogue, and curate storyboards reflecting internalized stigma. These narratives illuminated the complex, and often contradictory, role faith institutions play for PLWH: churches can be both stigmatizing and supportive, despite serving as an anchor to community and spirituality. From SOS arose an opportunity to humanize HIV in faith spaces through person-centered education, grounded in PLWH lived experience. The resulting intervention is a faith-based HIV education curriculum implemented in 7 Black churches. The LIFT (Leading by Igniting Faith and Education to Tackle Stigma) Project curriculum utilizes PLWH storytelling to humanize HIV testing, treatment, prevention, and medication adherence, ultimately equipping congregants with practical tools to reduce stigma and promote HIV testing.

**Lessons Learned:** Implementation was strengthened by: 1) Personalization of PLWH psychological implications ("church hurt"), 2) Emphasizing accessible self-testing, prevention, and treatment options, and 3) Incorporating faith-based solution-oriented stigma reduction strategies (prayer, scripture, faith-centered activities). Integrating photovoice elevated PLWH voices, catalyzed shifts in responses to HIV, and empowered faith leaders.

**Recommendations:** Increasing community engagement, integration of PLWH narratives, and person-centered strategies are promising strategies to address HIV stigma and promote holistic HIV education in faith spaces.

# 125 Lost to Follow-Up or Lost in the System? Surveillance Misclassification in a County-Level HIV Reengagement Initiative

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**Background:** Sustained engagement in Human Immunodeficiency Virus (HIV) care is essential to controlling the HIV epidemic. Persons presumed lost to follow-up are commonly identified through public health surveillance; however, reporting delays, cross-jurisdictional care, and fragmented data systems can lead to misclassification of care status. To address these, we implemented a county-level outreach initiative to validate surveillance-identified out-of-care cases and support reengagement.

**Methodology:** Cohort analysis involving retrospectively identified participants with prospectively assessed outcomes. In September 2025, records were extracted from the Enhanced HIV/AIDS Reporting System (eHARS), New Jersey's (NJ) statewide HIV surveillance database, for Hudson County residents with HIV care documented between 2019–2022 but none in 2023. Data were cross-referenced with multiple databases to confirm residency and update care status for those reengaged after January 1, 2024. Individuals whose care status remained unconfirmed, and their last known HIV providers, were assigned for telephone/text outreach.

**Results:** Preliminary analyses of 431 of 643 eligible individuals (67%) with completed assessments show 53% moved out of NJ, 35% were engaged/independently reengaged in care (among those, 22% receiving care in a jurisdiction not reporting data to NJ), 6% could not be located, 3% died, and 3% were duplicates/false positives. The remaining one-third remains under investigation. Final results will be presented at the meeting.

**Conclusion:** Preliminary results suggest surveillance-based estimates of being out of HIV care may reflect misclassification rather than true disengagement. Notably, a previously unrecognized legal HIV reporting limitation in a neighboring jurisdiction was identified as undermining surveillance completeness; such structural barriers likely occur globally. These gaps hinder accurate characterization of transmission dynamics, highlighting the need for enhanced cross-jurisdictional data integration and involvement of clinicians and legal experts in public health data policy to better inform epidemic control strategies.

# 128 Racially and Ethnically Diverse Women Qualitatively Reflect on Barriers, Facilitators, and Acceptability for PrEP in Miami, FL

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**Background:** Racially and ethnically diverse women experience sub-optimal outcomes on both the HIV treatment and prevention cascade when compared to their white counterparts due to factors including racism, sexism, and xenophobia. While PrEP is a promising biomedical tool that can narrow this gap, similar trends are observed in PrEP utilization among culturally diverse women. We sought to explore the differences in diverse women's preferences, challenges, and facilitators of PrEP uptake.

**Methodology:** From January 2022 to July 2023, thirty-one diverse women who could benefit from PrEP in Miami, FL completed qualitative interviews with trained research staff to discuss their willingness, perceptions, and access to PrEP. Women also completed a demographic survey via Research Electronic Data Capture (REDCap). Semi-structured interviews were analyzed via NVivo using a hybrid inductive-deductive thematic analysis approach.

**Results:** The majority of participants were racially Black (81%) and ethnically diverse (52% African American, 25% Hispanic/Latina, 16% Afro-Caribbean Black [non-Haitian] and 16% Haitian/Haitian American). Qualitative coding revealed themes on HIV risk factors (e.g., unprotected sex, partner driven decisions), protective factors (e.g., condom use, STI testing, sexual health conversations with partners), cultural influences (e.g., medical mistrust), access to healthcare (e.g., mobile health sites, geographical location), and PrEP awareness, willingness, and preferences (e.g., pill vs injection).

**Conclusion:** To develop culturally-informed interventions to increase PrEP uptake among women most impacted by HIV, an understanding of their perspectives and experiences is needed as well as interventions/strategies informed by their insights.

# 130 Identifying Practice-Based Adjunctive Interventions and Implementation Strategies to Improve PrEP Reach among Latino Men Who Have Sex with Men

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**Background:** Latino men who have sex with men (LMSM) face HIV disparities, and despite the availability of evidence-based HIV-prevention (e.g., PrEP), reach remains suboptimal. Although adjunctive interventions (recipient engagement interventions) and implementation strategies (interventions to change provider/healthcare systems) can improve access to PrEP, limited attention has been given to identifying practice-based strategies that HIV organizations use to reach LMSM. The San Juan, Orlando, Miami Organizational Strategic Alliance (SOMOS Alianza) is a research-practice network spanning three Ending the HIV Epidemic (EHE) jurisdictions, where participating organizations have developed culturally responsive adjunctive interventions and implementation strategies to improve the reach of PrEP to LMSM. This study identified and characterized these adjunctive interventions and implementation strategies.

**Methodology:** We conducted 90-minute virtual think-aloud sessions with HIV organizations (n=14) from SOMOS Alianza. The research team provided definitions of adjunctive interventions and implementation strategies and prompted implementers from those organizations to describe interventions and strategies they use to improve PrEP reach to LMSM. Sessions elicited all relevant interventions and strategies, then guided implementers to identify those most effective, in their expert opinion. The adjunctive interventions and implementation strategies were systematically documented, categorized, and summarized using descriptive qualitative methods.

**Results:** Across the SOMOS Alianza network, we identified 20 adjunctive interventions and 25 implementation strategies. Illustrative adjunctive interventions included HIV testing at Mexican consulates, PrEP navigators providing services via social media, and retention adherence specialists to keep clients on PrEP. Illustrative implementation strategies included community mobilization groups, building a provider directory through personalized networking and evaluation, and clinic program evaluators.

**Conclusion:** HIV organizations serving LMSM have developed practice-based adjunctive interventions and implementation strategies to improve the reach of PrEP services to LMSM. These may be particularly feasible and culturally resonant given real-world demands on implementers. Future work will use Rapid Assessment Procedure-Informed Clinical Ethnography and reverse implementation mapping to assess and protocolize these strategies for scale-up across other EHE jurisdictions.

# 137 Matters of the Heart: Friendship Networks and Cardiovascular Health Discussions among Black and Latina Women Living with HIV: A Qualitative Approach

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**Background:** With significant advancements in the long-term treatment and management of HIV through the administration of antiretroviral therapy (ART), cardiovascular disease risk remains a considerable concern among women with HIV (WHIV). This study explored how network structures and dynamics of personal friendship networks of Black and Latina WHIV shape discussions of heart health. Understanding how associated health topics with HIV are discussed or acted upon within the social networks of WHIV can provide actionable insight for future prevention efforts.

**Methodology:** As part of a mixed-methods study, four semi-structured focus groups were conducted to examine the knowledge of heart health and cardiovascular risk among WLHIV. The analytic sample included 24 participants 35 years or older, currently living with HIV, on stable ART for more than six months, and no prior diagnosis of CVD. Transcripts were reviewed by four independent coders using thematic analysis. All coders met to address any inconsistencies and identify emergent themes.

**Results:** Three major themes emerged: 1) selective health communication and disclosure, 2) health discussions embedded in social contexts, and 3) experiential heart health knowledge. In this presentation, we will discuss how discussions of heart health within the friendship networks of WHIV were shaped by distinct social network characteristics, such as emotional proximity and receipt of social support, as well as by the social contexts in which these relationships were embedded.

**Conclusion:** This exploratory analysis demonstrates how friendship networks serve as important social contexts, characterizing how WHIV discuss and interpret cardiovascular health. These contextual factors allow us to gain greater insight into the role of personal friendship networks in shaping perceptions of heart health. We will present key concepts of social network-based interventions that can be leveraged to support the implementation of health promotion strategies for WHIV.

# 139 Food Insecurity and Depression Severity Over Time among People at Increased Risk of HIV in Kenya

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**Background:** Food insecurity, shaped by upstream social and economic determinants, is a psychosocial stressor among people at increased HIV risk. Understanding the effect of food insecurity on depression severity may explain how economic and mental health factors shape HIV prevention.

**Methodology:** Longitudinal data were collected in Kenya (2021-2025) as part of the MOCHI cohort study. Eligible participants were 14-55 years, not living with HIV, and considered at increased risk for HIV (e.g., lab-confirmed STI, condomless sex with >1 partner). Measures were captured at enrollment and weeks 24, 48, and 72. Depression severity in the two weeks preceding each visit was measured using the PHQ-9. Food insecurity was defined as reporting no food in the household due to a lack of resources in the preceding four weeks. Ordinal logistic regression fit with GEE was used to estimate adjusted odds ratios (aORs) and 95% confidence intervals (CIs) for the association of food insecurity with depression severity over time.

**Results:** Of 407 participants (median age 22.0 [IQR:20.0-24.0]; 325 [79.9%] female), 260 (65.0%) experienced food insecurity at enrollment. Among 108 participants (26.6%) reporting moderate or severe depression at enrollment, 88 (81.5%) improved over time. Among 159 (39.1%) with minimal depression, 71 (44.7%) experienced an increase in depression severity. Food insecure participants were more likely to experience severe depression compared to others (aOR=2.57, 95% CI:1.18–5.56).

**Conclusion:** Food insecurity was associated with increasing depression severity, reflecting the importance of addressing economic marginalization as a driver of mental health outcomes. Depression severity fluctuated over time, potentially affecting sustained engagement in HIV prevention, including PrEP. Future interventions should address both economic and psychological well-being within HIV prevention programs.

# 142 A Structural Equation Modeling Approach of Microaggressions, Discrimination, Mental Health, and Inflammation among Black Women Living With HIV

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**Background:** Black women living with HIV (BWLWH) experience disproportionate health disparities shaped by intersecting systems of racism, sexism, and HIV stigma. Discrimination and microaggressions have been linked to adverse mental health outcomes among BWLWH, yet less is known about how these psychosocial stressors relate to inflammation. Guided by an intersectional framework, this study examined pathways linking discrimination, microaggressions, mental health, and inflammation among BWLWH.

**Methodology:** Participants were 259 BWLWH recruited in South Florida who completed self-report measures assessing microaggressions, discrimination, depressive symptoms, and Post Traumatic Stress Disorder (PTSD) symptoms. The inflammatory outcomes were Neutrophil-to-Lymphocyte Ratio, White Blood Cell count, Mean Corpuscular Hemoglobin Concentration (MCHC), Mean Platelet Volume, Neutrophil Percent, Lymphocyte Percent, and Absolute Lymphocyte. Structural equation modeling was used to test direct and indirect paths from intersectional stressors to inflammatory markers via mental health (depressive and trauma symptoms).

**Results:** Across all models, latent microaggressions were significantly associated with greater depressive symptoms and higher overall mental health struggles. In contrast, latent discrimination was not significantly associated with depression or PTSD. Depressive symptoms were associated with elevated NLR and neutrophil levels, while PTSD symptoms were associated with higher lymphocyte counts. In models using a latent mental health construct, mental health was positively associated with MCHC and negatively associated with absolute lymphocyte count. Latent discrimination was uniquely associated with lower mean platelet volume in one model.

**Conclusion:** Findings suggest that microaggressions may be a particularly salient psychosocial stressor for BWLWH, with mental health serving as a key pathway through which social stress impacts biological markers. Results highlight the importance of addressing microaggressions and mental health symptoms in efforts to improve health among BWLWH.

# 143 Interactive Effects of Morphine and the HIV Integrase Inhibitor, Cabotegravir, in Male and Female Mice

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**Background:** People living with HIV (PLWH) are at increased risk for opioid use disorder due to frequent long-term opioid prescriptions for chronic pain. Morphine is a commonly used analgesic, and cabotegravir (CAB), recently FDA-approved for HIV prevention, is metabolized through uridine diphosphate glucuronosyltransferase UGT enzymes. Because both drugs share this pathway, we investigated their potential drug–drug interactions in male and female mice by assessing pharmacokinetic, pharmacodynamic, and toxicological effects.

**Methodology:** Equal amounts of adult male and female C57BL/6J mice (N=40) were assigned into treatment groups that received 1) saline, 2) morphine at 20 mg/kg, 3) cabotegravir (CAB) at 45 mg/kg, and 4) morphine + CAB, intraperitoneally. We assessed morphine-induced antinociception using a hot plate, biodistribution of drugs in the brains, livers, and kidneys using mass spectrometry. We examined gene expression of UGT enzymes, immune and epigenetic genes using RT-PCR. We measured inflammatory cytokines using ELISA and assessed morphological changes with H&E and Nissl staining. Data were analyzed using analysis of variance (ANOVA), followed by post hoc Tukey's test with GraphPad. A p-value of $<0.05$ was deemed significant.

**Results:** Our results showed a significant interaction effect between the two drugs, resulting in alterations in pharmacodynamics, including improved antinociception, enhanced production of cytokines and chemokines, variations in gene expression, and differences in pharmacokinetics, including altered biodistribution, drug metabolism, and excretion. We observed morphological changes in brain and liver tissues, which could indicate early signs of toxicity mediated by inflammatory cytokines, synaptic proteins, and epigenetic modifications.

**Conclusion:** Co-exposure with cabotegravir changed the biodistribution in the brain, affected liver metabolism, and altered kidney excretion, leading to changes in gene expression and inflammatory effects that could disrupt morphine analgesia responses, increase the risk of overdose and toxicity, and affect CAB efficacy.

# 150 Targeting Autophagy to Mitigate Opioid- and HIV-Induced Neuroinflammation and Synaptic Dysfunction

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**Background:** Opioid use disorder remains a major comorbidity in people living with HIV (PLWH), contributing to persistent neuroinflammation and neurocognitive impairment despite effective antiretroviral therapy (ART). Emerging evidence implicates autophagy as a critical regulator of both viral persistence and neuronal homeostasis; however, the mechanistic role of Beclin-1, a key initiator of autophagy, in opioid–HIV interactions remains poorly understood.

**Methodology:** We investigated the role of Beclin-1 in modulating morphine-induced behavioral, synaptic, and neuroimmune responses in the context of EcoHIV infection. Using male and female Becn1(+/−) mice and wild-type C57BL/6 controls, animals were exposed to EcoHIV, ART, and chronic morphine, followed by comprehensive behavioral assessments and molecular analyses of postmortem brain tissues.

**Results:** Behavioral studies revealed sex-dependent alterations in nociception and cognitive function, with morphine exacerbating EcoHIV-associated impairments. Molecular analyses demonstrated that morphine attenuated ART-mediated viral suppression, as evidenced by sustained p24 levels, and significantly altered proinflammatory cytokine expression. Transcriptomic profiling of synaptic plasticity genes identified widespread dysregulation of pathways associated with glutamatergic signaling, synaptic remodeling, and activity-dependent transcription, including upregulation of Adcy, Arc, and Cdh2, alongside enhanced expression of inflammatory mediators. These transcriptional changes were accompanied by protein-level alterations in key synaptic markers, including AMPA, NMDA receptor subunits, PSD95, and MAPK signaling components, indicating disrupted synaptic homeostasis. Notably, Beclin-1 deficiency resulted in heightened excitatory signaling and sustained activation of neuroinflammatory pathways.

**Conclusion:** Collectively, our findings identify Beclin-1–dependent autophagy as a critical regulator of the interplay between opioid exposure, synaptic plasticity, and neuroimmune signaling in HIV infection. Dysregulation of this pathway promotes a hyperexcitable and pro-inflammatory neuronal environment, contributing to persistent EcoHIV-associated neuropathogenesis and reduced ART efficacy. These results highlight Beclin-1 as a potential therapeutic target for mitigating opioid-exacerbated neurocognitive disorders in PLWH.

# 157 Combined Use of Tesamorelin and GLP-1s Led to Decreases in Key Cardiometabolic Risk Factors in PWH

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**Background:** Recent studies have highlighted weight gain and accumulation of excess visceral abdominal fat (EVAF) among people with HIV (PWH) taking modern antiretroviral therapy. In the broader population, glucagon-like peptide-1 receptor agonists (GLP-1s) have become the standard treatment for obesity. Meanwhile, tesamorelin (TESA), a growth hormone-releasing hormone analog, remains the only approved therapy targeting EVAF in PWH. Given their distinct mechanisms and therapeutic targets, there is growing interest in the combined use of TESA and GLP-1s to address both central adiposity and their metabolic comorbidities. Here, we present clinical data from 25 cases of PWH treated with both classes.

**Results:** Among the 25 cases, the majority were males (92%), Caucasian (76%), suppressed (100%) and living with HIV for an average of 25 years. Most were overweight (BMI; mean 29.9 kg/m$^2$) and had elevated waist circumferences (WC; mean 43.1in.). TESA was initiated first in 19 cases; 6 initiated GLP-1s first. While the numbers are limited, BMI for those initiating TESA was lower (29.3 vs 31.9 kg/m$^2$) while triglycerides (220 vs 161 mg/dl) were higher on average than in those initiating GLP1s. After ≥ 6 months of combination therapy, PWH experienced notable improvements, including reductions in BMI and WC, and enhanced metabolic profiles (Table1). Overall, 72% of participants achieved their target clinical outcomes; 88% remained on this dual therapy.

**Conclusion:** These real-world findings underscore the potential clinical value of combining TESA and GLP-1s in PWH with central adiposity and metabolic comorbidities. The statistically significant reductions observed in BMI and WC, alongside improvements in broader metabolic profiles, highlight the synergistic impact of this dual therapeutic approach. Future studies should investigate the ability of combination agents to support lean mass preservation in PWH initiating GLP1s.

# 159 Cabotegravir versus Lenacapavir for Injectable PrEP: Clinical Insights from U.S. Providers

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**Background:** In 2025, the U.S. FDA approved lenacapavir for long-acting injectable pre-exposure prophylaxis (LAI-PrEP). Lenacapavir requires two injections annually, making it a more feasible option for those with adherence challenges to oral medications or the frequent injection appointments needed for bi-monthly LAI-PrEP (cabotegravir). There are limited real-world data on how providers perceive lenacapavir, when compared to other PrEP drugs, and specifically cabotegravir. Provider perceptions may influence clinical decision-making with regard to provider-preferred PrEP drugs.

**Methodology:** This study used qualitative data from in-depth, key informant interviews with medical providers (N=26) who offer PrEP in the U.S. Interviews were analyzed using a Framework Analysis. Participants included physicians (n=18), advanced practice nurses (n=4), nurses (n=2), one pharmacist, and a social worker. Providers were geographically diverse and working across clinical settings.

**Results:** Findings were organized into three categories: 1. Comparing side-effects 2; Perceived efficacy and effectiveness; and 3. Administration differences. Participants reported high willingness to prescribe lenacapavir, believing it superior to cabotegravir overall. When comparing side-effects, providers offered conflicting perceptions about injection site pain—with providers more experienced injecting lenacapavir for HIV treatment reporting higher pain associated with lenacapavir when compared to cabotegravir. Providers frequently spoke of nodules associated with lenacapavir but were uncertain whether these would act as a barrier for patients. When discussing efficacy and effectiveness, providers displayed high knowledge of each drug's trial efficacy—yet highlighted concerns regarding cabotegravir's real-world effectiveness, including breakthrough infections and loss of first-line treatment options. Finally, salient administration differences included injection frequency, site and administration route—with the differences in the frequency of injections and perceived effectiveness often deemed most clinically relevant when comparing drugs.

**Conclusion:** These data offer emerging clinical insights regarding LAI-PrEP drugs, with providers highlighting salient differences between injectable drugs that informed their evolving drug preferences within the context of the early rollout of lenacapavir.

# 160 Re-Engaging Migrants in HIV Care through Consulate Partnerships

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**Introduction:** Migrant Hispanic populations frequently experience interruptions in Human Immunodeficiency Virus (HIV) prevention and treatment after relocating to the United States. Individuals previously receiving HIV treatment or pre-exposure prophylaxis (PrEP) in Mexico often do not re-engage in care due to stigma, language barriers, transportation challenges, and unfamiliarity with the health system. Traditional clinic-based outreach rarely reaches this mobile population.

**Description:** From 2023–2025, a Southern Arizona mobile health unit partnered with the Mexican Consulate and community organizations to provide status-neutral HIV services at consulate events and migrant-serving community locations. Services integrated HIV screening with blood pressure and glucose testing to normalize HIV care within routine health services. Bilingual staff and peer navigators provided education, PrEP navigation, and linkage to HIV treatment. Individuals reporting prior HIV diagnosis or previous PrEP use received immediate referral and active follow-up to local providers.

**Lessons Learned:** Partnerships with culturally trusted institutions improved engagement and acceptance of HIV testing. Integrated screenings reduced stigma and helped identify migrants with interrupted HIV care. Collaboration with consular staff supported re-linkage to treatment and prevention services. On-site navigation improved appointment completion and follow-up. Repeated outreach increased trust and willingness to discuss HIV prevention. Cross-sector coordination strengthened our referral services and continuity of care.

**Recommendations:** Health systems should partner with trusted migrant-serving institutions, including consulates, and integrate HIV services into broader health screenings. Bilingual navigation and active follow-up are essential for re-engagement. This partnership-based mobile model is a scalable approach to improving continuity across the HIV care continuum for mobile populations.

# 163 Barriers and Opportunities for PrEP Uptake in Primary Care: Perspectives of Resident Physicians and Nursing Students

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**Background:** Pre-exposure prophylaxis (PrEP) significantly reduces the risk of HIV acquisition. Although PrEP has been available for more than a decade, uptake remains suboptimal. Multi-level barriers affect under prescription. Primary care trainees (residents and nursing students) have unique perspectives on barriers and solutions to PrEP uptake in primary care.

**Methodology:** We conducted two focus groups with primary care residents (n=14) at a large learning health system and qualitative interviews with nursing students (n=27) in Ending the HIV Epidemic priority jurisdictions. Interview guides focused on current and past training and education regarding PrEP, and barriers and facilitators for PrEP uptake in primary care settings. Thematic coding was conducted; the Social Ecological Model was used as a theoretical framework to understand the results.

**Results:** At the community level, social determinants of health such as lack of insurance, transportation, cost, and provider stigma towards racial and ethnic minorities impacted PrEP access. For residents, at the system level, limited clinic resources, allotted visit times, and uncertainty if PrEP should be prescribed in primary care created significant care gaps. At the interpersonal level, lack of formal PrEP and sexual health education for residents and nurses led to low PrEP knowledge. Additionally, few resident preceptors had PrEP knowledge and prior experience prescribing PrEP resulting in a lack of mentorship on how to best approach PrEP with patients. Participant solutions include: increasing PrEP education in clinical training, developing step-by-step standardized procedures for prescribing PrEP, establishing PrEP patient coordinators within primary care clinics, and modernizing training, such that videos are no longer than a TikTok.

**Conclusion:** Multilevel factors impact trainee self-efficacy in providing PrEP services. Future strategies to increase PrEP uptake in primary care should prioritize structured PrEP education, increased preceptor training, and integration of supportive clinical resources (e.g., educational videos).

# 165 Connecting LGBTQ+ Communities to HIV-Competent Care: Lessons from a Binational Digital Directory Model

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**Introduction:** LGBTQ+ communities continue to experience persistent barriers to HIV prevention, treatment, and long-term care, driven by stigma, geographic inequities, and limited access to culturally competent providers. Digital tools that connect patients to affirming services represent an increasingly important component of the HIV care continuum, particularly when paired with transparent indicators of provider competency.

**Description:** This workshop, led by GLMA and HRC Foundation leadership, describes a collaborative initiative between GLMA, the Tegan & Sara Foundation, and the Human Rights Campaign Foundation to enhance the LGBTQ+ Healthcare Directory, a free, publicly accessible digital platform covering the United States and Canada, inclusive of all states, provinces, and territories. Recent enhancements expanded HIV-specific functionality by enabling providers to self-identify HIV testing, prevention, and treatment services within their profiles and allowing patients to search directly for HIV-related care.

In parallel, the Directory integrates an educational credentialing system through VioletLMS, a GLMA member benefit that offers evidence-informed training in LGBQ and TGNC care. Providers who complete these trainings earn visible cultural competency badges on their profiles, an important step toward helping patients make empowered, informed decisions about their care. This session explores how platform design, provider recruitment, and governance contribute to a tool that is not just expansive but also credible and sustainable.

**Lessons Learned:** Key lessons include the importance of pairing digital discovery tools with standardized education, the value of visible competency signals for patient trust, and practical strategies for operating across diverse regulatory and geographic contexts. Challenges related to provider verification, digital access disparities, and sustainability are also discussed.

**Recommendations:** The Directory offers a replicable model adaptable to resource-constrained settings with low-tech solutions. Participants will leave with actionable guidance on adapting similar systems using existing professional networks, basic data infrastructure, and community-informed standards to strengthen HIV care linkage for LGBTQ+ populations globally.

# 166 Characterizing Oral and Injectable PrEP Adherence among Women Who Inject Drugs

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**Background:** Women who inject drugs (WWID) face multi-level barriers to consistent daily oral PrEP use. While longer-acting modalities like injectable cabotegravir (CAB-LA) could optimize PrEP's public health benefits, there are limited adherence data to guide clinical decisions.

**Methodology:** WWID newly prescribed PrEP (n=144) at a syringe service program were enrolled in an RCT designed to increase PrEP adherence via cash incentives and trauma disclosure. Clinical and study records were analyzed using Kaplan–Meier curves to examine overall, oral versus injectable, and continuous prevention-effective adherence (operationalized as ≥4 directly observed oral doses per week or receiving CAB-LA within six-weeks of target dates, using thresholds from pharmacological studies). We also analyzed interview data from 30 WWID initiating or switching to CAB-LA to contextualize findings.

**Results:** Participant median age was 41; 75% were homeless, 73% injected drugs daily, and 52% reported >1 sex partner. Among them, 93% initiated CAB-LA. 100% initiating CAB-LA had continuous coverage at 45 days, and 56% maintained continuous coverage through 180-days whereas 89% initiating oral PrEP either switched to CAB-LA or discontinued PrEP by 45 days. The proportion of WWID with any lapse in protection was 33% for CAB-LA at 90-days and 89% for oral PrEP at 90-days. Of those with a lapse in protection, 16% reinitiated PrEP by the end of follow-up. In interviews, participants described how pervasive pressures from homelessness, poverty, and violence hindered adherence, while prolonged gaps in PrEP access during incarcerations, hospitalizations, or drug treatment undermined persistence. No new HIV cases were observed.

**Conclusion:** Despite daily survival challenges and cases of intermittent PrEP access, >55% of WWID initiating CAB-LA received injections in a pattern that provided 180-days of continuous HIV prevention. These findings highlight the potential benefits of increasing access to and prescribing of CAB-LA to optimize PrEP impact among WWID.

# 167 Perceived Social Norms and PrEP: A Systematic Review

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**Background:** Pre-exposure prophylaxis (PrEP) is critical to ending the HIV epidemic. Social norms may influence PrEP-related behaviors, but no review has synthesized how studies assess PrEP-specific social norms or their associations with outcomes along the PrEP continuum.

**Methodology:** We searched PubMed, PsychInfo, and Google Scholar (April 2021 to January 2026) for quantitative studies assessing social norms related to PrEP. We extracted data on study populations, norm conceptualization (subjective, descriptive, injunctive), measurement approaches, referent groups, and associations with PrEP-related outcomes.

**Results:** Twenty-eight studies met inclusion criteria. Most (75%) were conducted in the United States. Target populations varied (e.g., 11 studies focused on MSM, 12 studies focused on women, 3 studies focused on transgender individuals with other studies focusing on a variety of populations). Studies assessed subjective norms (64%), descriptive norms (57%), and injunctive norms (25%), with 39% examining multiple types of norms. Outcomes included PrEP-related stigma, support, intentions, and use. All studies assessed perceived norms rather than actual norms; none assessed norm misperceptions. Normative referent groups ranged from unspecified (i.e., people) to "friends" and "sexual partners." Almost all found associations between perceived norms and PrEP-related support, intentions, uptake, and stigma. Few studies examined norms in HIV-endemic regions; no studies focused on serodiscordant couples or adolescents.

**Conclusion:** Perceived PrEP norms were associated with PrEP-related attitudes and behaviors. The absence of evidence on actual norms and norm misperceptions, combined with the lack of study in relevant referent groups, presents an opportunity to determine the extent to which people underestimate local norms in support of PrEP uptake. If perceptions tend to underestimate support for PrEP engagement, then norm correction strategies highlighting actual local norms in support of PrEP may help to correct misperceptions and shift PrEP-related attitudes and behavior.

# 170 Freedom to Reach Emotional Empowerment (FREE): A mHealth Intervention Designed to Improve Anxiety Sensitivity and HIV Care Management among Black Women with HIV

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**Background:** Freedom to Reach Emotional Empowerment (FREE) is a mHealth intervention to reduce anxiety sensitivity (AS) and improve HIV care management among Black women with HIV (BWWH). FREE intervention materials were developed using empirical data, sociocultural considerations for BWWH identified in the published literature, and feedback from Community Research Advisory Boards across two institutions (University of Houston and Florida International University). The purpose of this study was to further refine treatment materials by eliciting feedback from BWWH.

**Methodology:** Twenty BWWH who were 18 years or older (Mage=47, SD=16) and reported clinically significant anxiety and/or depressive symptoms participated in a 2-hour Zoom interview. Interview questions were based on previous formative studies. Participants viewed FREE intervention content (videos, messages, and app menus) and provided feedback on cultural appropriateness, relatability, and perceived importance. Interviews were digitally recorded and transcribed verbatim. Four researchers reviewed the interview transcripts and developed the codebook. Interviews were independently coded by two team members. Coded interviews were analyzed for themes, and content was selected for further cultural refinement.

**Results:** Participants described FREE materials as highly relatable and important due to content addressing isolation, stigma, and a desire for social/emotional connection with others. Participants indicated that materials highlighting stressors unique to BWWH were relatable and culturally appropriate (societal pressure to appear strong despite overwhelming stress, fear of disclosing HIV status to others). Some participants noted that content may generalize to women living with HIV across racial and ethnic backgrounds.

**Conclusion:** Engaging BWWH in formative content refinement provided critical insights into the cultural resonance and perceived relevance of FREE. Findings have informed targeted modifications to optimize user engagement and cultural responsiveness of the intervention. Future research will evaluate the feasibility, acceptability, and preliminary efficacy of FREE in improving mental health and HIV care outcomes among BWWH.

# 171 A Data-Driven Approach to Addressing User Needs in a Mobile HIV Support App Community

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**Introduction:** Though research on naturalistic information-seeking behavior in online HIV communities suggests that users seek information about diverse topics, clinical resources typically focus on medical and logistical questions. This mismatch may leave users' psychosocial needs insufficiently addressed.

**Description:** This project aimed to develop a comprehensive topic schema to better address the needs of young people living with HIV (YPWH) using the Positive Peers (PP) mobile application (app). A core feature of the PP app is a curated stream of vetted articles designed to address the biopsychosocial needs of YPWH. To better align the content and track user information preferences, we organized and validated a nested schema of topic groupings (K = .89) published on the app since 2020. The resulting framework provides structure to a broad range of HIV-relevant topics spanning clinical and psychosocial domains. We also reviewed baseline psychosocial data from the ongoing PP clinical trial to further characterize needs and inform topic refinement.

**Lessons Learned:** The PP topic schema spans five overarching categories that include: HIV Healthcare, Everyday Living with HIV, Wit and Wisdom, Young Person Concerns, and PP Use. Each category serves as an umbrella for more specific subtopics, collectively reflecting the clinical, social, and developmental contexts of YPWH. Second, baseline self-report data from the PP clinical trial further identified current app community needs related to housing instability, Disclosure and Public Attitudes related stigma, marijuana use, and experiences of verbal abuse. This information is being translated to upcoming articles on the app. Ongoing evaluation of article preferences and engagement patterns will enable continued refinement of content and provide insight into evolving information-seeking trends.

**Recommendations:** Insights into information needs can be derived from both user activity and self-reported psychosocial concerns. Developing a comprehensive, population-relevant topic schema may support systematic message planning and ongoing evaluation of information needs among YPWH.

# 172 Camellia Cohort: Surveillance-Based Stratified Sampling to Recruit a Representative HIV Prevention Cohort in Alabama

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**Background:** Effective strategies are needed to optimize enrollment of women in HIV research. We describe a stratified sampling approach, informed by STI surveillance data, to enroll a geographically representative sample of women vulnerable to HIV in Alabama.

**Methodology:** We developed a stratified random sampling approach to recruit women into Camellia, a prospective HIV-prevention cohort from eight Alabama Public Health Districts (PHDs). PHD-level enrollment goals were based on historical HIV incidence. Women aged 18-50 diagnosed with gonorrhea or syphilis in the past 90 days were identified from state surveillance data. Each woman's zip code tabulation area was linked to commercial HIV testing data (January 2013-September 2021) and USDA-based rurality measures. Within PHDs, random ordering prioritizes recruitment of women from rural areas with lower testing. Standardized mean differences (SMD) assess comparability between eligible and enrolled women.

**Results:** 365 women enrolled from an eligible pool of 8,355 across ten recruitment rounds. The enrolled cohort mirrored the eligible population (Table 1) with similar representation of women from rural areas (17% vs. 19%; SMD=0.10) with low HIV-testing (12% vs. 16%; SMD=0.12). Compared to the overall eligible population, a greater proportion of enrolled women were Black (69% vs. 62%; SMD=0.19).

Enrollment by PHD aligned with prespecified recruitment goals except in Mobile (10% of enrollment compared to planned 23%) and Jefferson (32% of enrollment compared to 18%). Our approach allows for modifications; in recruitment round 9 we updated our sampling frame to order from lowest to highest enrolling PHDs. In round ten we additionally excluded residents of Jefferson.

**Conclusion:** This stratified, surveillance-based sampling approach strengthened demographic and geographic representation in recruitment, improving upon traditional convenience methods. The framework supports flexible recruitment and offers a scalable model for future HIV-prevention studies.

# 173 Integrating HIV Testing into Comprehensive Preventive Care: A Community-Based Mobile Health Approach in Hispanic Populations

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**Introduction:** Systemic and social barriers—including stigma, discrimination, and cultural challenges—persistently contribute to low HIV testing rates among Hispanic populations in Arizona. A community that often avoids discussion regarding HIV and other sexually transmitted infections, despite having strong inclinations to learn about other chronic conditions, such as hypertension and diabetes.

**Description:** To address this disparity, the University of Arizona's Zuckerman College of Public Health implemented a Primary Prevention Mobile Health Unit (MHU). A cost-free status-neutral, health screening approach to improve HIV testing rates and reposition HIV screening as an integral component of preventative care in Hispanic communities. The health screenings involved include blood pressure checks, glucose, cholesterol, A1C tests, BMI measurements, and HIV testing. The MHU is composed of a multidisciplinary team of health professionals and student volunteers, delivering individualized health education to address cultural barriers across Central and Southern Arizona. By offering a comprehensive health screening experience directly within communities, the project aims to mitigate the apprehension associated with HIV testing.

**Lessons Learned:** Preliminary results indicate an increase in HIV testing rates, a reduction in perceived stigma, increase in referrals, and heightened community engagement. Implementation challenges, notably language barriers, were effectively navigated through culturally competent interventions and direct community involvement, emphasizing the importance of an interdisciplinary approach adaptable to diverse healthcare settings.

**Recommendations:** Building on the success of the status-neutral health screening approach, future endeavors should focus on the scalability of implementing similar programs across various healthcare settings and communities. This initiative underscores the essential role of emphasizing community engagement, cultural competence, and strategic marketing, providing a framework with valuable insights into interventions and destigmatization within the continuum of HIV care.

# 177 Intent to Change Substance Use Behavior among Transgender Women Living with HIV: Psychosocial Correlates and Care Engagement

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**Background:** Providers often struggle to predict adherence to HIV treatment, and transgender women, who carry a heavy burden of HIV, face unique psychosocial and structural challenges. Barriers to HIV treatment include readiness to change, mental health symptoms, substance use, and housing instability.

**Methodology:** Baseline data (2021-2022) were collected from a peer-led intervention linking transgender women living with HIV to behavioral services. Guided by the Transtheoretical Model, a modified readiness measure assessed intent to change substance use behavior. Chi-square tests examined associations between demographics, housing stability, mental health symptoms, substance use severity, and HIV outcomes.

**Results:** Among 41 transgender women, most were aged 50+ (53.7%), Black (29.3%) or Latina (29.3%), and earned < $1000 per month (51.2%). A greater proportion of participants with intent to change lived in unstable housing (66.7%) versus stable housing (33.3%; p=.019). More participants meeting criteria for probable PTSD (71.4%) reported intent to change (p=.019). Among those screening positive for substance use dependence (29.3%), 75% intended to change compared to 41.4% without substance use dependence (p=.050). No statistically significant differences were found for HIV outcomes. However, engagement in HIV care (65% vs 35%; p=.058) and missing at least one HIV medication dose (p=.057) exhibited marginally higher proportion of participants who intended to change.

**Conclusion:** Intent to change substance use behaviors was associated with housing instability, probable PTSD, and substance use severity. Trends indicate that a greater proportion of transgender women who intended to change were engaged in care or had missed a medication dose. These findings suggest those in care were aware of health risks and motivated to change. Assessing readiness to change can help providers identify individuals who are prepared to address adherence barriers and tailor interventions to enhance engagement in care.

# 180 Misperceived Norms about Pre-Exposure Prophylaxis among Adults and Willingness to Use PrEP in Rural Uganda

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**Background:** Perceived social norms shape health behaviors, yet their role as drivers of PrEP engagement in HIV-endemic settings is poorly understood. We assessed the extent of misperceived PrEP norms and their association with willingness to use PrEP in rural Uganda.

**Methodology:** We surveyed adults with HIV-negative or unknown status across eight villages in rural southwestern Uganda. Participants reported personal PrEP engagement (willingness to discuss PrEP, reaction to a partner's use, willingness to take PrEP daily) and estimated how many village adults would do the same. Perceived norms were compared with aggregated personal behaviors to identify norm misperceptions. Modified Poisson regression estimated associations between perceived norms and willingness to take PrEP, stratified by sex and adjusted for sociodemographic, behavioral, and attitudinal covariates.

**Results:** Among 1,386 participants, supportive PrEP engagement was common: most were willing to discuss PrEP with a healthcare provider, friend, and partner, and most would not react violently to a partner's use; nearly half were willing to take PrEP daily. Yet misperceptions were widespread. One-third to nearly half underestimated community support for PrEP communication and non-violent partner reactions, and 13-17% underestimated other adults' willingness to take PrEP. Perceiving supportive engagement as common was associated with personal willingness to take PrEP for both men and women (e.g., aRR=1.69, 95% CI: 1.34-2.13 among men perceiving most men as willing to discuss PrEP with a provider; aRR=1.27, 95% CI: 1.10-1.47 among women perceiving most single women as willing to take PrEP).

**Conclusion:** While perceived norms were associated with willingness to take PrEP, many adults underestimated existing support for PrEP engagement. Increasing visibility of PrEP-supportive engagement such as adults' willingness to talk with others about PrEP and willingness to take PrEP may complement PrEP stigma reduction interventions and other structural strategies to enhance uptake.

# 185 QUEEN TALK: Integrating Reproductive Health across the Lifespan to Strengthen HIV Prevention and Treatment Engagement

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**Introduction:** HIV prevention and treatment services are often siloed from reproductive health care, limiting engagement among Black women across the lifespan. Structural inequities, stigma, and fragmented healthcare systems contribute to lower pre-exposure prophylaxis (PrEP) uptake, inconsistent HIV testing, and gaps in treatment engagement. Reframing HIV as a reproductive health issue offers a holistic strategy to strengthen prevention and care continuity.

**Description:** QUEEN TALK is a community-centered reproductive health initiative that integrates HIV prevention and treatment into lifespan health conversations. Through facilitated dialogue, culturally grounded education, and peer navigation, participants engage in discussions addressing sexuality, reproductive decision-making, aging with HIV, cardiometabolic considerations, and structural barriers affecting care. Sessions incorporate HIV testing literacy, PrEP initiation and persistence strategies, antiretroviral therapy (ART) adherence support, and linkage to primary HIV care. Implemented in urban Texas communities, the program centers dignity, autonomy, and trust while addressing social determinants including insurance instability, economic stressors, and healthcare mistrust.

**Lessons Learned:** Integrating HIV education within reproductive health reduces stigma and improves prevention engagement. Participants report increased confidence discussing PrEP with providers, greater awareness of treatment options, and stronger connection to care resources. Lifespan framing enhances relevance for both HIV-negative women and women living with HIV.

**Recommendations:** Embedding reproductive health-centered HIV programming within primary care and community settings can strengthen preventive services and retention across the HIV treatment continuum. Expansion of lifespan-focused, community-driven models is recommended to address persistent disparities.

# 186 Adapting an Evidence-Based CBT Intervention into a Community-Implemented Psychosocial Support Program for Black Sexual Minority Men in Washington, DC

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**Introduction:** Black sexual minority men (SMM) in Washington, DC experience disproportionate HIV burden and intersecting stigma regarding race, sexual identity, and HIV. Intersectional stigma is linked to adverse mental health outcomes and barriers to HIV prevention and care engagement. The Affirm program is a psychosocial support program designed to improve mental health, strengthen resilience, and reduce the burden of intersectional stigma and increased HIV risk among Black SMM.

**Description:** The Affirm program was developed from an evidence-based intervention study, and maintains core CBT principles—cognitive restructuring, stigma reframing, resilience-building, and peer support—while shifting from a closed-cohort research model to an open-enrollment, recurring group structure for sustained impact. Each session begins with ground rules and topics include communication styles, reviewing stigma types, identity, self-talk, and more. Since October 2025, 33 Black SMM in Washington, DC have participated in two-hour group CBT-informed sessions held monthly or biweekly.

**Lessons Learned:** Full-scale implementation required adaptation from a structured, time-limited research protocol to a flexible, community-centered model. Key lessons include: balancing fidelity and flexibility: core CBT elements were preserved while allowing session topics to respond to participant needs, open enrollment feasibility: allowing participants to join at any time increased accessibility, participant co-creation: routine feedback mechanisms strengthened relevance, cultural resonance, and retention, safe space sustainability: consistency in facilitation and community norms was critical in maintaining psychological safety.

**Recommendations:** Affirm demonstrates the translatability of evidence-based interventions into real world psychosocial support programming, with the opportunity to expand to other geographic and demographic areas of LGBTQ+ populations at increased risk of both HIV and intersectional stigma. Future programming to scale and address other issues faced by the LGBTQ+ community such as substance use, intimate partner violence, housing insecurity, and employment discrimination would allow more comprehensive support.

# 189 Collaboration Between the Emergency Department and Sexual Wellness Clinic for Linkage to Care: Treating Sexual Health and Increasing Access to PrEP among Vulnerable Populations

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**Introduction:** Emergency departments (EDs) in urban settings are often used as testing sites for sexually transmitted infections (STIs) by patients who are out of care due to barriers such as lack of insurance or access to primary care. Recurrent ED-use for STI testing leads to missed opportunities for long-term engagement and prevention in communities with a high HIV burden. Thus, better methods of addressing this gap in care are needed.

**Description:** The University of Chicago Medicine (UCM) uses an electronic medical record (EMR)-based algorithm to identify all positive STIs from the ED. ED physicians also flag patients with HIV/STI concerns and facilitate a hand-off process. The Sexual Wellness Clinic (SWC) reviews these patients for treatment needs and ongoing care. SWC staff provide health education and connect patients to comprehensive sexual health care and PrEP services. They also collaborate with ED patient advocates to help uninsured patients navigate insurance.

**Lessons Learned:** In 2025, the UCM ED had 265 reactive Neisseria gonorrhoeae/Chlamydia trachomatis and 195 reactive syphilis results requiring follow-up. SWC staff contacted 10-20 patients at risk of lost to follow-up (LTFU) weekly. Successful linkage-to-care involves multiple contact methods due to frequent contact information changing and housing instability. Patients were typically contacted within 5 days of results posting to improve linkage. SWC saw 137 individuals in 2025, with 28 initiating PrEP. PrEP adherence remains low due to reduced perceived vulnerability, medication side effects, or lack of primary care follow-up.

**Recommendations:** Dedicated staff for follow-up is crucial for linkage-to-care in programs like the SWC. Effective communication strategies, insurance navigation, and strong collaboration between the ED and SWC are essential for patient engagement. Real-time EMR-based tracking tools reduce LTFU and improve prevention engagement, including injectable PrEP.

# 191 Implementation of Long-Acting Injectable ART: Unanticipated Outcomes and Ripple Effects in U.S. HIV Clinics

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**Background:** Long-acting injectable cabotegravir rilpivirine (LAI-CAB/RPV) offers a promising alternative to daily oral antiretroviral therapy (ART) for people living with HIV (PLWH), but its delivery demands significant clinic resources. These resources include staff to navigate insurance coverage and monitor the delivery of on-time injections, the procurement of medication from specialty pharmacies, and refrigerated storage.

**Methodology:** MODERN ART, a multi-site, multi-method study, examined the LAI-CAB/RPV implementation across three academic Ryan White HIV clinics in San Francisco, Chicago, and Atlanta. We conducted 12 focus group discussions (n=54 participants) and semi-structured interviews (n=13) with providers, nursing and social work staff, pharmacists, and clinic administrators during early implementation of LAI-CAB/RPV in 2023 and again after approximately 12 months. Data analysis focused on unanticipated outcomes and ripple effects associated with LAI-CAB/RPV implementation.

**Results:** Early implementation revealed that initial concerns about anticipated resource constraints did not materialize. Clinics successfully integrated LAI-CAB/RPV into existing workflows by configuring multidisciplinary teams led by pharmacists or program managers. Participants expressed surprise at the enthusiastic uptake of LAI-CAB/RPV among PLWH, including the resulting engagement of clinic-avoidant individuals and improvement in their ART adherence. During late implementation, participants reported positive ripple effects, including enhanced team coordination, deeper relationships with patients, and increased provider satisfaction. However, structural challenges, including insurance denials and workforce turnover, occasionally produced harmful ripple effects, including limited access to LAI-CAB/RPV. In these cases, participants reported feeling demoralized.

**Conclusion:** LAI-CAB/RPV has led to transformative impacts on care delivery in HIV clinics, fostering meaningful interdependence across multidisciplinary team members and improving relational dynamics between PLWH and providers. Proactive monitoring and investment in staffing and workflow redesign will buffer against negative ripple effects.

# 197 Mitigating HIV Services Disruption

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**Background:** The changing policy environment has disrupted HIV clinical services, threatening patient care and outcomes. Our clinic, part of the Fast-Track Cities Initiative, examines the impacts of these disruptions and highlights innovative strategies to maintain continuity of care for people living with and vulnerable to HIV.

**Methodology:** We analyzed data from the Emergency HIV Clinical Services Surveys (2025), internal records, and key informant insights to assess disruption impacts. Metrics include patient volume changes, treatment adherence, staff adaptations, and community engagement outcomes.

**Results:** Our clinic saw a 20-30% decline in patient visits (approximately 50-70 patients monthly). One reported patient death due to treatment refusal from fear of ICE raids underscores the severity of disruptions. In response, we implemented telehealth services, community outreach, peer support networks, and staff training on trauma-informed care, mitigating some disruptions.

**Conclusion:** Policy shifts significantly impact HIV care, particularly for vulnerable populations. Our experience highlights adaptive strategies that maintained care continuity, emphasizing telehealth, community engagement, and staff resilience. Sharing best practices is crucial to addressing these challenges and ensuring equitable HIV care.

# 201 From Lived Experience to Action: Advancing PrEP Equity through the GMoC Fellowship

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**Introduction:** The Gay Men of Color Fellowship, a program organized by NMAC, advances leadership among gay, bisexual, nonbinary, and same gender loving men of color impacted by HIV. With a foundation on community leadership and health equity, the Fellowship links advocacy training with mentorship to encourage participants to move from lived experience to action. Central to this effort are two resources: the report Advancing PrEP Access and Uptake Among Gay and Bisexual Men of Color and the GMoC Advocacy Manual.

**Description:** The PrEP access report showcases highlights from a community led study that used focus groups conducted by the Fellows and surveys to identify barriers and facilitators impacting prevention uptake. It outlines an advocacy agenda focused on access, stigma reduction, trust building, adherence support, and policy. The Advocacy Manual translates these findings into a practical guide for community engagement. Through modules on healing centered advocacy, biomedical prevention, policy and funding, coalition building, storytelling, and intergenerational leadership, the manual equips fellows with concrete tools to lead campaigns, influence decision makers and strengthen community networks.

**Lessons Learned:** Community driven research produces actionable insight. Stigma, medical mistrust, cost, and structural racism remain core barriers to prevention access. Biomedical innovation alone does not close disparities without equity focused delivery. Leadership development must integrate mental health, storytelling, and policy literacy to sustain long-term advocacy.

**Recommendations:** Invest in leadership development for gay men of color and center lived experience in research, program design, and policy decisions. Expand equitable access to PrEP and related services through funding, insurance reform and culturally competent care. Strengthen community-based coalitions that connect healing, prevention, and policy change to end HIV disparities.

# 202 Provider Perspectives on Long-Acting Injectable Cabotegravir-Rilpivirine Implementation: Impact on Patient-Provider Relationships

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**Background:** Data on provider perspectives on long-acting injectable cabotegravir-rilpivirine (CAB/RPV) implementation is limited outside clinical trials.

**Methodology:** We surveyed prescribing providers at US clinics with CAB/RPV programs reported in publications or conference abstracts. We assessed the acceptability of intervention measure (AIM) and intervention appropriateness measure (IAM) for CAB/RPV delivery (Likert scale 1-5) and satisfaction with eligibility determination. We evaluated impact on patient-provider relationships by initiation in non-virally suppressed (VS) people with HIV (PWH) (viral load >50 c/mL) using Firth's penalized likelihood logistic regression.

**Results:** From October 2024 – March 2025, 72 providers completed the survey. Most practiced in Ryan White-funded (93%), academic (96%), urban (97%) settings. Most providers (92%) reported a centralized CAB/RPV delivery model and 85% initiated in non-VS patients. Providers reported highly acceptable and appropriate delivery, with median by site ranging from 4.25-5 (AIM) and 4-5 (IAM). Over half (53%) were not at all, slightly, or moderately satisfied with determining clinical eligibility; 54% felt a clinical decision support tool would be very or extremely helpful. Regarding the patient-provider relationship, 68% had ≥1 patient for whom the introduction of CAB/RPV had a positive impact, while 15% experienced a negative impact with at least one patient. Experiencing a positive impact was higher among prescribers to non-VS PWH (75%) compared to those only prescribing in VS (27%). The odds of reporting a positive impact were higher among prescribers to non-VS PWH (OR=7.28; 95% CI 1.97, 32.77).

**Conclusion:** Despite high acceptability and appropriateness of CAB/RPV delivery, eligibility determination remains a challenge, suggesting a role for decision support tools. Positive impacts on patient-provider relationships were common and more frequent among providers prescribing to non-VS PWH.

# 204 Resilience Beyond Simplification: Why Psychosocial Factors Outweigh Regimen Complexity in ART Adherence in Cameroon

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**Background:** Pharmacological simplification via single-tablet regimens (STR) is a global strategy to improve ART adherence. However, many patients remain on multiple-tablet regimens (MTR). This study investigated the "paradox of simplification" to determine if psychosocial stability outweighs pill burden in maintaining optimal adherence at a major referral hospital in Cameroon.

**Methodology:** We conducted a secondary analysis of a cross-sectional study involving 680 adults living with HIV at the Yaoundé Jamot Hospital (STR: n=504; MTR: n=176). Adherence was assessed using a 7-day recall (threshold ≥95%) and the CASE Adherence Index (threshold >10). Multivariable Poisson regression estimated adjusted Prevalence Ratios (aPR) to identify independent predictors of adherence.

**Results:** Optimal adherence rates were statistically similar between groups: 81.2% (MTR) vs 79.2% (STR) via 7-day recall (p=0.629) and 83.0% (MTR) vs 80.2% (STR) via the CASE Index (p=0.484). Multivariable analysis confirmed that regimen type was not a determinant of adherence (aPR 1.00; p=0.969). Instead, the strongest drivers of non-adherence were lack of family support (aPR 0.37; p=0.035) and risky alcohol consumption (aPR 0.82; p<0.001). Patients with 6–10 years of treatment duration exhibited significantly higher risks of non-adherence compared to those with >10 years (p=0.013).

**Conclusion:** Patient resilience and social support systems are more critical for treatment success than the number of pills prescribed. Clinical focus should shift from medication simplification to integrated psychosocial support and alcohol harm reduction, especially for patients entering the "treatment fatigue" window of 6-10 years.

# 205 Immune, Neuroimmune, and Neuronal Pathways Relate to Cognition in Women with HIV

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**Background:** Cognitive impairment is common among women with HIV (WWH), yet underlying mechanisms remain unclear. Cognition has been linked to immune activation (e.g., sCD14), the kynurenine-tryptophan (K/T) pathway, and neuronal integrity indexed by neurofilament light chain (NFL); but such mechanisms are mostly examined independently. Proinflammatory cytokines activate the K/T pathway and contribute to neuronal injury, suggesting coordinated neuroimmune effects. We used an integrated framework to test these pathways in relation to cognition in WWH.

**Methodology:** The sample included 475 virally suppressed WWH (mean [SD] age=48.5 [8.1]) from the MACS/WIHS Combined Cohort Study with two/three assessments approximately two years apart. We assessed seven cognitive function domains using demographically adjusted T-scores converted to 9-point clinical ratings (higher scores=poorer function).

We used random-intercept path analysis to test associations of immune activation biomarkers (IFN-γ, IL-6, TNF-α, sCD14, sCD163), the K/T, and NFL with cognitive outcomes, adjusting for sociodemographics, substance use, depression, and time in bootstrapped pooled longitudinal models.

**Results:** Higher IFN-γ, TNF-α, sCD14, and sCD163 (p's<0.001) were associated with higher K/T. Higher TNF-α, sCD14, and K/T were associated with higher NFL (p's<0.001). Higher IL-6, K/T, and NFL were associated with poorer motor function (p's<0.01). Serial mediation analyses showed that immune activation biomarkers and K/T were indirectly associated with poorer motor function via NFL (p<.01). Higher sCD163 and NFL were associated with poorer executive function (p's<0.05). Higher sCD14 and K/T were associated with poorer processing speed (p's<0.05).

**Conclusion:** Immune activation in WWH was linked to K/T and poorer motor, executive, and processing speed, partly via NFL. These markers may signal early cognitive vulnerability.

# 206 Use of Federally Qualified Health Centers and HIV Epidemic Indicators in Urban Communities with High Rates of HIV Diagnoses in the U.S. South

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**Background:** Federally Qualified Health Centers (FQHCs) may increase access to HIV services benefitting population-level HIV outcomes in high-burden communities across the US South.

**Methodology:** We used a pooled cross-section of Zip Code Tabulation Areas (ZCTAs) from cities in the US South with high rates of annual new HIV diagnoses to examine community FQHC use and community-level indicators of HIV epidemic control. A 10-percentage point increase in FQHC penetration, percent ZCTA low-income population served by any FQHC, was used to examine 5-year 1) number of new HIV diagnoses, 2) percent late diagnosis, 3) percent linked to care, and 1-year 4) percent virally suppressed. We used multivariable linear regression controlling for ZCTA-level sociodemographic data, city-level HIV funding, with state fixed-effects. In sensitivity analysis, we examined penetration among the uninsured. In subsample analysis, we examined ZCTAs with likely greater reliance on FQHCs for HIV services, higher poverty ZCTAs and ZCTAs with fewer HIV resources.

**Results:** The sample included 1,383 ZCTAs with 22 new HIV diagnoses (5-year). Approximately 20% of new diagnoses were late, 70% were linked to care and, among those with HIV, 65% were virally suppressed. A 10-percentage point increase in penetration was only associated with greater viral suppressed (0.42%; 95% Confidence Interval, 0.12, 0.72). A 10-percentage point increase in penetration of the uninsured was associated with lower percent late HIV diagnoses (-0.39%, -0.72, -0.05) and among higher poverty ZCTAs (-0.68%, -1.23, -0.14).

**Conclusion:** FQHCs may reduce structural barriers to HIV services benefitting community-level outcomes. Further understanding of FQHC's role benefiting HIV outcomes at a community-level — specifically among populations at higher risk, those in poverty, uninsured — is essential to ensure judicious allocation of limited resources.

# 208 Quantitative Findings from the U.S. Emergency HIV Clinical Response Survey

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**Background:** Despite decades of biomedical advances in HIV prevention and treatment, the U.S. HIV response is experiencing renewed strain driven by funding uncertainty, policy shifts, and rising social and economic instability. HIV providers and clinics are facing the challenges posed by these shifts and having to adjust accordingly. We sought to quantify the scope, operational nature, and equity dimensions of HIV service disruptions nationwide using an expanded version of the U.S. Emergency HIV Clinical Response Survey first fielded in 2025.

**Methodology:** An anonymous online survey was fielded anonymously in November-December 2025 seeking input from HIV service providers across the United States, recruited from the memberships of five professional associations participating in the Emergency HIV Clinical Response Task Force. Multiple-response and open-ended questions captured operational, clinical, and equity-related disruptions, as well as medication access barriers and loss to follow-up patterns. Analyses focused on prevalence of disruptions, affected service domains, and populations disproportionately impacted.

**Results:** A total of 383 healthcare providers responded to the survey from 47 states and Puerto Rico. Two-thirds were physicians (30%), nurse practitioners (23%), and registered nurses from a variety of clinical settings, including academic medical center clinics (33%) and community health centers and FQHCs (32%). Reported operational impacts included workflow changes (35%), service reductions (34%), staffing adjustments (30%), hiring freezes (28%), and program closures (13%). 61% of respondents reported their clinical setting experienced at least one category of service disruption. Reported service disruptions affected gender-affirming care (18%), case management (16%), housing support (16%), transportation assistance (14%), and injectable ART and PrEP (10% each). Housing instability (65%), food insecurity (62%), insurance loss (61%), and immigration-related fear (56%) were commonly reported patient-level challenges. HIV drug access was reported as compromised by insurance lapses (51%) and coverage denials (37%). Loss to follow-up was most pronounced among migrants or undocumented individuals (51%), people experiencing homelessness (45%), and transgender individuals (29%).

**Conclusion:** Findings document a system under strain, with equity impacts concentrated among already marginalized populations. Biomedical advances alone are insufficient to sustain HIV epidemic control without stable financing, workforce resilience, and social protection. Immediate priorities include situational monitoring, workforce diversification, clinical surge support networks, legal preparedness, and strengthened community-based service hubs. Safeguarding continuity of care is essential to prevent reversal of decades of progress in the U.S. HIV response.

# 209 High Access to HIV Testing and Treatment in Displaced Men Who Have Sex with Men in Ukraine

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**Background:** Experiencing displacement is often associated with limited access to HIV testing and care. We investigated HIV testing and treatment access among men internally displaced by the war in Ukraine.

**Methodology:** Since November 2024, we have been conducting a longitudinal study of HIV in local and displaced men who have sex with men (MSM) in Ukraine. We analyzed baseline data of N=1,199 MSM (50% displaced) recruited in Kyiv and Lviv, Ukraine. Participants were tested for HIV with rapid tests; those testing positive provided blood samples for HIV recency (whether infected in the last 6 months) and viral load (VL) testing. All participants were asked about their knowledge and experience of HIV testing, pre-exposure prophylaxis (PrEP), and their engagement with HIV care.

**Results:** 87 participants (7.2%) tested positive for HIV; prevalence was higher in local (10%) vs displaced (5%) MSM (Chi-square p-value<0.001). We observed no difference between displaced and local MSM in PrEP uptake (21% vs 24% on PrEP, correspondingly), knowledge of where to get tested for HIV (97% vs 99%), or recent history of HIV testing (82% vs 80% tested in the last 6 months). Most (97%) participants who tested positive already knew about their HIV status at the time of enrolment. One of the two newly identified as HIV-positive participants (both local) also tested positive on the HIV recency test, indicating infection within the last 6 months. Although 94% of HIV-positive participants reported being in treatment, only 59% of them had undetectable VL (74% displaced and 54% local, p-value=0.13).

**Conclusion:** Knowledge of and engagement with HIV prevention services, including PrEP and HIV testing, and HIV care continuum engagement, were comparable between local and displaced MSM, indicating public health success in engaging displaced MSM. However, viral suppression remains suboptimal, particularly among local MSM.

# 212 A Machine Learning Approach to Understanding Predictors of Pre-Exposure Prophylaxis (PrEP) Awareness and Openness among Black Cisgender Women in Miami-Dade County

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**Background:** Pre-exposure prophylaxis (PrEP) is effective for HIV prevention, yet uptake remains suboptimal among Black women. Advanced statistical techniques such as machine learning may help to identify key predictors of PrEP knowledge and PrEP openness and inform targeted interventions.

**Methodology:** Sample consisted of 145 Black women in Miami, Florida between March and June 2023. Predictions were made for PrEP knowledge, openness to oral PrEP, and openness to injectable PrEP. Predictors included demographic characteristics (age, zip code, ethnicity, sexual orientation), psychosocial factors (depression, trauma history), structural barriers (e.g., transportation), and PrEP-related concerns. Three machine learning algorithms were compared using 10-fold cross-validation (80% training data). After selecting the best-performing algorithm for each outcome, model performance was evaluated on the test data (20%). Models were assessed using area under the receiver operating characteristic curve (ROC-AUC).

**Results:** After excluding missing cases, analytic samples comprised: PrEP knowledge (N=101), openness to oral PrEP (N=79), and openness to injectable PrEP (N=81). Cross validation on training data showed satisfactory performance, with random forest selected for all outcomes (ROC-AUC range: 0.67-0.73). Evaluation on the 20% test sets successfully predicted openness to PrEP injection (test ROC-AUC = 0.76) but revealed degraded performances for PrEP knowledge (test ROC-AUC = 0.49) and openness to oral PrEP (test ROC-AUC = 0.29).

**Conclusion:** Stable effects were seen for openness to injectable PrEP, supporting the model's potential for refinement and future application to understanding PrEP awareness and openness among Black women. Demographic and psychosocial factors indicate an openness to injectable PrEP. This echoes the importance of discussing PrEP modality options (e.g., injections vs pills) with women during PrEP counseling. Although models showed strong training performance, predictive accuracy on testing data suggests limitations (e.g., sample size).

# 213 DigiPrEP: Development of a Culturally Tailored Digital Intervention to Improve Bundled PrEP and Gender-Affirming Therapy Uptake among Black and Latina Transgender Women

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**Background:** Black and Latina transgender women (BLTW) in Miami-Dade County bear a disproportionate burden of HIV and face structural, social, and healthcare-related barriers to accessing biomedical prevention services. Despite the effectiveness of pre-exposure prophylaxis (PrEP), uptake remains low due to medical mistrust, stigma, cost concerns, misconceptions regarding interactions with gender-affirming hormone therapy (GAT), and limited access to affirming care. This study developed and pilot tested DigiPrEP, a culturally tailored digital intervention designed to improve access to bundled PrEP and GAT services.

**Methodology:** Intervention development followed a two-level Delphi process informed by literature review, expert input, and community stakeholder engagement. Proposed PrEP/GAT messages were refined to address stigma, discrimination, cost, access to care, and misinformation. Community partners participated in a focus group to finalize messaging and provide guidance on video format, tone, delivery, and actor representation to ensure cultural relevance. A 3-minute bilingual DigiPrEP video was developed and presented to BLTW participants (n=14). Participants completed brief pre- and post-viewing surveys assessing knowledge, attitudes, willingness to seek bundled services, and intervention acceptability.

**Results:** DigiPrEP demonstrated high acceptability and feasibility. Participants reported increased awareness of bundled PrEP and GAT services and greater willingness to seek affirming prevention care after viewing the video. Feedback emphasized the importance of culturally competent providers, directly addressing stigma, and integrating PrEP with hormone therapy in a single affirming setting. Participants also expressed comfort sharing the video within their social networks, indicating potential for peer-driven dissemination.

**Conclusion:** DigiPrEP is a scalable, community-engaged strategy that leverages BLTW social networks to expand HIV prevention and linkage to gender-affirming care. Findings support further testing of this implementation approach in larger trials.

# 214 Immigration Enforcement, Housing Instability, and HIV Care Disruption: A Street-Based Case Study from Los Angeles

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**Introduction:** Immigration enforcement is typically framed as a border or security issue. In Los Angeles, it is also functioning as a public health destabilizer. Approximately 17% of people living with HIV reported experiencing homelessness or unstable housing, compared with far lower rates in the general population. When ICE activity and encampment clearances intensify, disruptions in care continuity follow.

**Description:** Increased ICE presence in urban corridors with high rates of housing instability has produced measurable shifts in behavior among unhoused populations, particularly those living with HIV. Los Angeles County has approximately 70,000 people experiencing homelessness (nearly 42,000 within the City of LA). The region also carries a high HIV burden. Street-based clinical teams observed that periods of increased ICE activity and municipal encampment sweeps coincided with measurable service disruptions. Patients missed scheduled outreach visits and clinic appointments, antiretroviral therapy refills were delayed, and medications were lost during rapid displacement. Providers also reported increased reluctance to seek care due to fear of visibility in public systems. These overlapping conditions reflect a syndemic, defined as interacting epidemics that worsen health outcomes under structural inequality. HIV, substance use disorder, untreated mental illness, and housing instability operate together rather than independently.

**Lessons Learned:** Continuity of HIV treatment depends on stability. Interruption of therapy can lead to viral rebound within weeks. Displacement events disrupt medication access, fracture provider relationships, and increase emergency department utilization. Fear of enforcement activity functions as a structural barrier to care, compounding vulnerabilities.

**Recommendations:** Public health systems in jurisdictions with active enforcement operations should implement enforcement-response protocols that protect medical continuity during raids. This includes preemptive medication distribution strategies, portable medical records, rapid re-engagement outreach following displacement, and formal coordination agreements limiting healthcare access disruption during enforcement actions. Municipal and federal policies should be evaluated for measurable downstream effects.

# 215 Bridging the Gap: Expanding Community HIV Care and Treatment Services to Children Living with HIV (CLHIV) and HIV Exposed Infants (HEI) through Facility-Based Case Management and Virtual Case

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**Background:** The Ana ndi Achinyamata Patsogolo (ANAPA) Orphans and Vulnerable Children (OVC) project, implemented by Project HOPE Namibia (Lead), Project HOPE and Lilongwe Catholic Health Commission with funding from the United States Department of State, supports children living with HIV (CLHIV) and HIV-exposed infants (HEI) to access community-based HIV care and treatment services across nine districts in Malawi. ANAPA delivers HIV-sensitive case management (HSCM) through household-based, facility-based, and virtual platforms, with household case management as the primary service delivery model and facility-based and virtual approaches used to reach children whose caregivers cannot be supported through home visits or who reside outside defined facility catchment areas.

**Methodology:** ANAPA used a customized DHIS2 Android app, conducted data quality assessments and descriptive analysis of routine program data for CLHIV and HEI enrolled from FY25 Q4 to FY26 Q1, and used descriptive statistics to calculate the modalities of program enrolment and service delivery across 125 ANAPA-supported health facilities.

**Results:** A total of 22,195 children under 18 years (11,915 CLHIV and 10,280 HEI) were reached. Of the total children served, 15,314 (69%) were enrolled and served through home-based case management while 6,881 (31%) were served through facility-based case management, and 2,219 (10%) of the total CLHIV and HEI received follow-up sessions virtually. CLHIV under ANAPA had a viral suppression rate of 77% (FY26 Q1), an improvement from a baseline of 61% in FY24 Q3, and HEI testing outcome of 0.2% positivity rate against the national result of 2%.

**Conclusion:** FBCM and VCM approaches under ANAPA show strong potential to expand coverage of community-based HIV care and treatment services for CLHIV and HEI and suggest that engagement in HSCM support optimal adherence and improve pediatric HIV treatment and PMTCT outcomes.

# 249 Feasibility and Preliminary Outcomes of a Culturally Targeted Mobile Health App for HIV Prevention among Southern Black Women: Results from the Savvy HER Pilot Trial

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**Background:** Black cisgender women in the U.S. South account for a disproportionate share of new HIV diagnoses yet remain underserved by existing prevention tools. Pre-exposure prophylaxis (PrEP) uptake in this population is critically low, and mobile health (mHealth) interventions designed specifically for Black women are scarce. The Savvy HER (Sexual/HIV Health Electronic Empowerment Resource) mobile application was developed to address these gaps by providing culturally relevant HIV prevention education, PrEP information, and sexual and reproductive health (SRH) support.

**Methodology:** A pilot randomized controlled trial (RCT) enrolled 56 cisgender women (98.2% Black or African American; median age 28) residing in the Atlanta, Georgia metropolitan area. Participants were randomized 1:1 to the Savvy HER intervention (n=28) or control condition (n=28). Surveys were administered at baseline and four-month follow-up, assessing HIV knowledge, PrEP stigma, PrEP intentions, HIV risk behaviors, depression, and technology attitudes. Feasibility thresholds required ≥70% retention (intervention) and ≥ 60% retention (control). Usability was assessed via the System Usability Scale (SUS). Exploratory between-arm comparisons used ANCOVA and Fisher exact tests.

**Results:** Both retention targets were met: 71.4% (intervention) and 85.7% (control). Among app users at endline, median SUS score was 61.2 and mean perceived impact was 4.2 out of 5.0, indicating acceptable usability and personal relevance. The primary behavioral finding was a 60-percentage-point between-arm difference in health information-seeking at four months — 60% of intervention participants actively sought SRH information online versus 0% of controls (risk difference=60.0 pp, 95% CI: 34.6–78.1, $p<0.001$). No statistically significant between-arm differences were observed in HIV knowledge, PrEP stigma, PrEP intentions, or HIV risk composite at this pilot scale.

**Conclusion:** Savvy HER demonstrated feasibility among Southern Black cisgender women and produced a large, significant effect on health information-seeking behavior. These pilot findings establish proof-of-concept and inform AI-driven personalization features planned for the next platform iteration.

# 250 Aging with HIV in Resource-Constrained Settings: Behavioral and Social Dynamics across the Life Cycle in Uganda

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**Background:** Sub-Saharan Africa is home to over 25 million people living with Human Immunodeficiency Virus (HIV), with increasing survival into older age due to expanded access to antiretroviral therapy (ART). In Uganda, approximately 1.4 million people live with HIV, and nearly 15–20% are aged 50 years and above. Aging with HIV is shaped by behavioral, social, and structural factors, including stigma, multimorbidity, and limited geriatric-sensitive services. This study examines life cycle behavioral and social dynamics affecting treatment outcomes among older adults living with HIV in resource-constrained settings.

**Methodology:** A mixed-methods longitudinal observational study was conducted across four HIV care sites in Uganda (2021–2025). Quantitative data (n=612) assessed ART adherence, comorbidities (hypertension, diabetes), and mental health status using standardized screening tools. Qualitative in-depth interviews (n=48) explored lived experiences, stigma, and care access. A biopsychosocial framework guided analysis, integrating behavioral, clinical, and structural determinants.

**Results:** Among participants aged ≥50 years, 68% had at least one comorbid condition, and 32% reported symptoms of depression or anxiety. ART adherence remained high (84%), yet was significantly lower among those with untreated mental health conditions ($p<0.01$). Social isolation and persistent stigma were reported by 57% of participants, particularly among women. Integrated care models piloted in two sites improved retention in care by 18% and reduced missed clinic visits by 25%. Resource limitations, including workforce shortages and fragmented services, remained key barriers.

**Conclusion:** Aging with HIV in Uganda is characterized by intersecting behavioral, social, and health challenges. Integrated, person-centered care models that address mental health, comorbidities, and stigma are essential to improve outcomes. Scaling evidence-based, life cycle-sensitive interventions in resource-limited settings is critical for sustaining healthy aging among people living with HIV.

# 267 Determinants of HIV Self-Testing Intention and Program Attribute Preferences in Nigerian Key Populations

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**Background:** In Nigeria, female sex workers (FSW), men who have sex with men (MSM), and people who inject drugs (PWID) comprise 2–3% of the population yet account for 11–30% of new HIV cases. Despite HIV self-testing (HIVST) potential to reduce stigma and access barriers, uptake remains inconsistent. This study examined HIVST intentions and preferences across these key populations to inform user-centered implementation.

**Methodology:** We surveyed 683 Nigerian MSM, FSW, and PWID to assess HIVST experiences and intentions. Multivariable logistic regression identified determinants of HIVST intention overall and by subgroup. Ranking tasks captured barriers and facilitators, and a discrete choice experiment (DCE) evaluated preferences across six program attributes: test type, pickup location, price, testing support, included items, and results disclosure incentive.

**Results:** HIVST intention was higher with perceived access, affordability, and recent sexual or STI risk, and lower with economic hardship, healthcare discrimination, or reliance on facility-based testing. Among MSM, accessibility and recent facility testing increased intention, while prior HIVST use decreased it; among FSW, affordability and recent STI history increased intention, but economic insecurity decreased it; among PWID, depressive symptoms increased intention, while discrimination and care barriers decreased it. Privacy, autonomy, and convenience were consistent facilitators; concerns involved absent STI testing, provider support, and post-test counseling. DCE results prioritized pharmacy pickup, condom bundling, and oral tests. Five preference groups emerged: two prioritized cost; one preferred hospital testing; one had low interest regardless of access; one was sensitive to program design; and one favored blood-based tests.

**Conclusion:** HIVST was highly acceptable. Uptake may be optimized through pharmacy-based distribution, bundling with sexual health supplies, and prioritizing oral tests. Implementation should be population-tailored: low-cost integrated services for FSW, mental health-informed outreach for PWID, and follow-up support for MSM.

# 268 The Economics of Mental Health among People Living with HIV in Kenya: A County-Level Analysis of Burden, Economic Impact, and Investment Case

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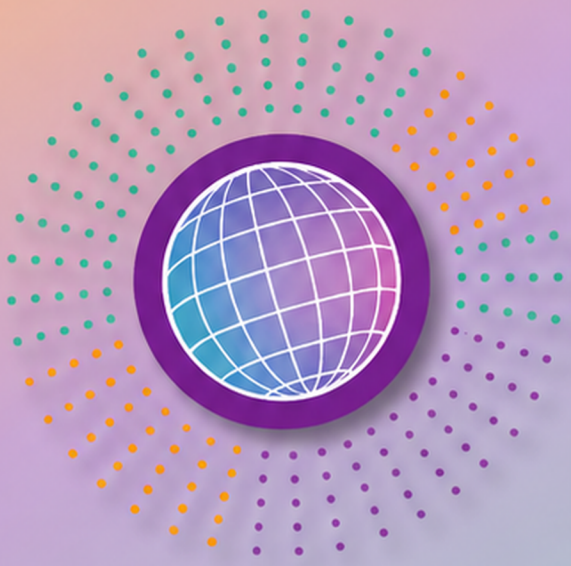
**Background:** Despite Kenya achieving UNAIDS 95-95-95 targets for HIV, mental health comorbidities among people living with HIV (PLHIV) remain largely unaddressed. Depression, anxiety, and substance use disorders affect 25–40% of PLHIV, yet fewer than 10% receive care. This study analyzes the economic burden of untreated mental health conditions among PLHIV in Kenya and builds an investment case for integrated services at the county level.

**Methodology:** Data were sourced from the Kenya HIV Estimates Portal (2025), KDHS 2022, DHIS2 2025, and other national databases. Mental health prevalence among PLHIV was estimated via desktop review (25% overall, 35% among adolescents). Economic costs were calculated using direct healthcare, indirect productivity losses, and HIV-related costs. Econometric models examined associations between mental health prevalence, viral suppression, ART adherence, and economic burden. A five-year ROI model compared the status quo with integrated care (50% treatment coverage) using a 3% discount rate.

**Results:** Nationally, 331,584 PLHIV have mental health conditions, generating an annual economic burden of $144.2 million (direct: $13.3M; indirect: $97.8M; HIV-related: $33.2M). Econometric analysis showed that a 1% increase in mental health prevalence reduces viral suppression by 0.37% (p=0.003) and ART adherence by 0.42% (p=0.004). Ten counties (led by Nairobi, Kisumu, and Homa Bay) account for 62% of the burden. A $121.8 million five-year investment would generate $425.3 million in returns, with a benefit-cost ratio of 3.34:1 and break-even within two years. The investment remains robust across sensitivity analyses (BCR >2.2).

**Conclusion:** Untreated mental health conditions among PLHIV in Kenya impose a severe economic burden and undermine HIV treatment outcomes. Targeted investment in integrated mental health care, particularly in high-burden counties, is highly cost-effective, delivering $3.34 per dollar invested and full cost recovery within two years.



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