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Key Takeaways

➔ Awareness, willingness, and usage of HIV pre-exposure prophylaxis (PrEP), as well as preferences for HIV prevention methods, were evaluated in Black and Hispanic adult men in the US

➔ While most participants had heard of and expressed interest in PrEP, only a small proportion of participants reported ever using or current use of PrEP

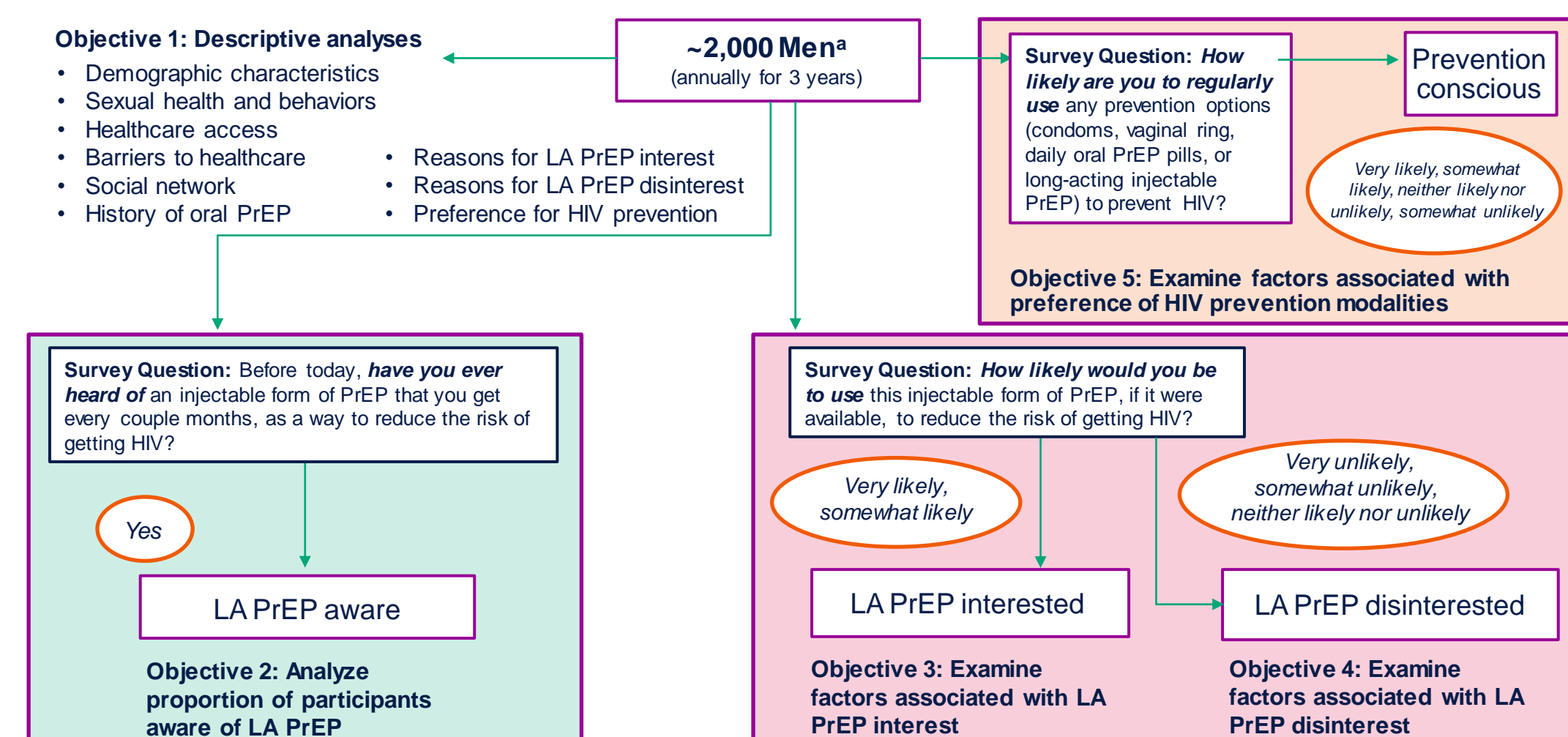
Introduction

- Use of HIV daily oral pre-exposure prophylaxis (DO PrEP) to reduce the risk of acquiring HIV has steadily increased over the past several years¹
- Racial disparities in PrEP usage exist in the United States, where Black and Hispanic people represent a minority of those accessing DO PrEP despite being disproportionately affected by HIV^{1,2}
- Newly available prevention options, such as long-acting (LA) injectable PrEP, may improve accessibility of PrEP for vulnerable populations³, but interest in LA PrEP has not been assessed among racial/ethnic minority groups
- This interim analysis presents results on the awareness, willingness, and usage of PrEP as well as HIV prevention preferences among sexually active adult men who identify as Black or Hispanic in the United States

Methods

- Participants were recruited through a geographically targeted social media campaign using Facebook, Instagram, Tinder, and Grindr and completed a self-administered, cross-sectional, online survey
- Eligible participants were cisgender adult men living in the United States who identify as Black race and/or Hispanic/Latino ethnicity, had no prior HIV diagnosis, and reported anal or vaginal sex in the past six months
- The survey consisted of ~90 questions covering demographics, sexual health and behavior, healthcare access and experience, PrEP awareness and usage, and PrEP intention and preferences (Figure 1)
- This interim analysis presents data from the first 1365 men surveyed between November and December 2021
- Descriptive statistics and logistic regression were conducted using SAS software (version 9.4; Cary, NC)

Figure 1. Study Design and Objectives



*The current analysis includes results from the first 1365 men surveyed. LA, long-acting.

Results

Demographic Characteristics

- This interim analysis included 1365 participants (Table 1)
- 47% of participants were from the West, 29% were from the South, 14% were from the Northeast, 9% were from the Midwest, and <1% were from any US Territory

Table 1. Participant Demographics

Baseline characteristic	n (%)
Age (N=1365)	
18-29	707 (52)
30-39	546 (40)
≥40	112 (8)
Race (N=1365)	
Black/Hispanic	550 (40)
Black/non-Hispanic	588 (43)
White/Hispanic	139 (10)
Another Race/Hispanic	88 (6)
Relationship status (N=1361)	
Single/Dating	645 (47)
Domestic partnership/civil union/married	652 (48)
Widowed/Separated/Divorced	64 (5)
Sexual orientation (N=1365)	
Gay	446 (33)
Heterosexual	775 (57)
Bisexual	97 (7)
Another orientation ^a	47 (3)

^aAnother orientation includes asexual, pansexual, polysexual, any other sexual identity.

Sexual Behavior and Perception of STI/HIV Acquisition

- Of participants who responded to questions about condom use frequency (n=774), the majority reported using a condom most (39%) or all (28%) of the time
- Participants generally felt they were very or somewhat unlikely to contract any sexually transmitted infection (77%) or HIV specifically (74%)

PrEP Awareness

- The proportion of participants who had spoken with a healthcare provider (HCP; 42%) or who knew someone currently on PrEP (40%) was much lower than those with overall PrEP awareness (67%; Figure 2A)
- 66% of participants reported that their HCP initiated a conversation about PrEP

LA PrEP Awareness

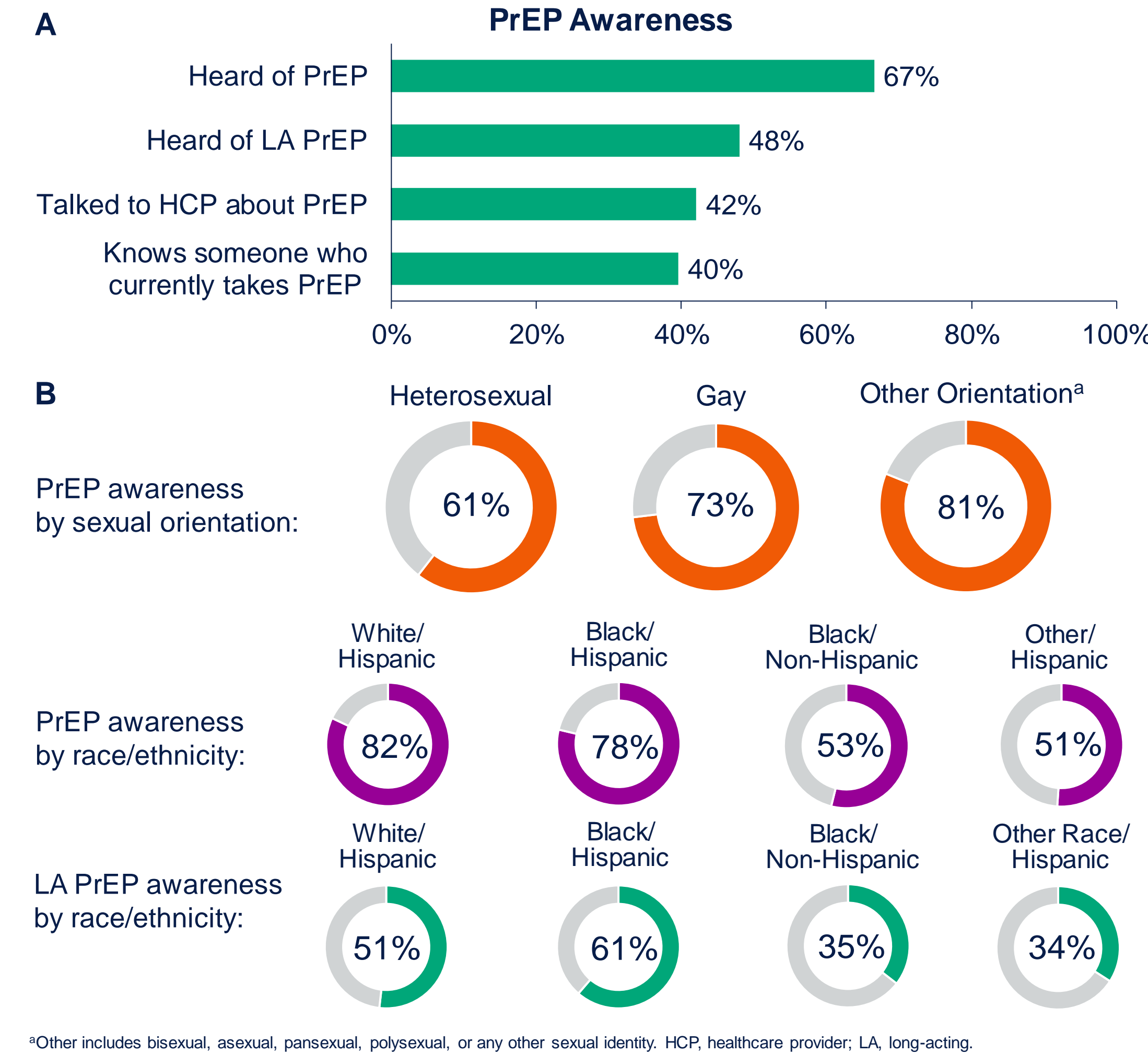
- <50% of participants reported having ever heard of an injectable form of PrEP (Figure 2A)
- LA PrEP awareness did not vary by age, and trends in LA PrEP knowledge by race/ethnicity were generally similar to those seen in the overall population
- Black/Hispanic (61%) and White/Hispanic (51%) participants reported the highest rates of LA PrEP awareness, while Other/Hispanic (34%) and Black/Non-Hispanic (35%) reported lower rates of LA PrEP awareness (Figure 2B)

PrEP Usage

- PrEP usage was low, as expected, with 25% of participants reporting ever using PrEP and 16% reporting current PrEP use (Figure 3A)
- Among men who had discontinued PrEP, 32% cited PrEP cost being too high and 28% reported experiences of or concerns about side effects
- 53% (n=230/433) of Black Hispanic men vs 20% (n=64/317) of Black non-Hispanic men reported ever taking PrEP
- Among current DO PrEP users, 83% reported using Truvada (TDF/FTC) while 17% reported using Descovy (TAF/FTC); only 56% (124/222) of participants reported adherence associated with high levels of protection (16+ doses/month; Figure 3B)

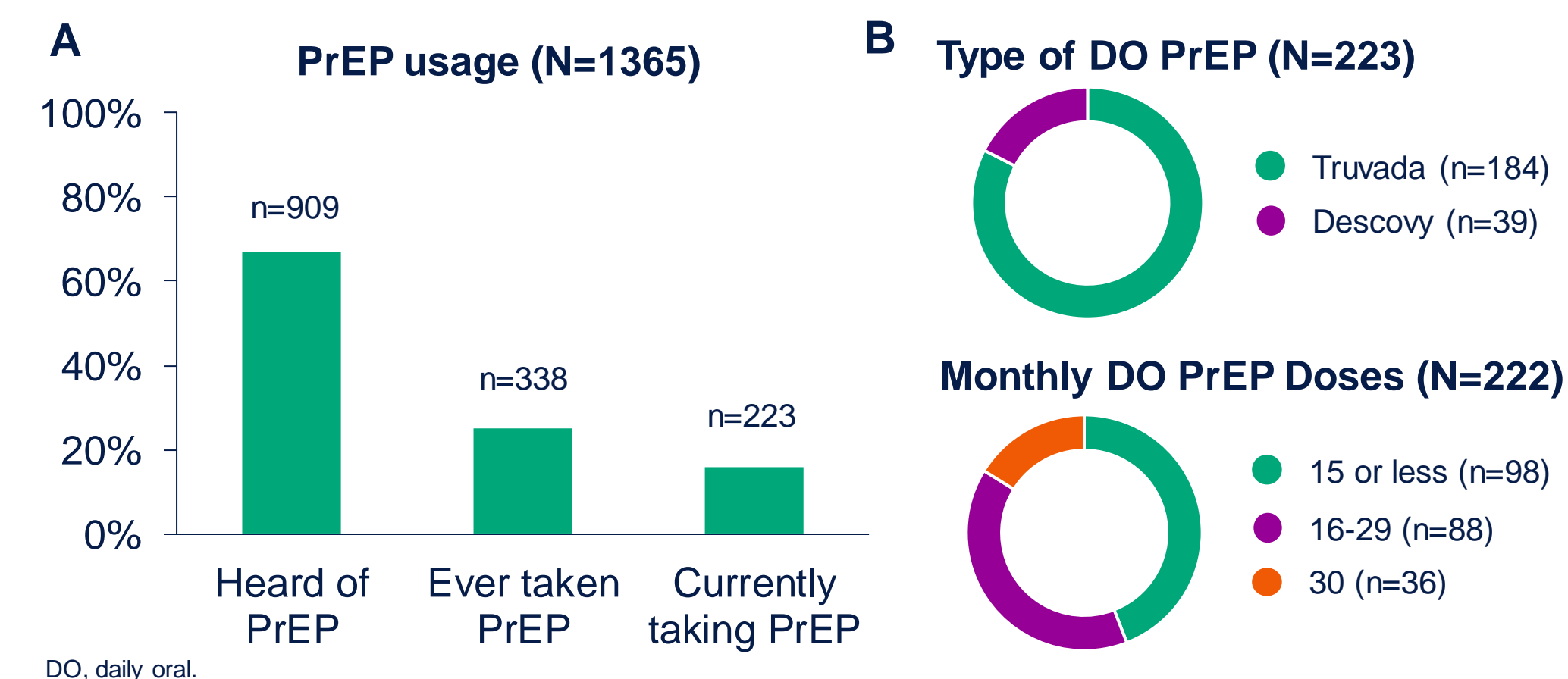
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Figure 2. PrEP Awareness (A) Overall and (B) by Demographic Characteristics



^aOther includes bisexual, asexual, pansexual, polysexual, or any other sexual identity. HCP, healthcare provider; LA, long-acting.

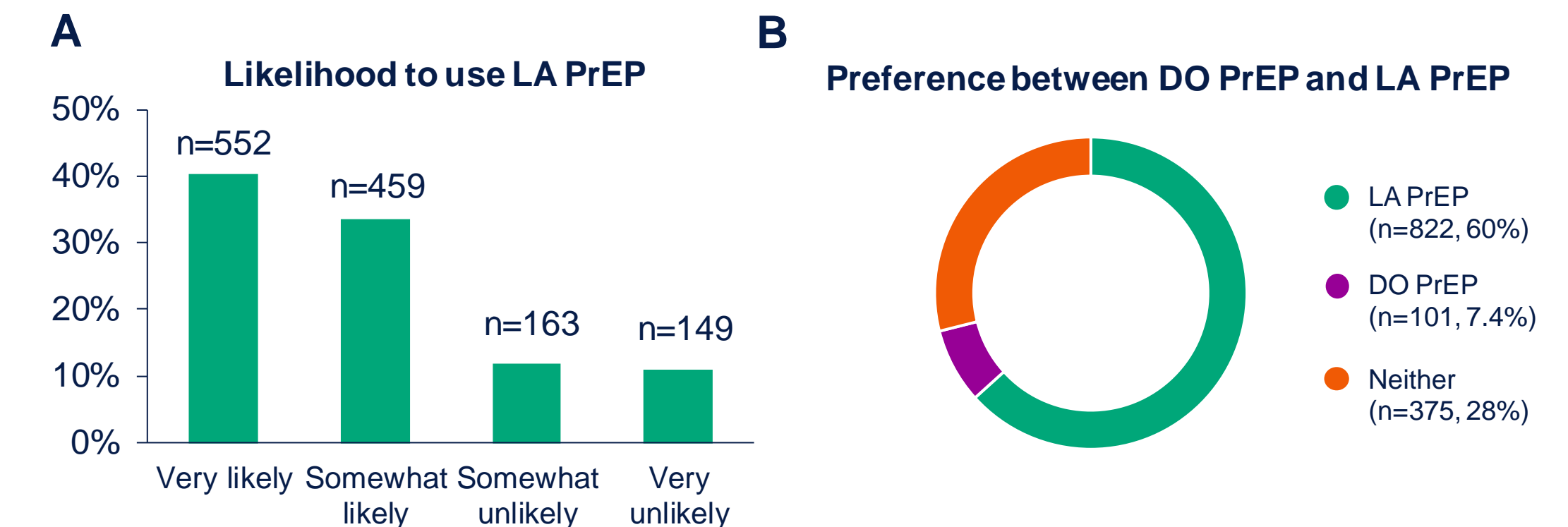
Figure 3. PrEP Usage



LA PrEP Willingness

- Most participants reported being very or somewhat likely to use LA PrEP (Figure 4A)
- The top participant-reported reason for interest in LA PrEP was its effectiveness at preventing HIV, while participants reported being disinterested in using LA PrEP due to thinking that they did not need LA PrEP or had concerns about side effects

Figure 4. (A) Likelihood to Use LA PrEP and (B) PrEP Preferences



LA, long-acting; STI, sexually transmitted infection.

Table 2. Factors Associated with LA PrEP Willingness

Predictor	Beta Coefficient (SE)	Wald Chi-Square	Odds Ratio (95% CI)	P-value
Race/Ethnicity (Reference: Black [non-Hispanic])				
Black (Hispanic)	0.67 (0.22)	9.65	1.96 (1.28, 3.00)	<0.01
Other (Hispanic)	0.62 (0.26)	5.65	1.86 (1.12, 3.11)	0.02
Relationship Status (Married/Domestic Partner vs Other)	0.61 (0.20)	9.65	1.84 (1.25, 2.70)	<0.01
Know of a person who has ever taken PrEP (Reference: No)				
Yes, I know of a person or people who currently take PrEP	0.53 (0.25)	4.44	1.69 (1.04, 2.76)	0.04
Yes, I know of a person or people who took PrEP in the past and no longer take it	-0.59 (0.25)	5.33	0.56 (0.34, 0.92)	0.02
Current or prior use of oral PrEP (Reference: Never)	1.08 (0.36)	9.24	2.94 (1.47, 5.90)	<0.01

SE, standard error.

- Factors associated with willingness to use LA PrEP included Hispanic ethnicity, relationships other than marriage or domestic partnership, current or prior use of DO PrEP, or knowing a person who is currently taking PrEP (Table 2)

PrEP Preferences

- Most participants (79%) reported that they were very or somewhat likely to use any HIV prevention option
- Prevention options of choice among 1252 respondents included condoms (44%), HCP-administered LA PrEP (27%), self-administered LA PrEP (18%), and oral PrEP pills (8%)
- When asked their preference between DO PrEP and LA PrEP, most participants preferred LA PrEP (60%) to DO PrEP (7%) or neither option (28%; Figure 4B)

Conclusions

- **PrEP Awareness:** Most participants had heard of PrEP, and almost half of participants had heard of LA PrEP
- **PrEP Usage:** A small proportion of participants reported ever using or current use of oral PrEP, and half of current users reported adequate adherence (16+ doses/month); patients were most likely to discontinue PrEP due to concerns about medication costs and side effects
- **PrEP Willingness:** Interest in LA PrEP was high across subgroups, although future studies should ask about willingness to start PrEP in the immediate future in order to get a more accurate proxy for actual uptake

References: 1. Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Accessed June 23, 2022. 2. Huang et al. *MMWR Morb Mortal Wkly Rep.* 2018;67:1147-1150. 3. Blackwell et al. *J Nurse Pract.* 2022 [Epub ahead of print].

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