



Awareness and Preferences for Every 2 Month Long-Acting Injectable HIV Pre-exposure Prophylaxis (PrEP) Versus Daily Oral PrEP Among Cisgender Women in the United States and the Dominican Republic

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Key Takeaways

- Education and outreach to cisgender women (CGW) regarding potential reasons for HIV prevention such as sex in high HIV incidence areas, sex work, sex with multiple partners, and sex without condoms are necessary
- CGW prefer to receive HIV prevention engagement in settings which can vary by geography: DC most preferred family planning or primary care while the DR preferred pharmacies or sexual health clinics
- Over 70% would prefer every 2-month injectable PrEP over daily oral PrEP
- A strategy to increase PrEP coverage in CGW may be to engage them about the various options for HIV prevention in the setting they most prefer

Introduction

- Globally as of 2022 in those 15 years or older, cisgender women (CGW) represent 53% of people with HIV and 45% of new HIV acquisitions¹
 - In the US, 54% of new diagnoses in CGW are in Black women²
 - Female sex workers (FSW) are 30 times more likely to acquire HIV (vs women overall)³
- HIV pre-exposure prophylaxis (PrEP) coverage* in US CGW remains low at 15%.⁴ Long-acting injectable (LAI) PrEP, approved by the FDA in December of 2021, may help expand PrEP use
 - CDC data from January 2013 through September 2022 shows 7.0% of US people prescribed oral PrEP were female compared to 12.5% for injectable PrEP⁵
- Presented here are descriptive results of a mixed methods study assessing awareness and preferences for PrEP in CGW from two distinct populations
 - Analyses of PrEP preference predictors within this study population are presented in poster #1415
 - Qualitative study results were previously presented at IDWeek 2023⁶

Methods

- Cross-sectional surveys were conducted among CGW in Washington, D.C. (DC) and Santo Domingo, Dominican Republic (DR) from November 2022 through July 2023
 - In DC, CGW were recruited in reproductive health clinics; in the DR, all participants were female sex workers recruited by peer navigators
 - For inclusion, CGW were 18 years of age or above, receiving care at the participating clinic, and not living with HIV
 - Those living with HIV or unable to provide informed consent were excluded

Results

- 302 CGW participated in the study from DC. **Table 1** shows select demographics and characteristics of these women
- An additional 300 participants were involved in the study from the DR. All identified as mixed race and Latina ethnicity. **Table 2** shows additional select demographics and characteristics of these women
- 71.2% (DC) and 94.3% (DR) had never heard of oral PrEP while 91.1% (DC) and 98.3% (DR) had never heard of LAI PrEP

PrEP Interest, Population Characteristics, and Opinions on HIV Prevention

- Figures 1 & 2** show results of each group asked, “Would you be interested in using some form of PrEP to help prevent HIV?” 14.7% of DC respondents said probably/definitely yes compared to 90.0% of DR CGW
 - This is reflective of responses showing that 87.8% of DC CGW thought their chances of acquiring HIV were not likely/impossible, when DR CGW responded 46.7% very/somewhat likely (**Table 3**)
- The top 3 reasons DC CGW gave for never using PrEP were “Never heard of it” (62.0%), “Don’t think I have reasons for HIV prevention” (14.7%), and “No one has ever offered it” (11.6%) (**Table 3**)

DC Results

Table 1. Select Demographics and Behavioral Characteristics (DC)

Variables [n (%)]	n=302
Race and ethnicity (select all that apply)	
American Indian or Alaskan Native	4 (1.3)
Asian	2 (0.7)
Black or African American	261 (86.4)
Hispanic or Latina/x	23 (7.6)
White	19 (6.3)
Sexual orientation	
Bisexual	59 (19.5)
Heterosexual	221 (73.2)
Other orientations not listed ¹	22 (7.3)
Current insurance (select all that apply)	
Medicaid	217 (71.9)
Medicare	41 (13.6)
Private health plan	51 (16.9)
Not currently insured	3 (1.0)
Other coverage not listed ²	5 (1.7)
Age, years [Mean (standard deviation, SD)]	30.5 (8.8)
Single/never married	192 (63.6)
Number of children [Mean (SD)]	1.7 (1.7)
≥ 6 drinks containing alcohol on one occasion , monthly or more often	36 (11.9)
Recreational drug use , ever	105 (34.8)
Sexual partner violence , last 6 months ³	17 (6.1)
Not tested for HIV , past 12 months	96 (31.8)
Number of sexual partners , past 6 months [Mean (SD)]	2.1 (2.4)
Condom use always , past 6 months	14 (6.5)

¹ Sexual orientation [n (%): Asexual, 7 (2.3); Lesbian, 5 (1.7); Pansexual, 3 (1.0); Other orientation not listed, 7 (2.3) ² Current insurance [n (%): Affordable Care Act (ObamaCare), 3 (1.0); PrEP-DAP 0 (0%); Tricare/CHAMPUS, 1 (0.3%); Veterans Administration, 1 (0.3%) ³ Sex partner hit, slapped, kicked, pushed, shoved or otherwise physically hurt participant

DR Results

Table 2. Select Demographics and Behavioral Characteristics (DR)

Variables [n (%)]	n=300
Race and ethnicity	
Hispanic or Latina/x	300 (100.0)
Mixed Race	300 (100.0)
Current insurance (select all that apply)	
Private health plan	16 (5.3)
Insurance subsidized by the government	223 (77.7)
No health insurance	51 (17.0)
Age, years [Mean (standard deviation, SD)]	32.8 (11.0)
Single/never married	241 (80.3)
Number of children [Mean (SD)]	2.5 (2.4)
≥ 6 drinks containing alcohol on one occasion , monthly or more often	256 (85.3)
Recreational drug use , ever	78 (26.0)
Sexual partner violence , last 6 months ¹	37 (12.3)
Not tested for HIV , past 6 months	124 (41.3)
Condom use always , past 30 days	
with new clients (n=221)	196 (88.7)
with regular clients (n=288)	243 (84.4)
with steady/regular partners (no payment for sex acts) (n=234)	97 (41.5)

¹ Sex partner hit, slapped, kicked, pushed, shoved or otherwise physically hurt participant

PrEP Interest, Population Characteristics, and Opinions on HIV Prevention, continued

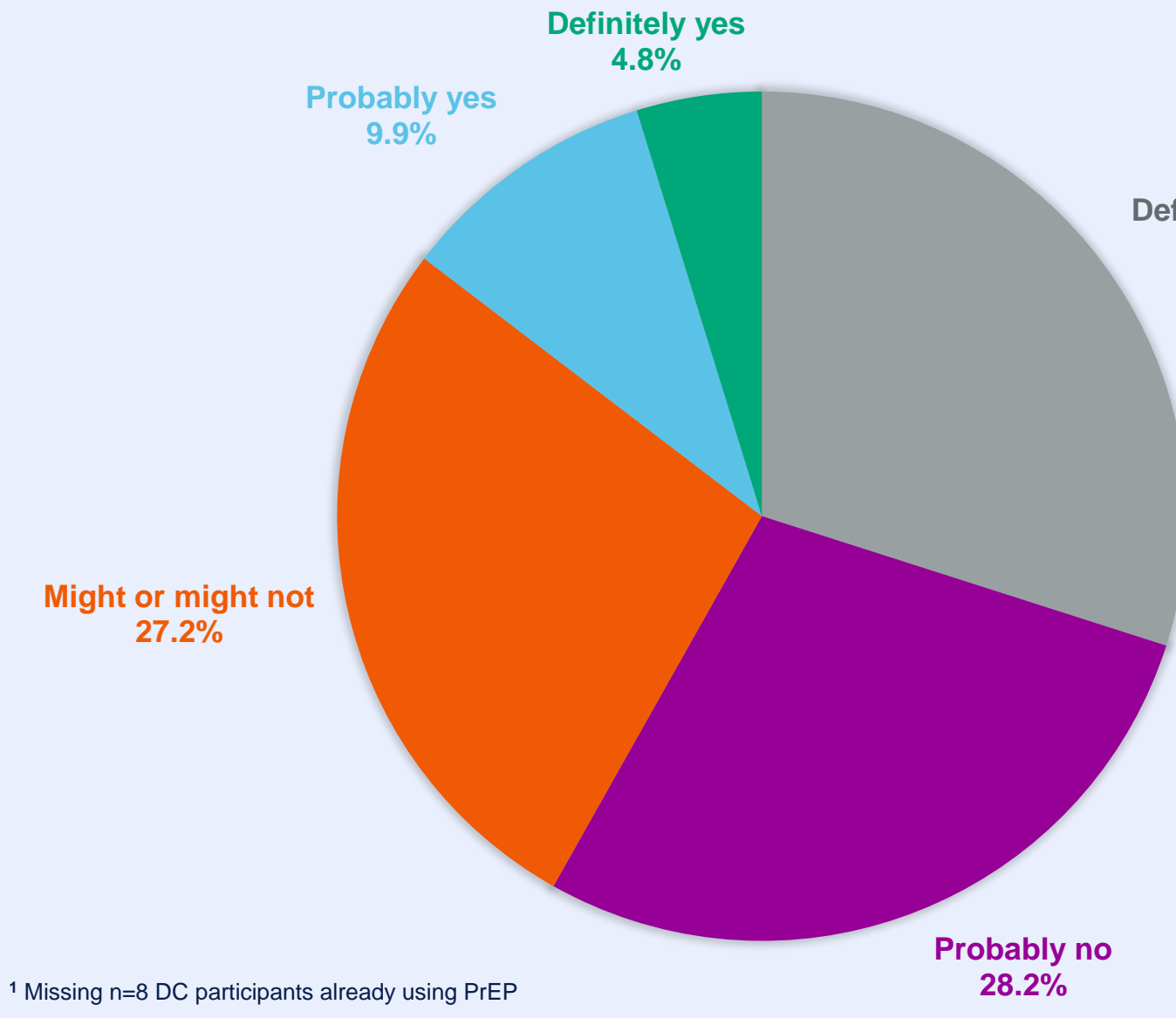
- Though most DC CGW thought themselves unlikely to acquire HIV, there was a mean of 2.1 sexual partners over the past 6 months, 6.5% reported always using a condom over the same timeframe, and 31.8% had not been tested for HIV within the past year (**Table 1**)
- DR CGW were more likely to use condoms with clients (84.4%-88.7% answering always) than with non-clients (41.5%), and 41.3% reported no HIV test over the past 6 months (**Table 2**)
- DC CGW were more likely than DR CGW to have ever used recreational drugs (34.8% vs 26.0%) while DR CGW were more likely to drink heavily (85.3% vs 11.9%) and to experience violence from a sexual partner (12.3% vs 6.1%) (**Tables 1 & 2**)

Acknowledgments:



Figure 1. Interest in Using PrEP: DC Participants

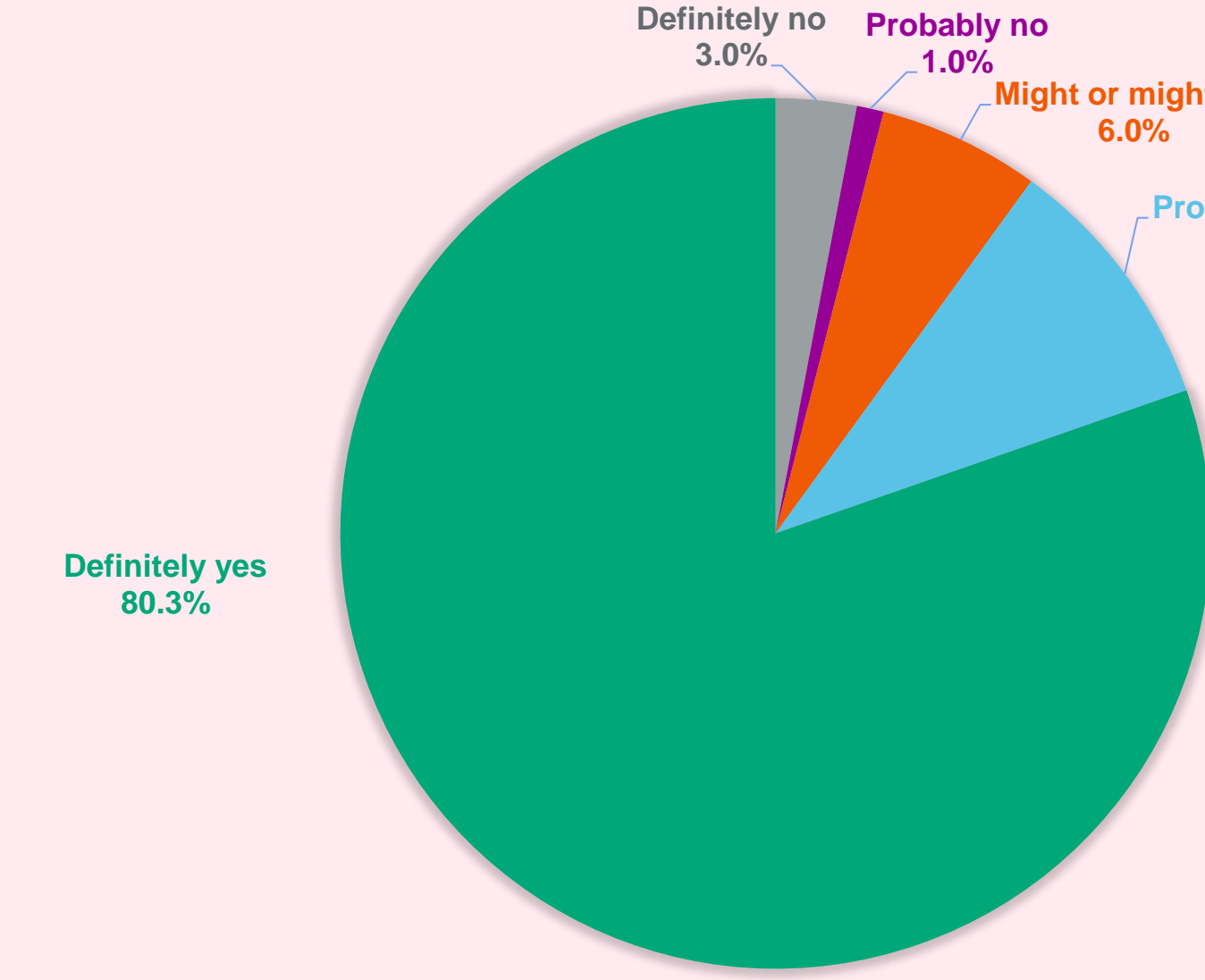
“Would you be interested in using some form of PrEP to help prevent HIV?” (n=294)¹



¹ Missing n=8 DC participants already using PrEP

Figure 2. Interest in Using PrEP: DR Participants

“Would you be interested in using some form of PrEP to help prevent HIV?” (n=300)



Medication Preferences

- Though slightly more DC women preferred, in general, to swallow pills vs receive an injection (51% v 49%, **Table 3**), the majority considered it easier to get to a clinic every 2 months (vs taking a daily pill) and would worry more about having PrEP pills discovered (vs worry about being seen at a PrEP clinic for injection). DR responses to the same questions trended toward an LAI option
- Across both settings there were various preferences for where to obtain PrEP services
 - DC CGW were most likely to prefer a family planning clinic (63.6%) or a primary care clinic (58.6%); DR CGW were most likely to prefer a pharmacy (32.0%) or a sexual health clinic (31.3%) (**Table 3**)
- When given a choice between a daily PrEP pill or an every 2-month PrEP injection, most in both settings have strong or some preference for an injectable PrEP given every 2 months (**Figure 3**)

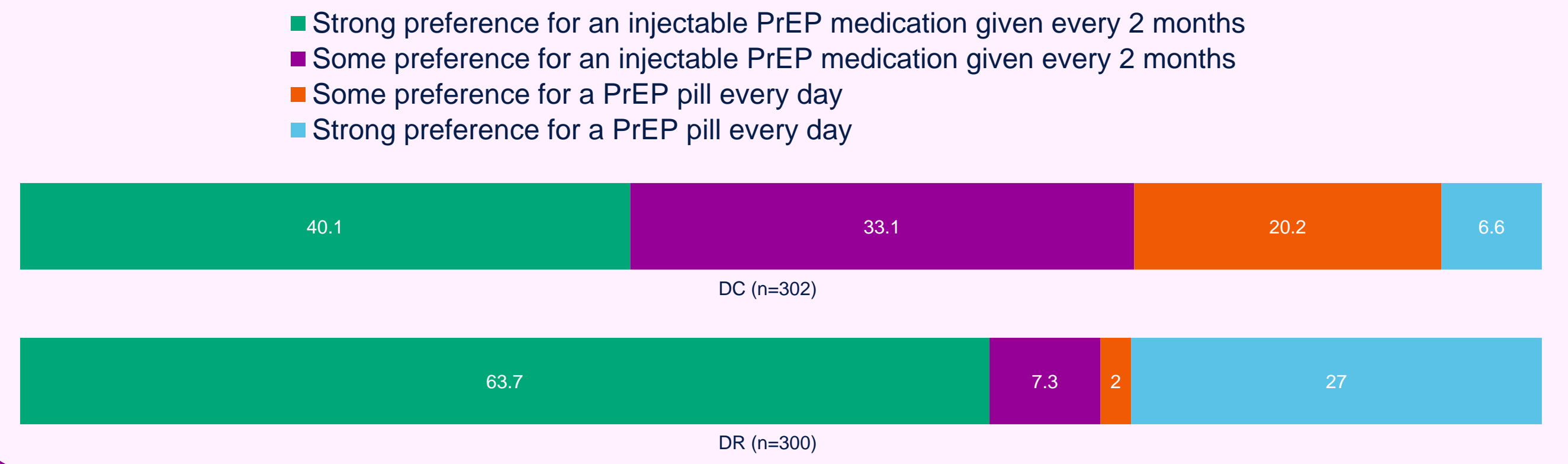
Results (combined), continued

Table 3. Medication Preferences and Opinions on HIV Prevention

Variables [n (%)]	DC (n=302)	DR (n=300)
Medication preference		
When thinking about medication choices in general, would you prefer to:		
Swallow a pill	154 (51.0)	90 (30.0)
Receive an injection	148 (49.0)	210 (70.0)
When thinking about medication choices in general, is it easier for you to:		
Remember to take a pill every day	106 (35.1)	120 (40.0)
Go to the clinic every 2 months	196 (64.9)	180 (60.0)
When thinking specifically about PrEP, would you worry more about:		
Being seen visiting a PrEP clinic to get a PrEP injection	121 (40.1)	133 (44.3)
Having others discover my PrEP pills	181 (59.9)	167 (55.7)
Location preference for obtaining PrEP services (select all that apply)		
Family planning clinic	192 (63.6)	11 (3.7)
Sexual health clinic	116 (38.4)	94 (31.3)
Primary care clinic	177 (58.6)	24 (8.0)
Pharmacy	87 (28.8)	96 (32.0)
Community center/based organization	25 (8.3)	62 (20.7)
Other location(s) not listed	62 (20.5)	11 (3.7)
Personal assessment of chances of ever acquiring HIV		
Very likely	9 (3.0)	65 (21.7)
Somewhat likely	28 (9.3)	75 (25.0)
Not likely	212 (70.2)	124 (41.3)
Impossible	53 (17.6)	36 (12.0)
Top reason for never being tested for HIV		
Don't think that I have HIV	n=40 25 (62.5)	n=16 10 (62.5)
Top reasons for never using PrEP (select all that apply)		
Never heard of it	181 (62.0)	-
Don't think that I have reasons to use HIV prevention	43 (14.7)	-
No one has ever offered it	34 (11.6)	-
Other reason(s) not listed	71 (24.3)	-

Figure 3. PrEP Modality Preferences

“Now we have some questions about the PrEP options currently available. These options are either taking a pill every day or receiving one injection into the muscle of your butt every 2 months at a clinic. If you were given a choice between an injectable PrEP medication given every 2 months OR taking a PrEP pill every day, would you have a:”



Conclusions

- DC interest in PrEP was low and generally aligned with low self-assessed chances of acquiring HIV. 90% in the DR showed high interest despite over half self-assessing unlikely/impossible chances of getting HIV, highlighting the importance of context-specific PrEP assessment
- Most DC CGW who have never used any form of PrEP said it was because they had not heard of it
- Over 70% of both groups showed some or strong preference for every 2-month LAI PrEP vs daily oral

*Defined as the number of persons who have been prescribed PrEP divided by the estimated number of persons who had indications for PrEP⁷

References: 1. WHO HIV estimates, July 2023. 2. CDC HIV Surveillance Report, 2021; vol. 34. 3. UNAIDS HIV and Sex Work; Human Rights Fact Sheet Series, 2021. 4. CDC Expanding PrEP Coverage in the US to Achieve EHE Goals. Dear Colleague Letter. 17 Oct 2023. 5. Zhu et al. CROI 2023; Seattle, WA, USA. Poster 980. 6. Kerrigan et al. IDWeek 2023; Boston, MA, USA. Poster 1843. 7. What is PrEP Coverage? America's HIV Epidemic Analysis Dashboard (AHEAD). 2022. <https://ahead.hiv.gov/ehe/indicators/prep>.



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