

# Opportunities for PrEP Awareness and Engagement: A Survey among Cisgender Women Seeking Healthcare in the US



Tonia Poteat,<sup>1</sup> Supriya Sarkar,<sup>2</sup> Leigh Ragone,<sup>2</sup> Kyli Gallington,<sup>3</sup> Karin Coyne,<sup>3</sup> Patrick Daniele,<sup>3</sup> Sonya Stanczyk,<sup>3</sup> Vani Vannappagari<sup>2</sup>

<sup>1</sup>Duke University, Durham, NC, USA; <sup>2</sup>ViiV Healthcare, Durham, NC, USA; <sup>3</sup>Evidera, Wilmington, NC, USA



## Key Takeaways

- ➡ **185 sexually active women at health clinics in EHE areas completed a comprehensive survey assessing their healthcare engagement, sexual health, and PrEP awareness and interest.**
- ➡ **Awareness of PrEP was low among participants despite living in HIV geographic hotspots; only one participant reported ever taking PrEP in the past.**
- ➡ **HCPs practicing in EHE areas should speak to their patients, especially those who are cisgender women, about PrEP, as newer forms of PrEP are now available.**

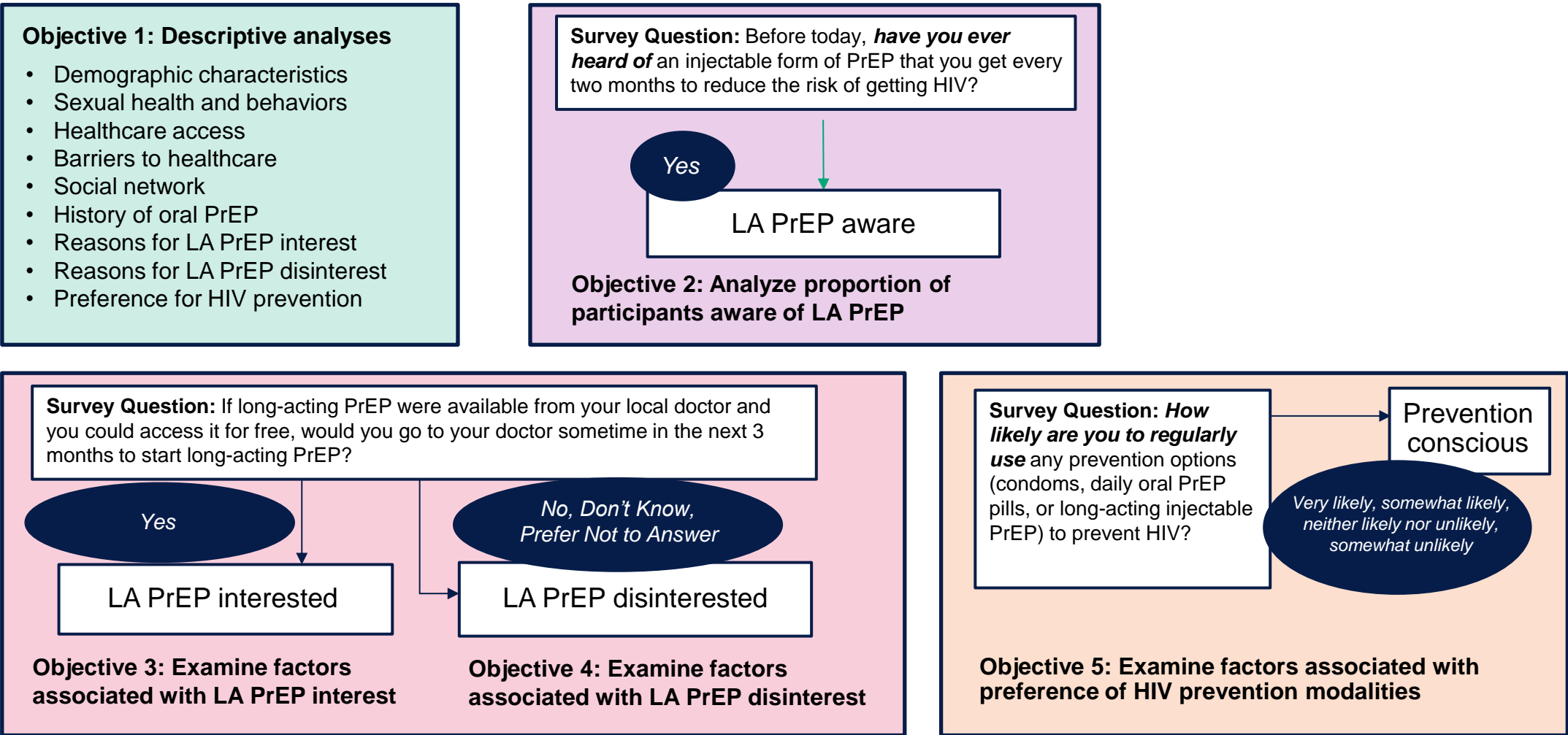
## Introduction

- Women accounted for 18% of incident HIV diagnoses in the US in 2022
- Although HIV pre-exposure prophylaxis (PrEP) has been available for over a decade, only 8% of current PrEP users are women and approximately 15% of women who could benefit from PrEP are prescribed it
- Efforts to advance health equity in PrEP and other HIV prevention strategies is a primary goal of the US initiative *Ending the HIV Epidemic* (EHE)
  - The initiative focuses on HIV geographic hotspots, which includes 48 counties and seven states
- These data highlight the need to close the PrEP gap, especially as newer options, such as long-acting (LA) PrEP, are available
- This study assessed PrEP awareness and interest among healthcare-seeking cisgender women

## Methods

- Cisgender women seeking care at 3 health clinics in EHE areas were recruited to complete an ~90 item survey across the US between October – December 2022
  - Seattle, St. Louis, and Philadelphia
- Survey covered demographics, sexual and reproductive health, healthcare engagement, and HIV prevention, including PrEP awareness and interest.
- Inclusion criteria
  - ≥18 years of age
  - US resident
  - Self-reported penetrative sex in the past six months
  - Unknown or negative HIV status
- Descriptive statistics were conducted using SAS software (version 9.4)

Figure 1. Study Design and Objectives



## Results

- 185 participants completed the survey (Table 1)
- 172 (93%) reported living in an EHE geographic hotspot
  - US Region: Northeast – 24.3%, Midwest – 41.1%, South – 2.2%, West – 32.4%

Table 1. Participant Demographics

Baseline Characteristic	Participants (N = 185)
Age (years), mean (SD)	29.6 (7.8)
Age Group (years), n (%)	
18-24	54 (29.2%)
25-29	48 (25.9%)
30-34	40 (21.6%)
35+	43 (23.2%)
Race*, n (%)	
Asian	13 (7.0%)
Black	49 (26.5%)
White	97 (52.4%)
More than one race	14 (7.6%)
Another Race†	6 (3.2%)
Relationship Status‡	
Single or dating	127 (68.6%)
Married or domestic partnership	47 (25.4%)
College Degree	82 (44.3%)
Health Insurance§	
Private (purchased through employer)	66 (35.7%)
Medicare, Medicaid, or some other Medical Assistance program	56 (30.3%)
Parent's Healthcare Plan	30 (16.2%)
No coverage	17 (9.2%)

SD = standard deviation  
\* Race information missing in 6 (3.2%) individuals  
† Another race included American Indian, Alaska Native, or Other Race  
‡ Ten individuals reported relationship status as separated (n=2), divorced (n=8), or prefer not to answer (n=1)  
§ Additional responses included health plan purchased through exchange (n=6), spouse's health plan (n=5), other health plan (n=5), did not know (n=4), TRICARE/Veteran's Administration/Military (n=1), Preferred not to answer (n=1)

## Healthcare Engagement

Table 2. Common HCP Types Visited in the Past Two Years

Provider Type	%
Primary Care Provider	67.2%
OB/GYN or Family Planning	55.2%
Urgent Care Provider	35.6%
Psychiatrist/Mental Health Provider	33.9%
Specialist Provider	24.7%
Emergency Room Provider	21.8%

## Healthcare Discussions with HCP

Figure 2. Proportion of Participants Discussing Health Topics with HCP

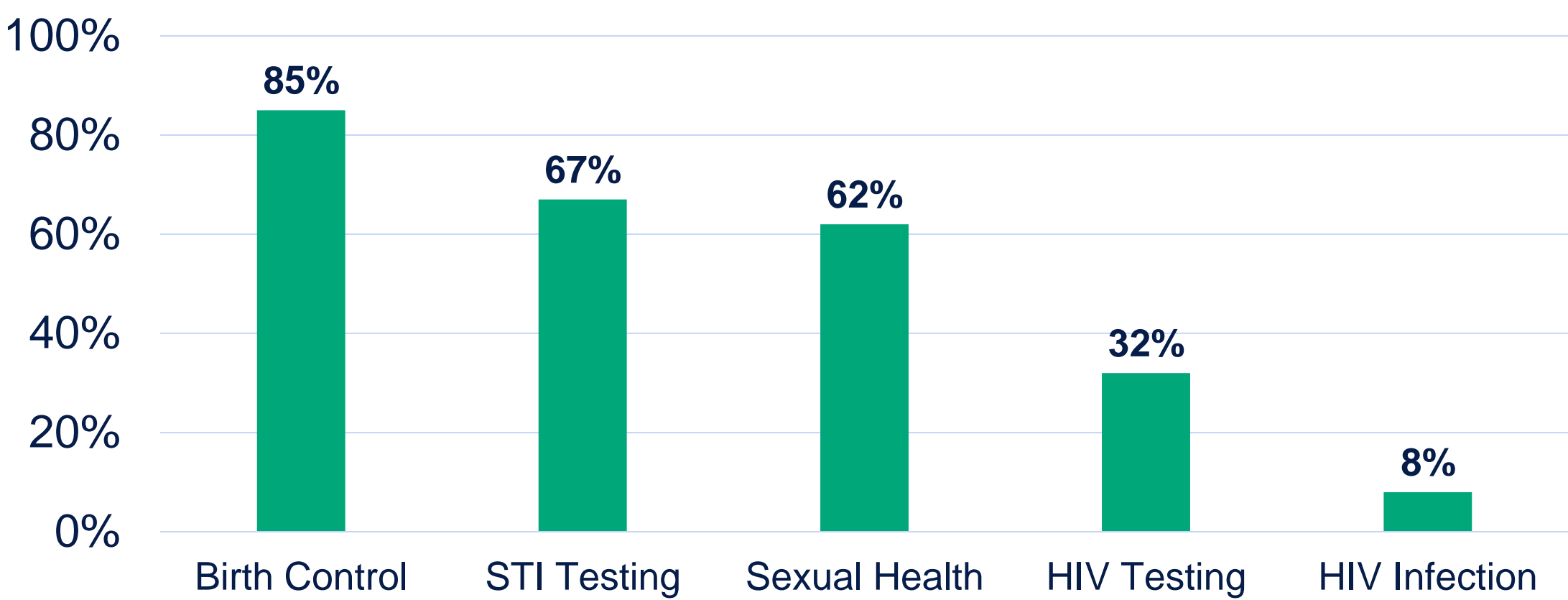
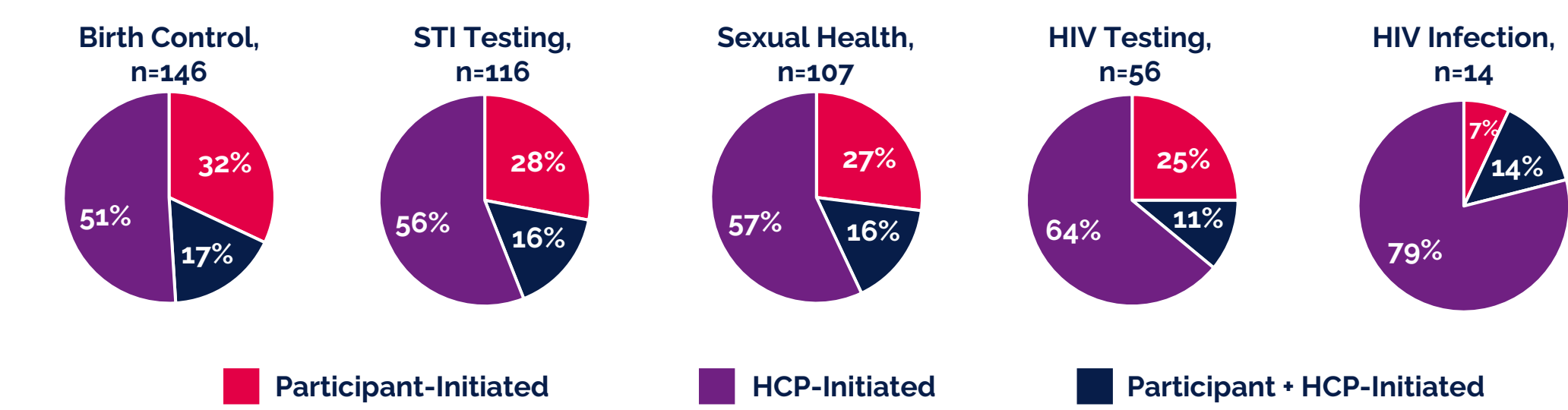


Figure 3. Participant and HCP Conversations, by Health Topic



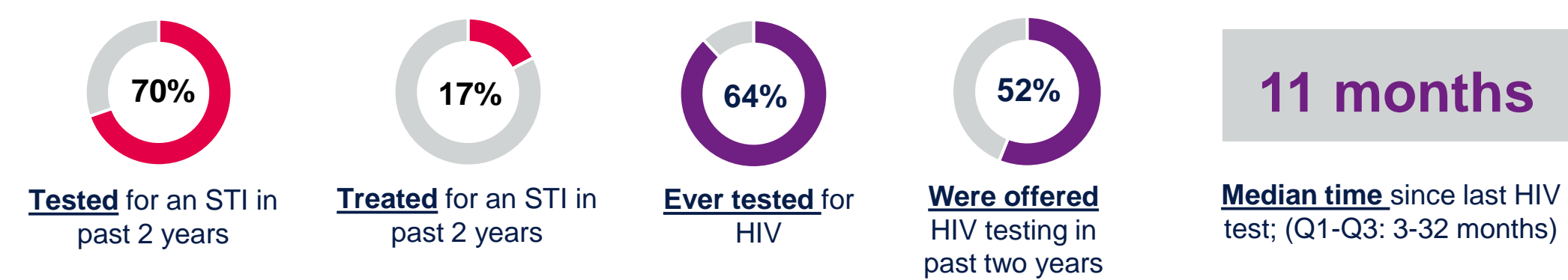
## Reproductive and Sexual Health

- 75.4% of participants were currently using a method to prevent pregnancy
  - Male condoms were the most common form of contraception used (40.3%), and 8% reported that they used condoms all the time
- More than half of participants reported multiple sexual partners over the past year; however, less than a third knew their partners' HIV status (Figure 4)
- Most participants received HIV testing in the past and STI testing in the past 2 years (Figure 5)

Figure 4. Sexual Behavior Among Participants

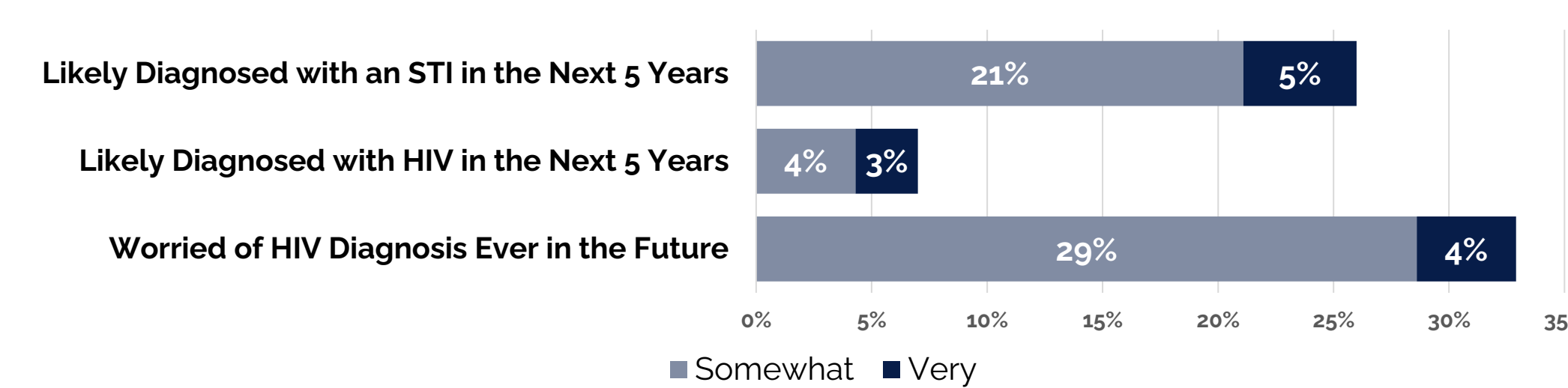


Figure 5. STI and HIV Testing Among Participants



## Future HIV and STI Risk Perception

Figure 6. Likelihood and Worry Level of Future Self STI and HIV Diagnoses



## HIV Prevention Intention

- Most participants reported that they were very likely (39.5%) or somewhat likely (27.6%) to regularly use any HIV prevention option (condoms, daily oral (DO) PrEP, LA PrEP)
  - 81.1% stated that male condoms were their preferred method of HIV prevention
  - Only 31.9% reported using a condom during their last sexual encounter

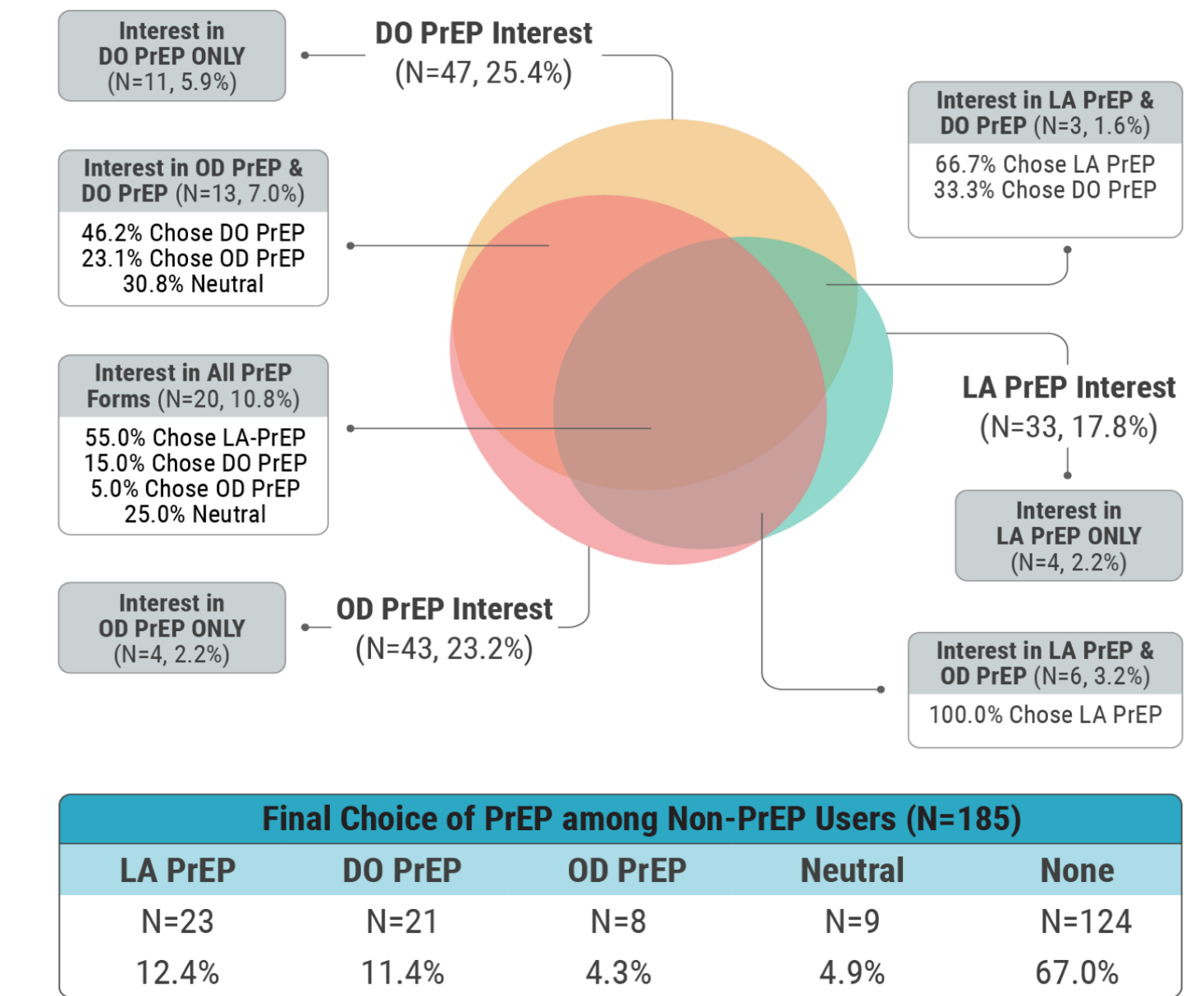
## PrEP Awareness and History

- 51.4% of participants had heard of oral PrEP compared to 17.8% and 10.8% who reported ever hearing of LA PrEP and on-demand (OD) PrEP, respectively
- PrEP awareness was highest among women who were White (58.8%) and 30-34 years old (65.0%)
- PrEP awareness was lowest among women who were Black (42.9%) and 18-24 years old (46.3%)
- Only 4.9% stated that they had ever spoken to their HCP about PrEP
- Only one participant reported ever taking PrEP; no participants were currently on any type of PrEP

## PrEP Interest

- Although most participants were not interested in taking PrEP (67.0%), LA PrEP was the preferred choice when asked to choose one option (Figure 7)

Figure 7. Proportion of Participants Interested in PrEP, by Modality



- The most common reasons for wanting to start LA PrEP were: "Effectiveness at preventing HIV" (97.0%); "Affordability" (57.6%); "Lifestyle convenience" (48.5%); and "Ease of use" (45.5%)
- Interest in LA PrEP varied slightly across age and racial groups
  - Participants aged 30-34 expressed highest interest in LA PrEP (22.5%)
  - Participants who were Asian (23.1%) and of more than one race (28.6%) expressed highest interest in LA PrEP

## LA PrEP Disinterest

- Common reasons for not wanting to start LA PrEP: "I don't need it" (59.6%); "I don't think I'm at risk of HIV" (54.8%); and "I don't like needles/injections" (21.2%)

## Conclusions

- PrEP awareness and usage remain considerably low in the US among cisgender women who are engaged with the healthcare system and could benefit from PrEP
- Efforts to increase awareness of PrEP among women and HCPs in the US are needed, and newer PrEP options may provide HCPs opportunities to discuss PrEP in conjunction with other sexual and reproductive health topics





## Disclaimer

**This content was acquired following an unsolicited medical information enquiry by a healthcare professional. Always consult the product information for your country, before prescribing a ViiV medicine. ViiV does not recommend the use of our medicines outside the terms of their license. In some cases, the scientific Information requested and downloaded may relate to the use of our medicine(s) outside of their license.**