



Improving HIV Pre-Exposure Prophylaxis (PrEP) Uptake During the COVID-19 Pandemic

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Background

- Pre-exposure Prophylaxis (PrEP) is a combination of antiretroviral medications taking daily to reduce the risk of Human Immunodeficiency Virus (HIV) infection
- 1.2 million United States (U.S.) adults could benefit from PrEP; <1 in 4 are receiving it
- Baseline facility data from July 30th, 2020 revealed 13.3% of possible PrEP candidates were receiving it
- Pre-implementation PrEP users (n=48) were mostly black (n=21, 43.8%) males (n=45, 93.8%) 35-44 years old (n=18, 37.5%)

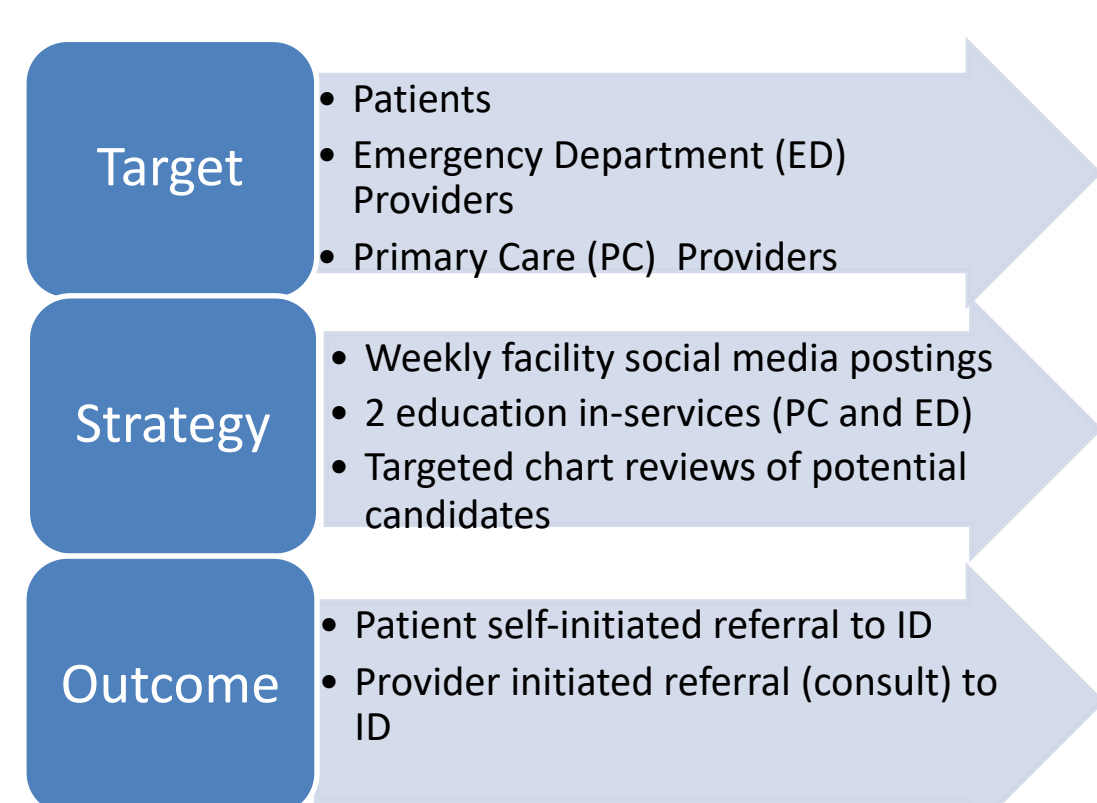
Acute HIV cases have **doubled** during the COVID-19 pandemic—unmet need for PrEP has been exacerbated

Objectives

- Quality Improvement (QI) Project:** Implement a telehealth PrEP program based on the Centers for Disease Control and Prevention (CDC) guidelines
- Setting:** The Infectious Diseases (ID) Department at a large metropolitan medical center in a U.S. Department of Health and Human Services (HHS) designated HIV hot spot
- Short Term Goal:** Increase facility PrEP users to 75 between August 31st, 2020 and December 16th, 2020
- Long Term Goal:** 100% of the facility's potential PrEP candidates will be offered PrEP 1 year from QI implementation to align with HHS' *Ending the HIV Epidemic: A Plan for America*

Methods

- Protocolization:** Standardized PrEP telehealth ID program
- Recruitment:** 2-arm approach targeting patients and providers in high volume service areas
- Data Definitions:** PrEP users were defined as individuals with any Food and Drug Administration (FDA) approved active PrEP prescription during designated timeframe



Analysis:

- PrEP users were longitudinally tracked on run chart
- Paired t-test compared differences in PrEP candidate referrals to ID pre-post implementation
- Descriptive statistics captured PrEP user demographics pre-post implementation

Results

Outcome Measures

Fig 1. Total Facility HIV PrEP Users

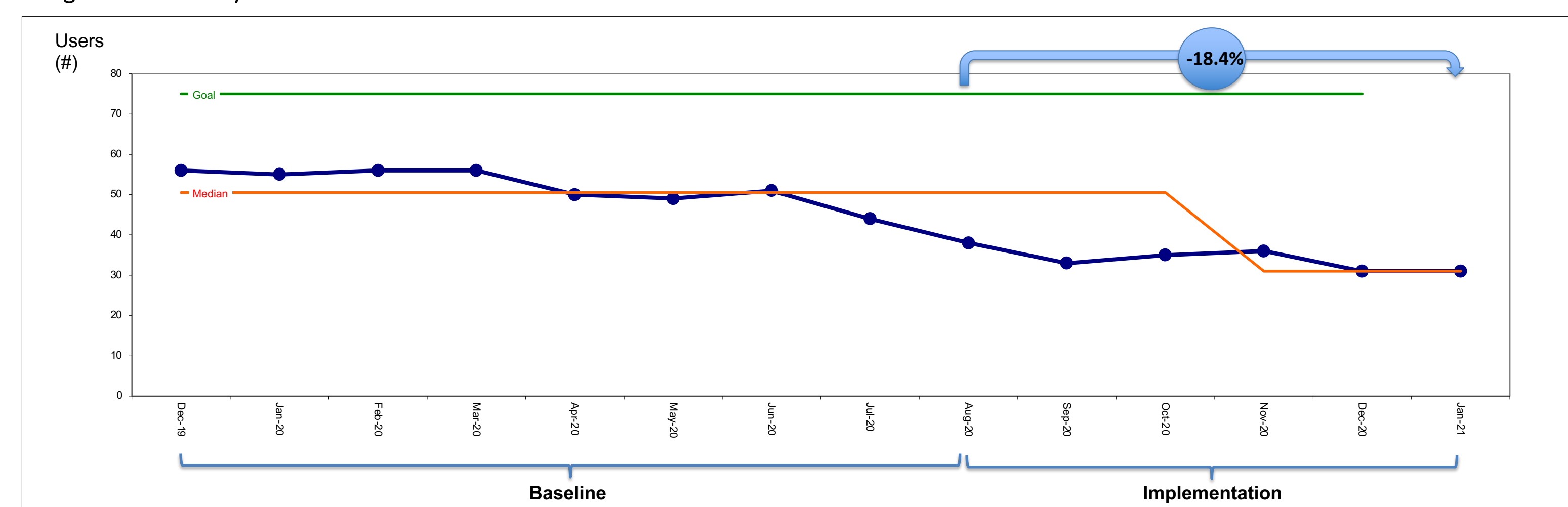


Table 1. Post-Implementation Facility HIV PrEP User Characteristics

	Post- Implementation*
Total PrEP Users (n)	31
Age	<35 years (n=12, 38.7%) 35-44 years (n=11, 35.5%) 45-54 years (n=3, 9.7%) 55-64 years (n=3, 9.7%) 65+ years (n=2, 6.4%)
Birth Sex	Male (n=30, 96.8%) Female (n=1, 3.2%)
Race	Black (n=16, 51.5%) White (n=11, 35.5%) Pacific Islander (n=2, 6.5%) Unknown or multiple (n=2, 6.5%)

*Data from February 11, 2021

PrEP Uptake:

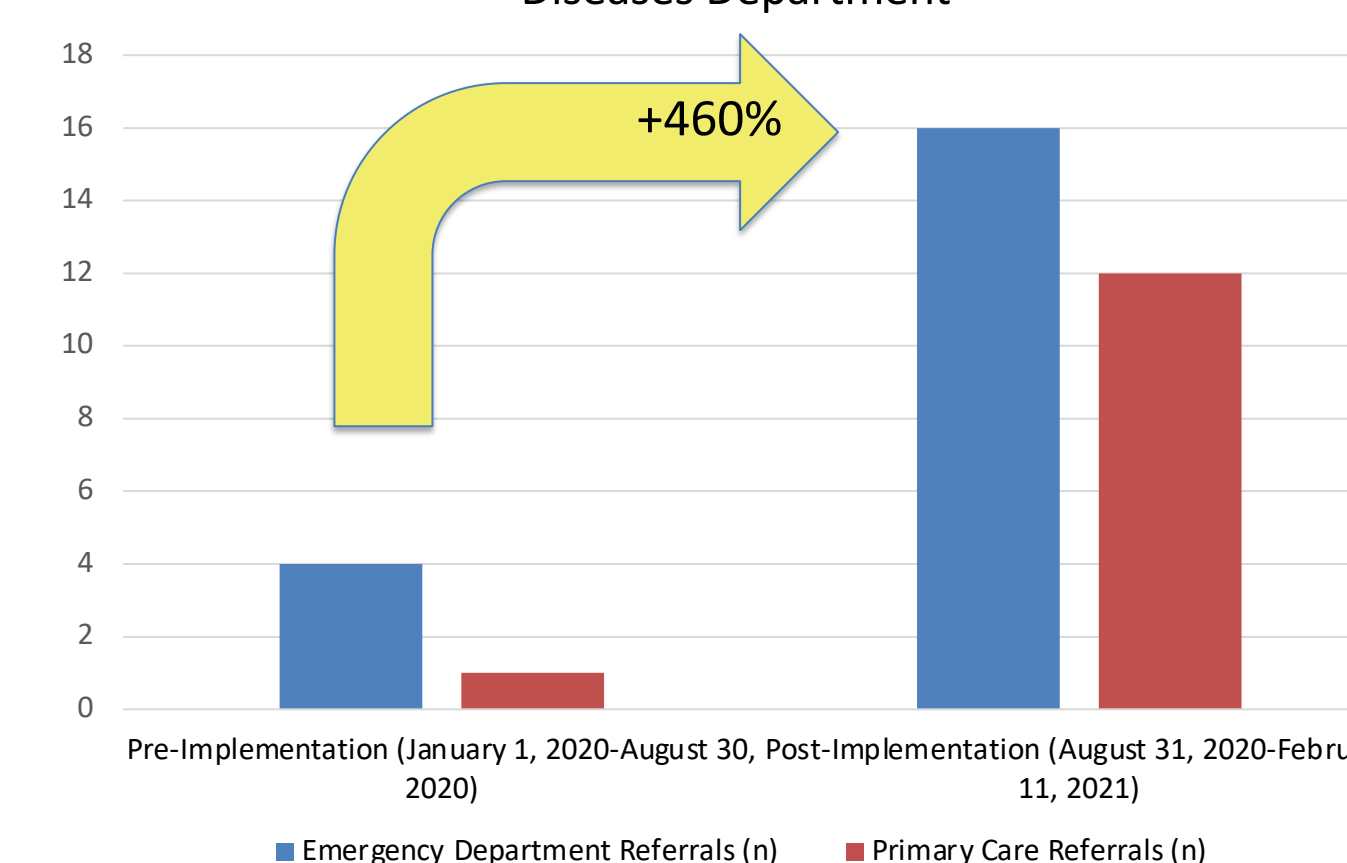
- Aggregate post-intervention facility data indicates that 12.7% of possible candidates were receiving PrEP
- There was an 18.4% decrease in PrEP users during implementation, but there was also a decrease in user discontinuation (Fig 1)
- Change in post-implementation PrEP user demographics to majority <35 years (n=12, 38.7%) (Table 1)

Process Measures

Identification and Linkage to Care:

- Provider referrals (Fig 2) to ID from high volume patient areas for potential PrEP candidates increased 460% between pre-post implementation (p=.03) (Fig 2)

Fig 2. Source of Provider PrEP Referrals to Infectious Diseases Department



Discussion

- Preliminary data suggests that this QI project may have **reduced PrEP user discontinuation** following a decline during the COVID-19 pandemic
- Low percentage of PrEP users** pre-post implementation may be related to the effect of COVID-19 on clinic follow-up and illustrates the need for improvement in candidate linkage to care
- The change to a **predominately younger demographic** may translate to a larger decrease in HIV transmission given the relative risk of different cohorts

Conclusions

Practice Implications

- Based on short-term results of **increased identification and referrals** of PrEP candidates to ID, sustainability of this QI project is planned and sustainability will be assessed
- Efforts specific to the identification and engagement of older PrEP candidates should be considered to **ensure equitable access to HIV prevention**

Future Opportunities

- Additional **cross-departmental collaboration** should be initiated to improve facility-wide PrEP uptake
- QI projects to address other areas of the **PrEP care continuum** (i.e. retention in care) should be undertaken
- Ongoing assessment should be considered to evaluate the success of this QI project in the **post-COVID-19 pandemic era**

References

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