HIV pre-exposure prophylaxis (PrEP) is an effective HIV prevention tool; however, little is known about PrEP uptake, initiation, and persistence among patients prescribed PrEP in STD clinics1,2,3.

Methods
July 2016 through March 2017:
- Clinic staff compiled reports detailing the eligibility and prescription of PrEP in the Detroit Public Health STD Clinic.
May 2017:
- Staff called patients prescribed PrEP to determine:
  - If they had started PrEP
  - Were still on PrEP
  - Reasons for never initiating or discontinuing PrEP

Statistical Analyses:
- Chi-square tests were used to evaluate differences in PrEP initiation and discontinuation by age and race
- Proportional hazards regression was used to assess differences in mean duration on PrEP (i.e., persistence) by age and race

Results
- 161 patients eligible for PrEP
  - 71 (44%) prescribed PrEP
  - Interviewed 45 (63%)
  - 34 (76%) had initiated PrEP
  - 17 (50%) discontinued (mean of 92 days after prescription)
- No significant difference in initiation or discontinuation by age or race by persistency by race
- 18-24 year olds had shortest mean persistence (62 days), 35-44 had longest mean persistence (146 days) though not statistically significant

Reasons for Non-Initiation and Discontinuation

Conclusions
- PrEP prescribed < half eligible patients
- 76% confirmed first prescription filled
- Mean duration on PrEP < 6 months
- Need further evaluation of why eligible patients not prescribed PrEP, intensified support services for PrEP persistence, and improved patient counseling about potential side effects

Next Steps
PrEP Implementation Study: April 2017 through May 2018
- Enhanced care and follow up of all PrEP patients
- Study enrollment for consenting patients with evaluation of self-efficacy, internalized homophobia, adherence, and missed appointments
- Implementation of WelTel two-way text messaging platform

Future Analyses:
- Reevaluate PrEP cascade
- Determine predictors of primary non-adherence and early discontinuation

References