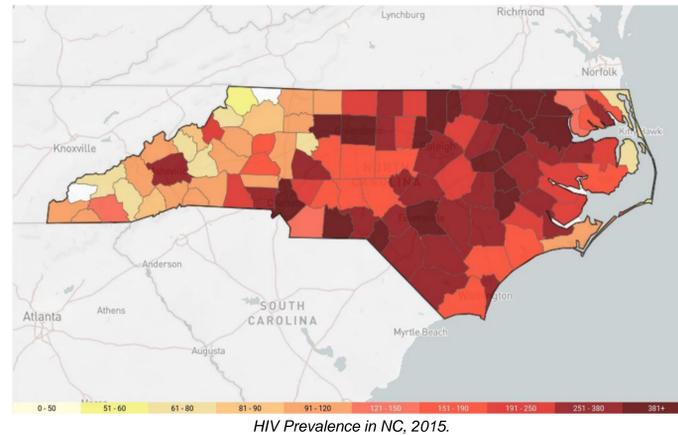


## Background

- HIV remains a major public health threat as there are an estimated 1.2 million people living with HIV infection in the United States.<sup>1</sup>
- Between 2010 to 2015, the estimated number of yearly HIV infections declined 8%.<sup>2</sup>
- The Southern U.S. bears a high burden of established and new HIV infections. Approx. 52% of new infections are found in the South, despite this region only possessing 37% of the national population.
- North Carolina was ranked No. 8 for the number of new infections in 2015.<sup>3</sup>

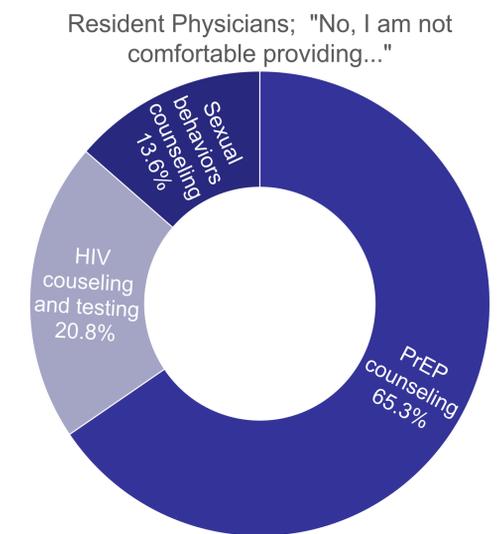


## Results

**Table 1.** Physician Demographics (N=72).

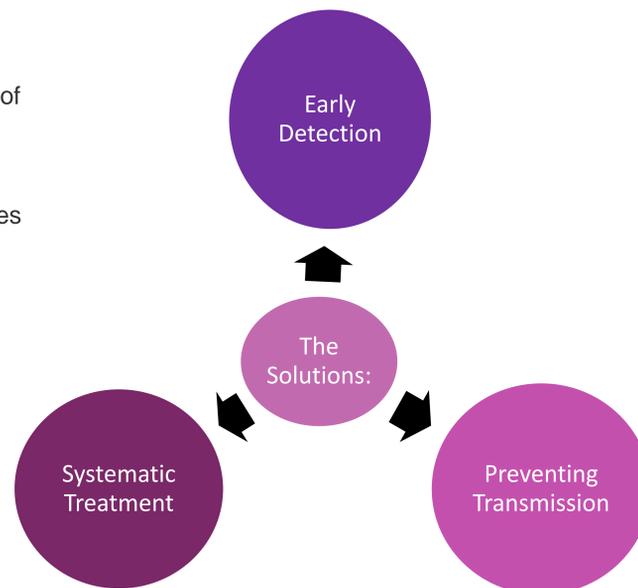
Characteristic	n (%)
Median Age, yrs. (IQR)	30 (26–36)
<b>Gender</b>	
Male	24 (33)
Female	48 (67)
<b>Physician Training</b>	
Internal Medicine	33 (46)
Medicine-Pediatrics	14 (19)
Family Medicine	11 (15)
Other <sup>a</sup>	10 (14)
Obstetrics and Gynecology	4 (6)
<b>Year in Program</b>	
1 <sup>st</sup> Year	27 (38)
2 <sup>nd</sup> Year	20 (28)
3 <sup>rd</sup> Year	20 (28)
4 <sup>th</sup> Year	3 (4)
5 <sup>th</sup> Year	2 (3)
<b>Aware of PrEP for HIV Prevention</b>	
Yes	62 (86)
No	10 (14)
<b>Ever Prescribed PrEP</b>	
Yes	1 (1)
No	71 (99)
<b>HIV testing available at practicing clinic</b>	
Yes	69 (96)
No	3 (4)

**Figure 1.** Resident Physicians' Comfort with Counseling their Patients. (N=72)

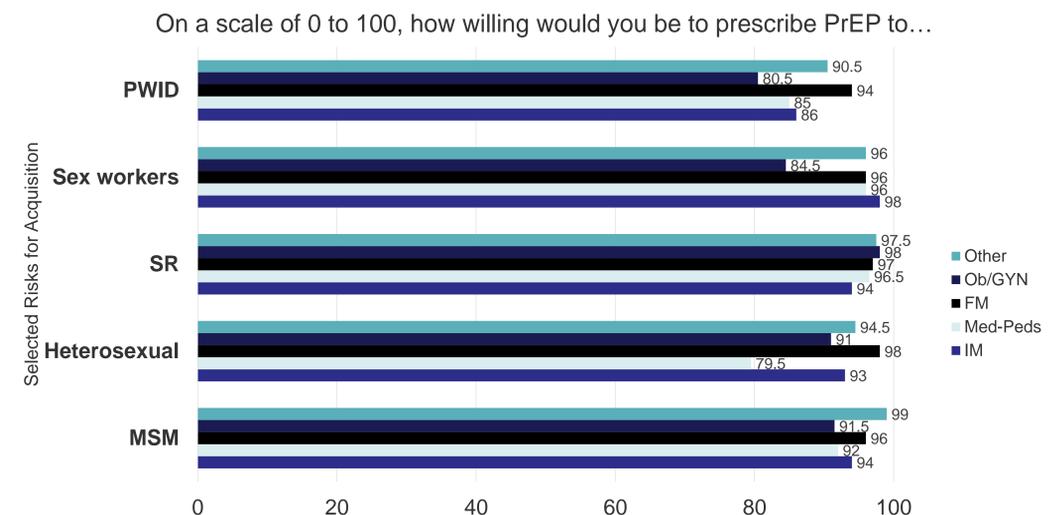


## Introduction

- In May 2014, the CDC published updated practice guidelines recommending the use of pre-exposure prophylaxis for HIV prevention with daily oral dosing of tenofovir/emtricitabine to prevent HIV spread.
- There remains little data in rural, eastern North Carolina regarding PrEP use, awareness and attitudes towards prescribing PrEP among various community populations.
- To fill gaps in knowledge, this study's objectives aim to:
  - Determine what resident physicians know about PrEP for HIV prevention.
  - Identify residents' willingness to prescribe PrEP based upon selected risks for HIV acquisition in various primary care settings.
  - Determine if residents are prescribing PrEP.



**Table 2.** Physicians' Willingness to Prescribe PrEP to Person with Selected Risks for HIV Acquisition by Provider Type (N=72).



PWID = People who inject drugs or share needles; SR = serodiscordant relationships where at least 1 partner is HIV+; MSM = gay, bisexual and other men who have sex with men; Ob/GYN = obstetrics and gynecology; FM = family medicine; Med-Peds = medicine-pediatrics; IM = internal medicine.

## Methods

- A self-administered, cross-sectional survey was administered to resident physicians, including those from internal medicine, medicine-pediatrics, family medicine and obstetrics/gynecology.
- Residents must have been older than 18 years and a medical resident at the time of survey administration.
- Survey dissemination and data collection were completed between March and May 2018 using REDCap.<sup>4</sup>
- Informed consent was obtained by all study participants and the study was approved by an IRB committee.

## Discussion

- While most residents had heard of PrEP, the majority of those surveyed had not prescribed PrEP.
- Resident physicians are not comfortable providing sexual behavior or HIV counseling to their patients.
- Sex workers, mean=86 and PWID, mean=75 are two groups less likely to be offered PrEP by resident physicians.
- Surprisingly, heterosexual men and women, mean=84 were also identified as a patient population resident physicians are less willing to prescribe PrEP.

## Future

- Continued education on how to facilitate sexual health and HIV testing discussions with patients, as well as targeted interventions to teach these skills are needed.
- Further investigations into how stigma of certain patient populations and type of residency training affect resident willingness to prescribe PrEP.

## References

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