



8th International Conference on **HIV TREATMENT AND PREVENTION ADHERENCE**

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Postgraduate Institute
for Medicine

Assessing Pre-exposure Prophylaxis
Knowledge, Attitudes, and Potential
Uptake among Adolescents and Young
Adults at High-Risk for HIV in
Washington, DC

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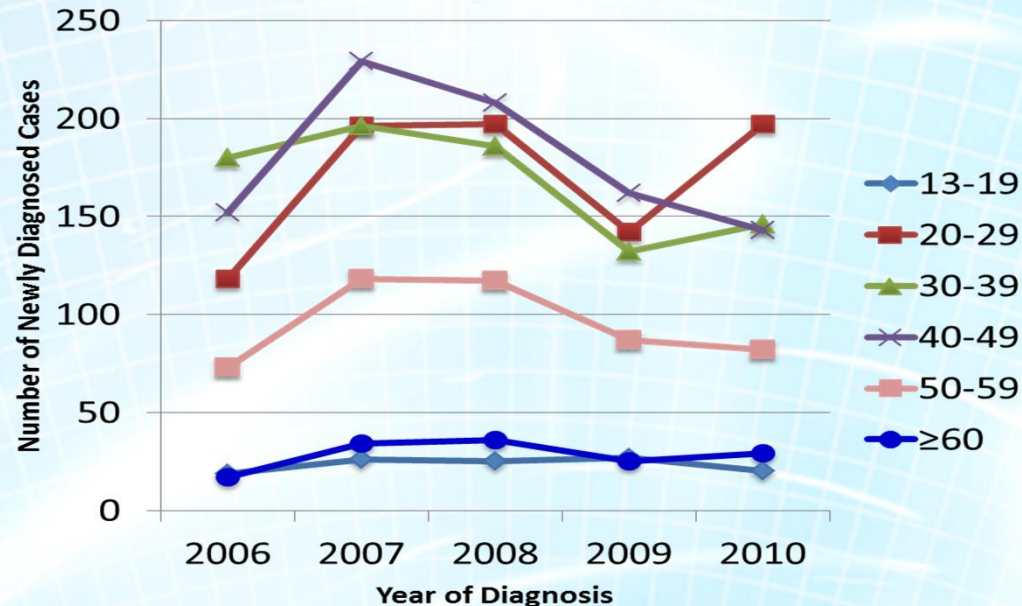
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HIV/AIDS among Youth and Young Adults in Washington, DC

Newly Diagnosed HIV (not AIDS) Cases, by Age at Diagnosis, 2006-2010



É 69% of chlamydia infections and 59% of GC infections among 15-24 yr. olds

É Local prevention efforts targeting youth include:



- » Condom distribution
- » School-based STD screening program
- » Educational efforts focused on HIV prevention

PrEP Among Youth and Young Adults

- É Unique prevention issues in this population (Rudy et al)
- É Qualitative data show mixed results regarding interest, concerns, and preferences of young adults (Smith et al)
- É Project PrEPare found high acceptability but low adherence among YMSM (Hosek et al)

DC PrEP Studies:

- É HPTN 069- Phase II, Maraviroc in MSM
- É HPTN 073-Black MSM
- É ATN 110- Truvada among YMSM
- É DC DOH HAHSTA Medicaid Demonstration Project
- É WWH PrEP Demonstration Project



Study Objective

É To measure PrEP knowledge, acceptability, and potential use among sexually-active, clinic-attending adolescents and young adults in Washington, DC

Study Methods

- É Focus groups among MSM, high-risk heterosexuals, adolescents
- É Conducted survey at 3 clinic sites in DC
 - ó WWH Gay Men's Health and Wellness Clinic
 - ó DC Dept of Health Southeast STD Clinic
 - ó CNMC Goldberg Adolescent Clinic
- É Self-administered web-based surveys completed on iPads



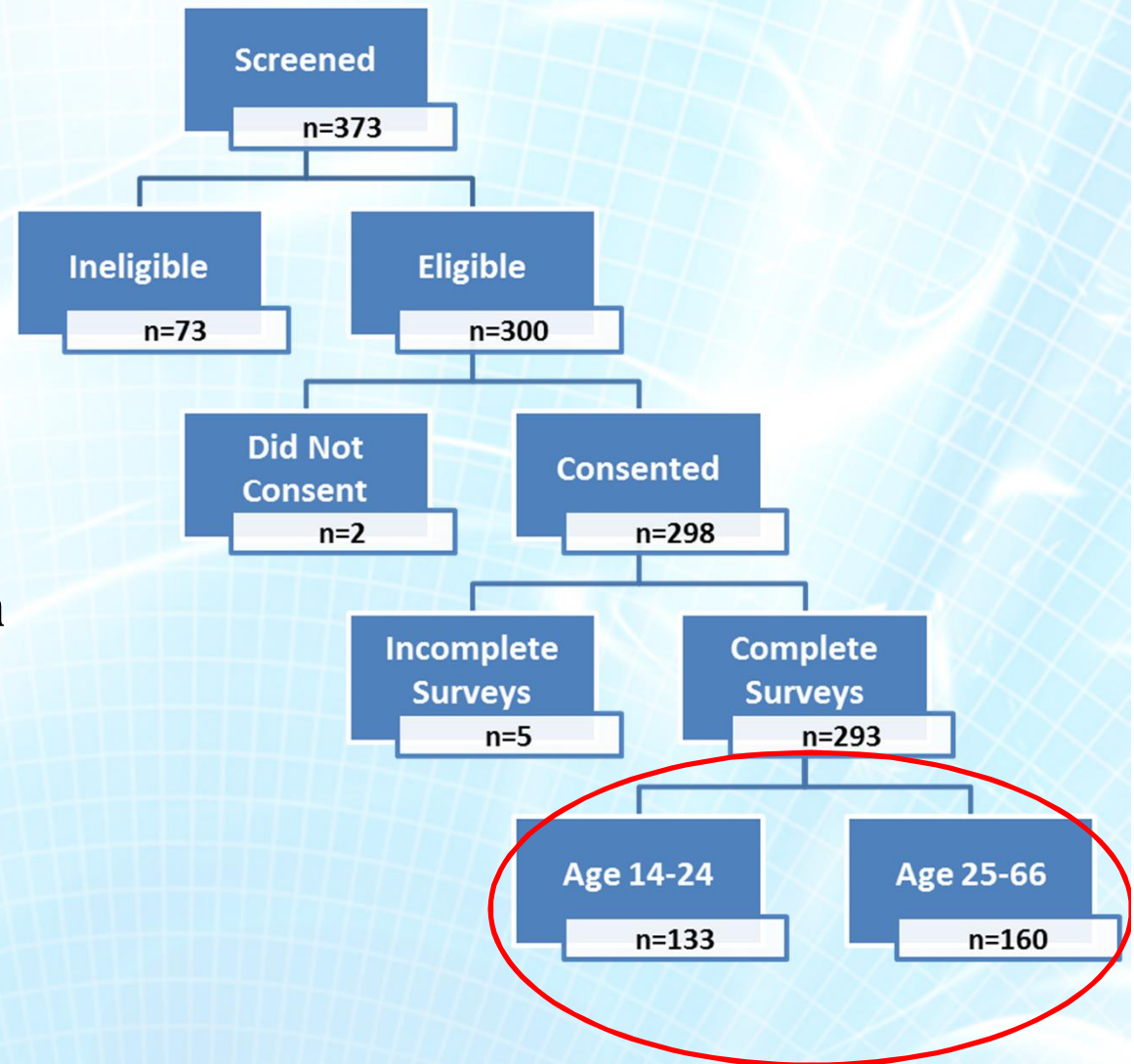
Wesley Winton | St. Petersburg Times



Results: Survey Eligibility and Recruitment

É Eligibility criteria:

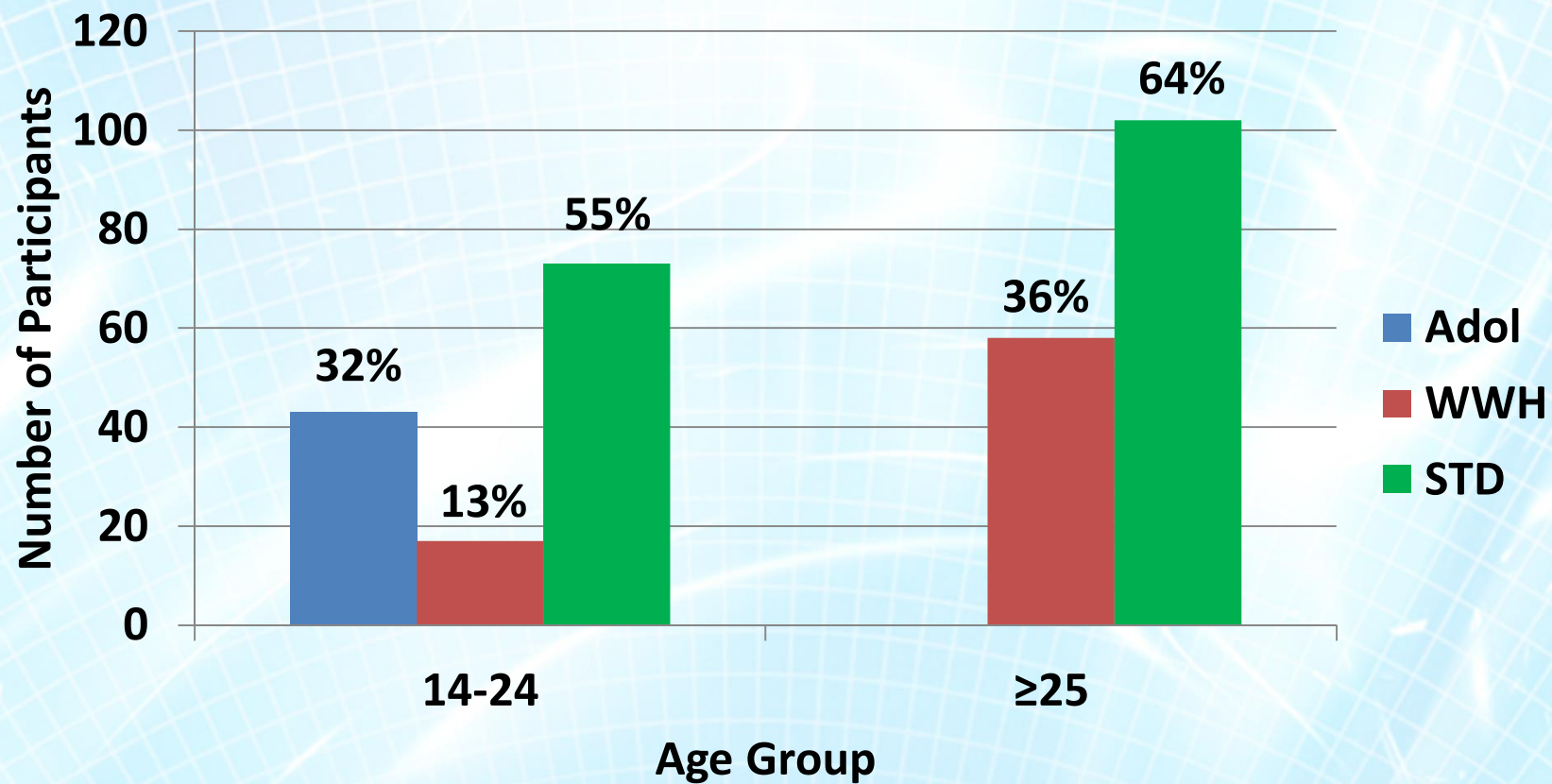
- ó 13 or older
- ó Self-reported HIV negative
- ó Had sex in last 6 months
- ó Able to complete survey in English
- ó Able to provide informed consent with waiver of parental consent for minors



Analytic Methods

- ” Captured information regarding:
 - . Participant demographics
 - . HIV risk behaviors
 - . Health-seeking behaviors
 - . PrEP knowledge, experience, acceptability, and potential uptake
- ” Calculated descriptive statistics
- ” Conducted bivariate and ordinal logistic regression analyses to identify differences in willingness to use PrEP by age group

Age Distribution by Recruitment Site



Participant Characteristics (N=293)

Characteristic	14-24 yrs N (%)	≥25 years N (%)
Median age (range)	20 (14-24)	37 (25-66)
Male	54 (41)	111 (31)
Non-Hispanic Black	106 (80)	106 (66)
Insurance: public	71 (53)	62 (39)
Regular healthcare provider	83 (62)	96 (60)
Location for receipt of healthcare: community health center	35 (26)	67 (42)
Number of healthcare visits in last year: 1-4	102 (77)	119 (74)

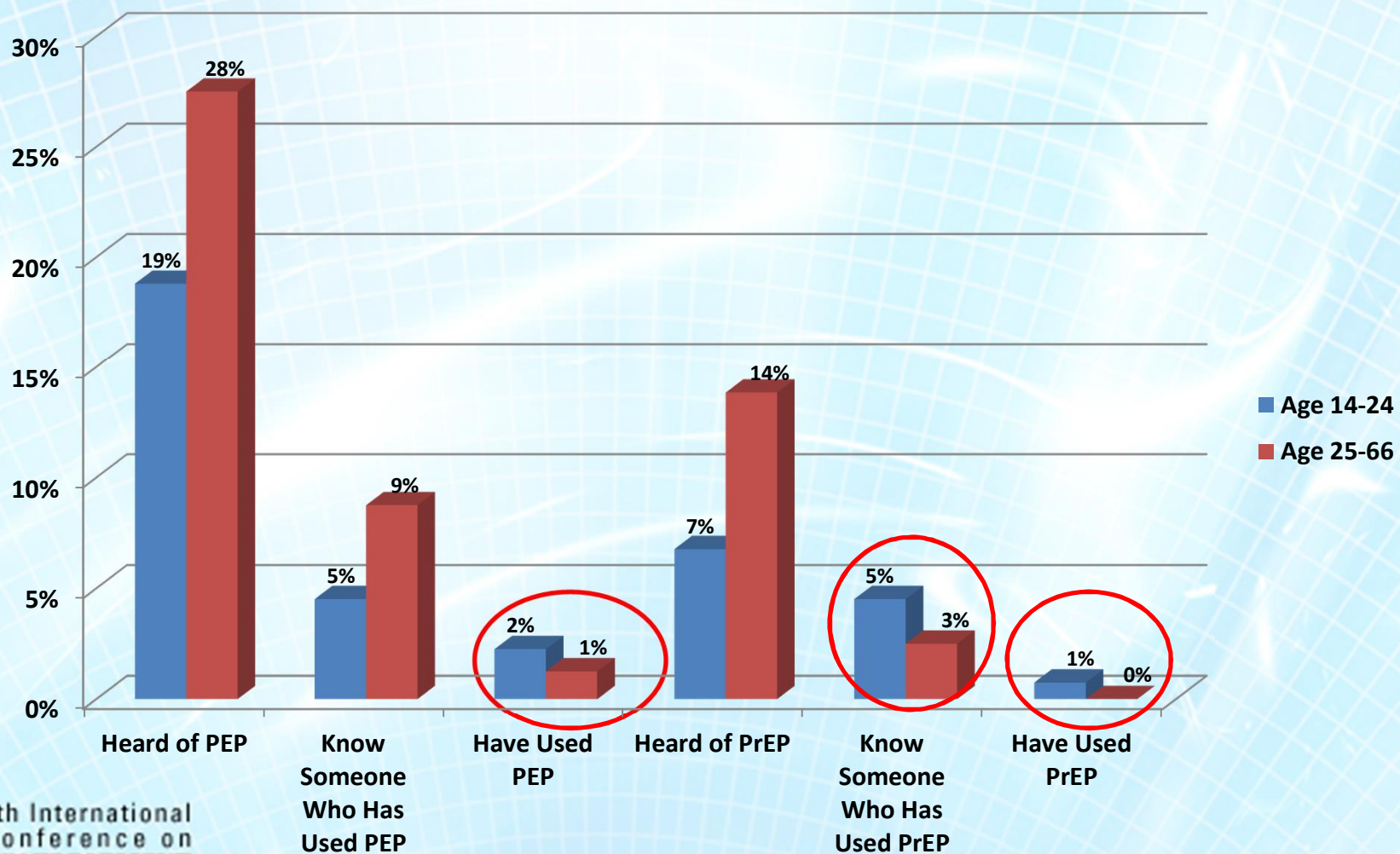
HIV Risk Factors and Behaviors (N=293)

Characteristic	14-24 yrs N (%)	≥25 yrs N (%)
Sexual behavior		
Homosexual/bisexual male	23 (42)	44 (40)
Heterosexual male	32 (58)	65 (59)
Heterosexual/bisexual female	70 (90)	44 (90)
In a committed relationship	80 (61)	94 (60)
Number of main sex partners (median, range)	1 (0-15)	1 (0-33)
Number of casual sex partners (median, range)	1 (0-35)	2 (0-30)
Injected drugs	0 (0)	7 (4)
Used condoms: most of time/always	66 (50)	76 (48)
Knew sex partners' HIV status: most of time/always	71 (58)	84 (58)
Self-reported HIV risk: none-low	94 (71)	98 (61)

Reported Medication Adherence Behaviors (N=97)

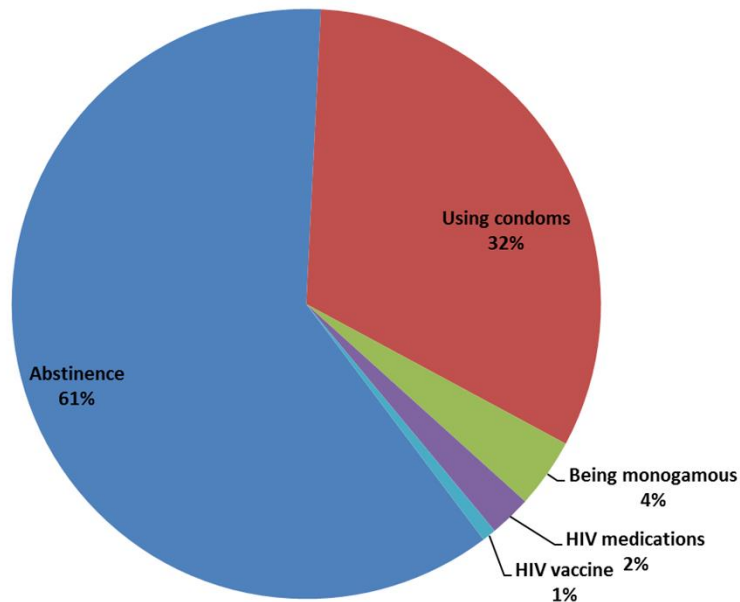
Characteristic	14-24 yrs N (%)	≥25 yrs N (%)
Take a daily medication	38 (29)	59 (37)
Sometimes forget to take medication	26 (68)	37 (63)
Number of missed doses in past 14 days (median, range)	2 (0-14)	1.5 (0-14)
Ever stopped medication due to side effects or feeling worse	10 (26)	19 (33)
Didn't tell HCP when cut back or stopped taking medication	12 (32)	19 (33)

Knowledge and Use of PEP and PrEP

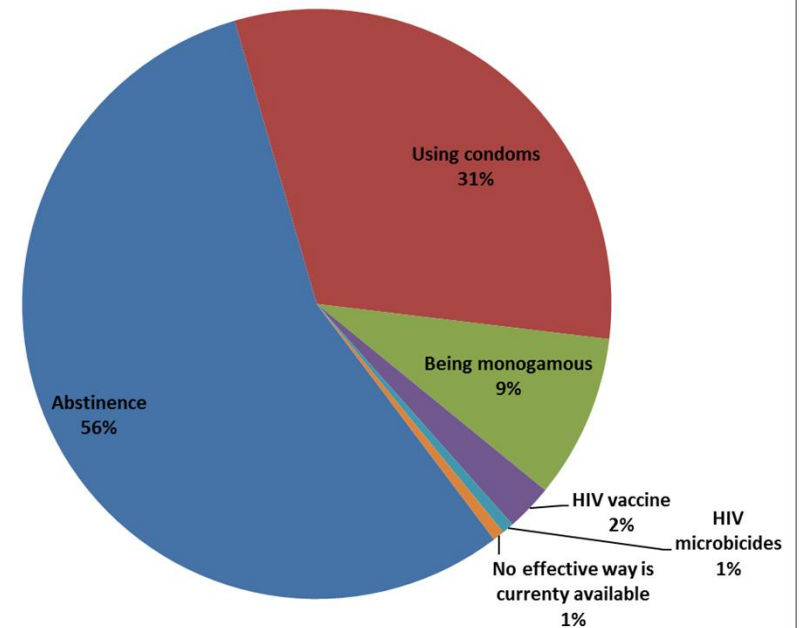


Most Reported Effective HIV Prevention Methods

Most Effective Method
Among Ages 13-24

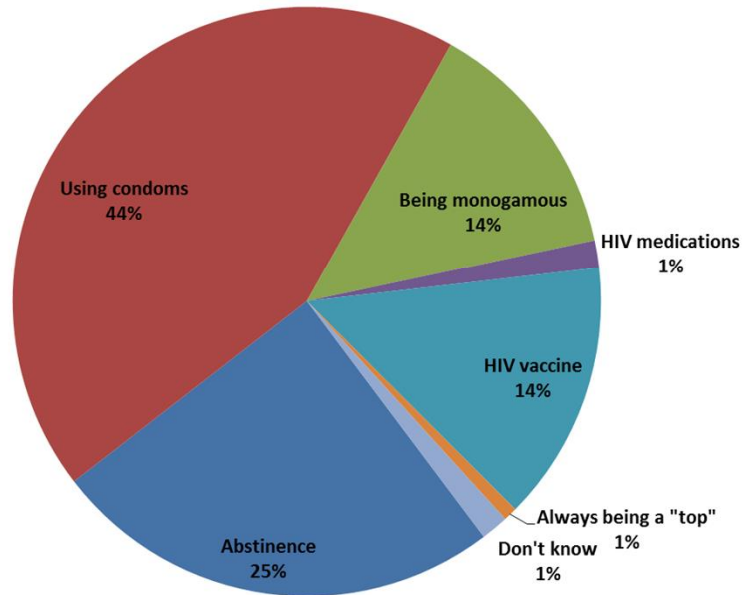


Most Effective Method
Among Ages ≥25

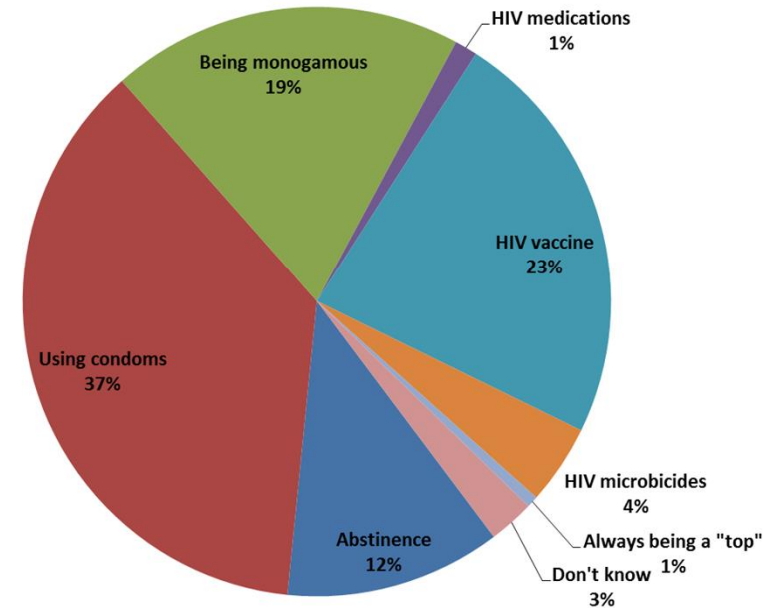


Most Reported Preferred HIV Prevention Methods

Most Preferred Method
Among Ages 13-24



Most Preferred Method
Among Ages ≥25



Willingness to Use PrEP

Characteristic	13-24 yrs N (%)	≥25 yrs N(%)	p-value
Willing to use PrEP if safe	99 (74)	128 (80)	0.22
Willing to use if few or no side effects	83 (62)	125 (78)	0.02
Willing to take as a daily pill	85 (64)	93 (58)	0.09
Would prefer to take after sex	26 (20)	51 (32)	0.004
Difficult to use both condoms and daily PrEP (disagree)	86 (65)	91 (57)	0.12
Worry about what others would think if found out on PrEP	50 (38)	47 (30)	0.68
Would be ashamed to take daily PrEP	21 (16)	23 (14)	0.92
Willing to use if offered by a provider	83 (62)	113 (71)	0.02
Able to follow a provider's instructions on PrEP	90 (68)	123 (77)	0.03

Ordinal Logistic Regression: Willingness to Use PrEP

Characteristic	OR	95%CI
Willing to use PrEP if safe	1.3	(0.8, 2.0)
<i>Willing to use if few or no side effects</i>	1.9	(1.3, 3.0)
Willing to take as a daily pill	1.1	(0.6, 2.1)
<i>Would prefer to take after sex</i>	1.8	(1.2, 2.7)
<i>Would be useful to those unable to convince their partners to use condoms</i>	1.5	(1.0, 2.3)
Difficult to use both condoms and daily PrEP	1.4	(0.9, 2.1)
Worry about what others would think if found out on PrEP	1.0	(0.7, 1.5)
Would be ashamed to take daily PrEP	1.0	(0.7, 1.5)
Willing to use if offered by a provider	1.4	(0.9, 2.1)
Able to follow a provider's instructions on PrEP	1.4	(0.9, 2.2)

Willingness to Use PrEP

É Cost

- ó Willing to pay median \$20/month
- ó Would take if free/insurance covered: 77%
somewhat-very likely

É Future Use and Interest

- ó Interested in learning more about PrEP: 82% agree
- ó Would participate in a PrEP research study: 30.0%
very likely

Conclusions

- É Youth generally accepting and open to learning more about PrEP
- É Potential barriers: limited knowledge of PrEP and potential problems with adherence
- ” Results consistent with other studies documenting
 - ” Low levels of awareness but high levels of willingness to learn more (e.g. MSM, heterosexuals)
 - ” Youth interest due to cost and effectiveness but side effects as potential barrier (Smith et al)
 - ” DC youth FG: concerns regarding adherence
- ” Findings can inform educational initiatives, future studies, and scale-up of PrEP among this population

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Questions

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