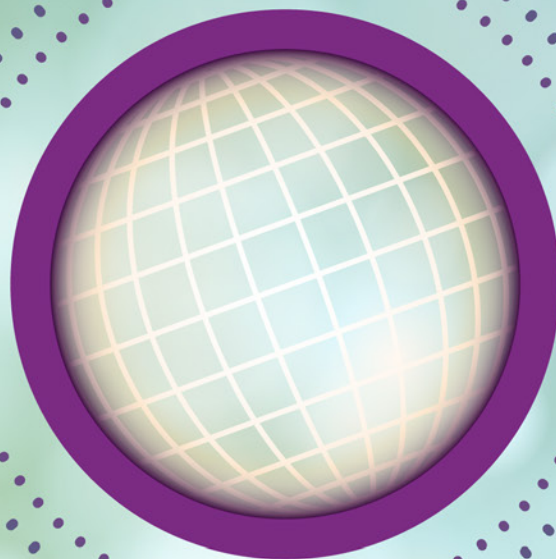


Oral Abstracts

19th International
Conference on
HIV TREATMENT
AND PREVENTION
ADHERENCE



#Continuum2024



Continuum 2024

Breaking Barriers, Bridging Gaps

JUNE 9-11, 2024 • PUERTO RICO

Jointly provided by





1003 The Other Half: Integrating Qualitative Analyses across Three Cohorts of Black and Latino Persons Living with HIV who Are Not HIV Virally Suppressed

Marya Gwadz (presenting)¹, Sabrina Cluesman¹, Robin Freeman², Stephanie Campos², Leo Wilton³, Charles Cleland¹, Samantha Serrano¹, Khadija Israel¹, Brianna Amos¹, Dget Downey¹, Prema Filippone¹

¹ New York University Silver School of Social Work, New York, NY, United States

² Independent Consultant, Brooklyn, NY, United States

³ Binghamton University, Binghamton, NY, United States

Background: Many persons living with HIV (PLHIV) do not sustain HIV viral suppression (VS) (40-50%), among whom Black and Latino persons are over-represented. Factors that drive these persistent disparities are insufficiently understood. Grounded in critical race theory, harm reduction, and self-determination theory, this study integrates qualitative analyses from three community-recruited cohorts of Black and Latino PLHIV with unsuppressed HIV viral load. We uncover and describe the main factors that promote/impede VS, from their perspectives.

Method: Participants (N=99) were recruited for qualitative interviews from three larger studies. Data were first analyzed separately using directed content analysis. Then, for the present study, an interpretive community integrated the studies' results and organized them into themes.

Results: Participants were 49 years old and diagnosed with HIV 19 years prior, on average, African American/Black (80%) and Latino (20%), assigned male sex (70%), 34% were sexual minorities, and 20% transgender. Sub-optimal antiretroviral therapy (ART) use was more common than no ART use. Participants understood the importance of VS. Systemic barriers included poverty, inducements to sell ART by pharmacies, unsuitable housing placements, lack of support for autonomy and harm reduction in services, and impediments consistent with systemic racism. Social/cultural barriers were complex stigma and medical distrust. Individual-level barriers included a confluence of high motivation for optimal health (sometimes including VS), along with fatalism and hopelessness. Substance use and mental health concerns served as impediments and contributed to selling ART. Being off ART was commonly stressful and worrisome. Barriers operated synergistically and while they were formidable, participants did commonly overcome them for periods of time and evidence VS – indicators of resilience.

Conclusion: The perspectives of Black and Latino PLHIV are vital to reduce disparities. Results highlight the complexity of barriers, and avenues for improving policy, interventions, and services.

1009 Trauma-Resilient Research Co-Production in Southern HIV Care Organizations

Lauren Brown (presenting)¹, Amna Osman², Megan Wilkins³, Michiel Adriaan van Zyl⁴, Robert McLean⁵

¹ Meharry Medical College, Nashville, TN, United States

² Nashville CARES, Nashville, TN, United States

³ St. Jude Children's Research Hospital, Memphis, TN, United States

⁴ University of South Florida, Tampa, FL, United States

⁵ International Development Research Centre, Ottawa, ON, Canada

Introduction: Social and geo-spatial determinants of trauma drive a worse HIV epidemic for racial and sexual minorities in the Southern United States. Traditional research often excludes community as designers of research, perpetuating mistrust and participation hesitancy by reenacting traumatic power dynamics. Research co-production, co-led by people with lived experience, can improve research quality by increasing trust, satisfaction, and overall relevance for marginalized groups.

Description: We are developing a novel model for conducting community- and trauma-informed HIV research and present a case study in which personnel from a Southern U.S. community-based organization (CBO) and HIV clinic assessed contextual culture and research quality. Measures included Organizational Trauma Resilience (OTR) – perceived trauma-informed culture (on a five-point scale, from strongly agree to strongly disagree) and Research Quality Plus for Co-Production (RQ+ 4 Co-Pro) – a guide for engaging research users/beneficiaries as partners in research and determining contextual factors influencing research quality (with ratings of 1=restrictive, 2=unsupportive, 3=supportive, 4=empowering). Mean scores were reviewed to assess current research contexts in the settings.

Lesson Learned: Participants (N=136) identified as 57% cisgender female, 43% cisgender male, 47% White, and 35% Black. OTR dimensions with highest performance were Collaboration and Empowerment (3.05±.93), Trauma Responsive Services (3.72±.76), and Training and Sustaining Trauma Responsiveness (3.14±.83); lowest dimensions were Culture of Trust and Support (2.81±1.01) and Practices of Inclusivity, Safety, and Wellness (2.97±.85). RQ+ 4 Co-Pro showed *Knowledge Use Environment* (CBO=2.69; Clinic=3.6) and *Capacities for Co-Production* (CBO=2.3; Clinic=3.1) differed by site, but ratings for *Research Environment* were similar (CBO=3; Clinic=3.1).

Conclusion: Results will inform the integration of the two frameworks into one model. Future research will validate the model and apply it to improve HIV outcomes via community-led and trauma-informed research.



1014 Development and Fidelity Testing of a Brief Suicide Prevention Intervention for People Living with HIV in Kilimanjaro, Tanzania

Brandon Knettel (presenting)¹, Ismail Amiri¹, Elizabeth Knippler¹, Elizabeth Msoka², Kim Madundo², Clotilda Tarimo², Victor Katiti², Louise Joel², Jackline Rwakilomba², Theodora Khofi³, Judith Mwobobia⁴, Blandina Mmbaga², Michael Relf¹, David Goldston¹

- ¹ Duke University, Durham, NC, United States
- ² Kilimanjaro Clinical Research Institute, Moshi, Tanzania
- ³ University of Global Health Equity, Butaro, Rwanda
- ⁴ Washington University, St. Louis, MO, United States

Background: There is extremely high prevalence of suicidality among people living with HIV (PLHIV) in Tanzania, and suicidality is strongly influenced by HIV stigma and associated social determinants. However, with only 55 psychiatrists and psychologists in the entire nation of Tanzania, screening, and intervention strategies for reducing suicidality and preventing downstream impacts on HIV care engagement are absent.

Method: We developed a 3-session telehealth counseling intervention to address suicidal ideation and Depression through HIV Education, advance HIV treatment Adherence, and reduce Stigma, for renewed Hope (IDEAS for Hope) among PLHIV in Tanzania. The intervention was developed via qualitative interviews with PLHIV, mental health workers, and HIV clinic staff. We then pilot tested nurse-led screening and the IDEAS for Hope intervention with 30 PLHIV who were experiencing suicidal ideation. Participants were screened at two HIV clinics in Tanzania and enrolled between May and September 2023. Two mental health providers rated counselor fidelity and skills on 30% of sessions to evaluate feasibility for a future clinical trial.

Results: The intervention addresses four pillars focused on identifying personal values to build hope: 1) living healthy with HIV; 2) managing HIV stigma; 3) seeking social support; and 4) problem-solving to meet basic needs. During 14 weeks of enrollment, nurses screened 2161 PLHIV, with 2.8% reporting suicidal ideation. All eligible patients agreed to enroll in the study; attendance at the three counseling sessions was 100%, 93%, and 86%. One participant died due to AIDS-related complications. Fidelity to the intervention was rated 3.4/4.0 and counseling skills were rated 3.6/4.0, representing “Good” to “Excellent” performance and exceeding a pre-established threshold of 3.0.

Conclusion: IDEAS for Hope is a promising brief intervention that is feasible for task-shared implementation in a larger clinical trial and may represent a breakthrough for suicide prevention among PLHIV in this under-resourced setting.

1016 Men Interrupted: Strategies to Reduce High Rates of Treatment Interruptions among Men who have Sex with Men (MSM) in South Africa

Dorian Gule (presenting)¹, Lisa Bower¹, Siyamthanda Mjenzane¹, Maurice Greeves¹, Marina Rifkin¹

- ¹ OUT LGBT Well-Being, Johannesburg, South Africa

Introduction: Funded by USAID/PEPFAR under FHI LINKAGES/EpiC, OUT LGBT Well-being’s Engage Men’s Health (EMH) program provides HIV services to MSM in South Africa. Over 5 years, EMH tested 58,671 MSM, initiating 3,375 on ART and 14,698 on PrEP. Interruptions in treatment (IIT) are common among those retained in care. In 2022, EMH data showed that 57% of MSM ART clients retained in care between October 2021 and September 2022 experienced at least one IIT.

Description: To decrease IIT, EMH implemented motivational interviewing, tailored adherence counselling, and multi-month dispensing (MMD) based on client needs and intersecting syndemic vulnerabilities. EMH also analyzes client visit patterns to identify IIT. While 57% of the 2021 – 2022 cohort of 510 retained ART clients experienced at least one IIT, only 32% of the 2022 – 2023 cohort of 1026 retained ART clients experienced at least one IIT. While the number of clients experiencing IIT decreased, the interruption durations were longer (median 109 vs 77 days), with similar overall retention rates (61%). As 45% of the 2022-2023 cohort was also in the 2021-2022 cohort, median days on ART were significantly higher in the 2022-2023 cohort (699 vs 341 days), suggesting duration on ART may contribute to decreased IIT. As viral load monitoring is only indicated for clients retained in uninterrupted care (≥4 months), we cannot assess the impact of IIT on VS rates.

Lesson Learned: Differentiated client-centric approaches to promote adherence, including psychosocial support (PPS) and individualized MMD can reduce IIT among MSM. Real-time data use should be used to identify clients needing additional support.

Recommendations: Programs should assess and address external factors affecting clients’ ability to adhere to ART due to intersecting vulnerability (stigma, substance use, housing insecurity, unemployment). By establishing approaches and systems to promote open and nonjudgmental adherence counselling, enhanced re-engagement efforts, individualized MMD, and PSS, IIT can be prevented.



1018 Effects of a Rideshare Intervention on HIV Care Engagement in South Carolina

Sayward Harrison (presenting)¹, Peiyin Hung¹, Caroline Rudisill¹, Katherine Green¹, Rajee Rao², Divya Ahuja³, Sharon Weissman³, Tammeka Evans⁴

¹ University of South Carolina, Columbia, SC, United States

² Prisma, Columbia, SC, United States

³ University of South Carolina School of Medicine, Columbia, SC, United States

⁴ Viiv Healthcare, Research Triangle Park, NC, United States

Background: Missed HIV care visits may lead to worse clinical outcomes for people living with HIV (PLHIV), including virologic failure. Addressing social determinants of health, such as transportation vulnerability, is critical to reduce missed visits and promote a strong care continuum. This study used a randomized controlled trial (RCT) to investigate whether a rideshare intervention (i.e., concierge LYFT service) reduced missed visits among PLHIV.

Method: PLHIV (N=160) receiving care at an immunology center in South Carolina were randomly assigned to a concierge rideshare intervention (n=80) or standard care (n=80) for a 12-month period. Participants self-reported data (e.g., demographics, transportation barriers) at baseline and study exit; clinical data, including missed visits, were extracted from electronic medical records (EMR). We compared missed visits and undetectable viral load (<50 copies/mL) across intervention and control groups, using Analysis of Variance (ANOVA) tests and logistic regression models, respectively.

Results: Most participants were middle-aged (M= 46.9), single (77.0%), male (63.8%), and Black (77.5%). More than one in five (21.4%) lived >30 minutes from the immunology center, and a majority (80.6%) were virally suppressed (<50 copies/mL) at baseline. Among intervention participants, use of the rideshare intervention varied significantly. Participants in the intervention group who completed >50% of scheduled rideshare trips had significantly fewer missed visits (M=14.3%) during the 12-month period compared to the control group (M=26.7%; p=.006). No differences in undetectable viral load rate were found between the intervention and control groups.

Conclusion: This trial provides evidence that use of a rideshare intervention reduces missed visits among PLHIV. Findings also highlight the need for implementation science-focused research to investigate why PLHIV may not engage in available programs that address transportation vulnerability, as the intervention only reduced missed visits among participants with good fidelity to the intervention (i.e., those completing more than half of scheduled rides).

1021 Association between Support Services and Linkage to HIV Care among Persons Newly Diagnosed with HIV by Homelessness and Unstable Housing (HUH)

Jonny Andia (presenting)¹, Weston Williams², Eka Shapatava¹, Andrea Moore¹, Deesha Patel¹, Gary Uhl¹

¹ Centers for Disease Control and Prevention, Atlanta, GA, United States

² Public Health Analytic Consulting Services, Inc. Atlanta, GA, United States

Background: Homelessness and unstable housing (HUH) represent a major social determinant of health for people living with HIV (PLHIV). Support services have demonstrated some success mitigating barriers to care for PLHIV experiencing HUH. This analysis presents data on the association between support services and linkage to HIV care among newly diagnosed PLHIV by housing status.

Method: 2019-2021 data from the National HIV Prevention Program Monitoring and Evaluation system to CDC by funded health departments and CBOs were analyzed. Robust Poisson models were used to estimate adjusted prevalence ratios (aPR) comparing referrals to navigation and linkage support services and linkage to HIV medical care in 30 days among newly diagnosed HUH and stably housed individuals. We also assessed whether referrals were associated with higher linkage to HIV care by including both referrals in the same model to assess independent associations. All models were adjusted for age, race/ethnicity, region, test setting (healthcare/non-healthcare), and population group.

Results: Newly diagnosed PLHIV experiencing HUH reported slightly lower referrals to navigation services (70% vs. 74%, aPR=0.93, 95% CI 0.89-0.97), referrals to linkage services (79% vs. 80%, aPR=0.96, 95% CI 0.93-0.99), and linkage to HIV medical care within 30 days (71% vs. 78%, aPR=0.91, 95% CI 0.88-0.95) compared to those with stable housing. Referrals to linkage to support services were associated with higher linkage to HIV medical care within 30 days (aPR=1.23, 95% CI 1.17-1.29).

Conclusion: Linkage to HIV medical care and referrals to navigation and linkage services were lower among those experiencing HUH compared to those stably housed. Referrals to services were associated with higher linkage even when controlling housing status. Linkage and navigation support referrals among newly diagnosed PLHIV experiencing HUH is important and additional interventions (e.g., mental health, social services) may be needed to address the disparity in linkage to HIV medical care.



1030 Effectiveness of Data-to-Care Activities for Improving HIV Care Outcomes: A Systematic Review

Kristin Tansil Roberts (presenting)¹, Theresa Ann Sipe¹, Mary Mullins¹, Megan Mallett¹, Briana Nguyen²

¹ Centers for Disease Control and Prevention, Atlanta, GA, United States

² University of South Florida Intern, Atlanta, GA, United States

Background: Data-to-Care (D2C) is a strategy that uses HIV surveillance data or other data to identify out-of-care (OOC) persons with HIV (PWH) and engage them in care, which ultimately improves viral suppression (VS). Although there is some evidence to indicate that D2C is effective, no comprehensive review to examine all evidence has been done.

Method: This systematic review objective was to determine the effectiveness of D2C using available research literature. A systematic search in five databases (e.g., MEDLINE) identified 3,856 U.S. studies published between January 2009-January 2021 (last search date) that potentially described a D2C intervention and measured HIV care outcomes. Two reviewers screened titles/abstracts, reviewed full reports for eligibility, and abstracted data. Risk of bias was assessed using the Mixed Methods Appraisal Tool, and included studies were synthesized quantitatively and qualitatively. (Protocol registered on PROSPERO ID=CRD42020173095)

Results: We identified 34 studies (30 unique interventions). A meta-analysis with six interventions found D2C improved engagement in care (RR [95% CI]: 1.18 [0.99 to 1.41]). Nineteen D2C interventions that measured engagement in care, but could not be grouped in the meta-analysis, found improvements in HIV care (median percent [IQR]: 66% [46-80%]). Additionally, six interventions found D2C improved VS (RR [95% CI]: 1.44 [0.99 to 2.09]). Fourteen D2C interventions that measured VS, but could not be grouped in the meta-analysis, found improvements in HIV VS (median percent [IQR]: 39% [25-57%]).

Conclusion: A limitation of the reviewed literature is lack of information on participant demographics. An implication for practice is D2C interventions' challenge of identifying the true OOC population. However, because D2C was found to be effective, the collaboration of using surveillance data and relinkage staff can improve HIV care outcomes.

1032 Improving HIV Viral Load Coverage through Strategic Facility-Level Interventions: Best Practices from the USAID DISCOVER-Health Project

Musonda Musonda (presenting)¹, Jemmy Musangulule², Adamson Ndhlovu², Mutinta Nyumbu², Lackeby Kawanga²

¹ USAID, Lusaka, Zambia

² JSI Zambia, Ndola, Zambia

Introduction: Improving access to viral load testing is critical to achieving the UNAIDS 95-95-95 targets. Despite efforts, viral load coverage (VLC) has stagnated below 90% in Zambia. Facility-level VL testing is hampered by unsynchronized drug/clinical appointments, low sample collection from clients, and a weak VL sample tracking system. USAID DISCOVER-Health instituted strategies to improve VLC in FY23.

Description: DISCOVER-Health supports 173 health posts in two provinces in Zambia. The project conducted a gap-analysis to identify low-hanging fruit that could be addressed to improve VLC. Lists of clients due for VL were generated by the electronic medical records (EMR) system. Clients due for VL were contacted two weeks before the actual due date. VL champions were identified in facilities to strengthen sample collection. Weekend sample collection and community collection were instituted for clients unable to come to facilities. At site-level, unaligned clinical and VL collection appointments were synchronized and same-day updating of all medical records was strengthened.

Lesson Learned: In December 2022 DISCOVER-Health VLC for supported health posts was 72% in October 2022. Synchronizing clinical appointments and VL collection dates saw an increase of VLC to 78% in March 2023. Weekend and community-based collection of VL samples further increased VLC to 84% in July 2023. At the end of the fiscal year, overall VLC for DISCOVER-Health facilities were 91%, representing 19% increase.

Recommendations: To improve VLC, both facility-level bottlenecks and system-level barriers must be addressed. Facility-level interventions represent low-hanging fruit. Requiring proactive approaches to ensure client drug refill or clinical appointments are aligned with appointments to collect VL samples, calling clients to remind them that they are due for VL and ensuring oversight and fidelity of interventions by a VL champion can significantly improve VLC.



1033 Pregnant, Young and at High(er) Risk of HIV Infection: Suboptimal Pre-Exposure Prophylaxis Continuation in Pregnant Adolescent Girls and Young Women in Primary Level Facilities in Zambia

Musonda Musonda (presenting)¹, Zambia Jemmy Musangulule², Damian Johannes Phiri², Lackey Kawanga², James Mwanza¹

¹ USAID, Lusaka, Zambia

² JSI Zambia, Ndola, Zambia

Introduction: Pregnant women have a higher risk of contracting HIV than non-pregnant women. Adolescent girls and young women (AGYW) in Zambia are at highest risk of HIV acquisition, accounting for 78% of new HIV infections in individuals aged 15-24. Pregnant AGYW experiencing increased vulnerability, navigating a health system that is already unfriendly and unresponsive to their needs. A retrospective analysis of all PBFW initiated on PrEP by the USAID DISCOVER-Health project shows lower PrEP persistence among adolescent/young PBFW.

Description: All AGYW PrEP clients are allocated a PrEP mentor to provide adherence support to encourage continuation. This includes facility and community-based psychosocial counseling, multi-month dispensation of PrEP, automated reminders and telephone follow-ups. An electronic PrEP management system creates a unique identifier for every client ever initiated on PrEP, making it possible to follow the PrEP journey of each client up to when the client discontinues PrEP. It also allows for data on PrEP continuation to be generated based on how long various populations remain on PrEP.

Lesson Learned: 10,752 PBFW have been initiated on PrEP by DISCOVER-Health between 2017 and 2023. 61% of PBFW initiated were AGYW, with 2,142 being 15-19 years old and 4,453 being 20-24 years old at the time of initiation. PBFW aged 25+ demonstrated higher continuation, with 67%, 53% and 30% returning at one month, six months and 12 months respectively. Pregnant/breastfeeding AGYW aged 24 and younger demonstrated lower PrEP continuation, with only 46%, 26% and 14% returning at one month, six months and 12 months respectively.

Recommendations: PrEP provision to pregnant/breastfeeding AGYW must be nonjudgmental, supportive, and comprehensive. For maximum impact, PrEP should be integrated into maternal child health services to meet the complex needs of this vulnerable population.

1065 HIV Incidence Following Pre-Exposure Prophylaxis (PrEP) Initiation among Key Populations in a Resource-Limited Setting: Insights from Indonesia

Nadia Hanum (presenting)¹ Miasari Handayani², Armina Padmasawitri³, Zulfan Zazuli³, Mawar Pohan², Tarinanda Putri², Fani Rakhmat², Dwi Sophia Anggiani⁴, Nurhalina Afriana⁵, Endang Lukitosari⁵, Bagus Prabowo⁶, Rudi Wisaksana²

¹ Bandung Institute of Technology, Bandung, Indonesia

² Padjajaran University, Bandung, Indonesia

³ Bandung Institute of Technology, Bandung, Indonesia

⁴ Directorate of Disease Prevention and Control, Jakarta, Indonesia

⁵ Ministry of Health of Republic Indonesia, South Jakarta, Jakarta, Indonesia

⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS), Jakarta, Indonesia

Background: Indonesia launched a PrEP pilot study, providing important evidence for the national rollout. Here we determined HIV incidence, adherence, and retention among individuals initiating PrEP.

Method: Indonesia PrEP Pilot program (12/2021-12/2023, rolled out in 10 provinces) was a real-world study among key populations (men who have sex with men [MSM], female sex workers, transgender women, people who inject drugs, and serodiscordant partners of PWH). Eligible participants offered same-day oral daily or event-driven PrEP and completed baseline, month 1, and three-monthly follow-up visits. Poisson regression was used to obtain age-adjusted incidence rate ratio (aIRR).

Results: 8502 individuals initiated PrEP up to 10/2023 (median age 27; 86% men; 75% MSM). Among 3916 individuals with at least one follow-up visit, 21 seroconverted over 1347 person-years (PYs); overall incidence rate (IR) 1.56 (1.02-2.39)/100 PYs. Of the 21 seroconversions, only 2 occurred with good adherence (aIRR 0.04; 0.01-0.21). Men accounted for 100% of incidence (IR 1.72; 1.12-2.65 vs 0; 0-2.88 in women) and MSM had the highest IR (19/21 individuals, IR 1.76; 1.12 - 2.77). IR in MSM in this study was 2.6 times lower (62% reduction) than IR among MSM not using PrEP in another cohort (IR~4.5, personal communications). In cascade analysis among 2511 people who started PrEP up to 11/2022, 1676 (66.8%) retained at month (M)1, 1152 (45.8%) at M3, 799 (31.8%) at M6, 561 (22.3%) at M9, 356 (14.2%) at M12.

Conclusion: Real-world data from Indonesia suggest lower PrEP efficacy than evidence from controlled trials. To ensure success in national implementation, efforts must be intensified to enhance adherence and retention.



1072 Is the United States on Track to Meet National HIV/AIDS Strategy Quality of Life Goals among Black, Hispanic/Latino, and White Men who have Sex with Men?

Linda Beer (presenting)¹

¹ Centers for Disease Control and Prevention, Atlanta, GA, United States

Background: The National HIV/AIDS Strategy (NHAS) established goals for improving quality of life (QoL) among U.S. people with HIV. Gay, bisexual, and other men who have sex with men (MSM) are an NHAS priority population, but progress toward meeting NHAS QoL goals in this population—including by race/ethnicity—is unknown.

Method: We used data from the 2017 to 2021 cycles of the Medical Monitoring Project, an annual complex sample survey of U.S. adults with diagnosed HIV, to assess progress among MSM toward NHAS QoL goals, overall and by race/ethnicity. We calculated the Estimated Annual Percent Change (EAPC) in each goal baseline to 2021, then projected the EAPC needed from 2021 to 2025 to meet NHAS goals for each indicator.

Results: Good or better self-rated health decreased from baseline to 2021 among MSM (EAPC=-0.80) and the needed EAPC to reach the NHAS 2025 goal was 6, indicating a need to reverse recent trends (Table). Similarly, unmet need for mental health services (EAPC=3.9) and unemployment (EAPC=7.2) increased, while the needed EAPCs to reach 2025 goals were -17 and -18, respectively. Although hunger/food insecurity (EAPC=-6.0) and unstable housing/homelessness (EAPC=-5.6) decreased, the projected EAPCs needed to meet 2025 goals were still greater than the recent rate of change (EAPC=-10 and EAPC=-13, respectively). Results were similar by race/ethnicity. Additionally, most estimates indicate that Black and Hispanic/Latino MSM experience poorer QoL compared with White MSM.

Conclusion: If recent trends continue, the U.S. is not on track to meet NHAS goals among MSM with HIV for any of the quality-of-life indicators. Meeting goals for self-rated health, unmet need for mental health services, and unemployment will require accelerated efforts to counter recent trends. Achieving equity among MSM will require particular attention to improving QoL among Black and Hispanic/Latino MSM.

1075 Addressing Treatment Interruption among People Living with HIV Using a Systematic Monitoring Tool Piloted in Bacoor City, Philippines

Maria Michella Rabara (presenting)¹, Bettina Castañeda³, Teresita Marie Bagasao², Michael Angelo Marquez⁴

¹ EpiC-HIV FHI 360, Calamba, Philippines

² EpiC-HIV FHI 360, Quezon City, Philippines

³ EpiC-HIV FHI 360, Manila, Philippines

⁴ Bacoor Social Hygiene Clinic, Bacoor City, Philippines

Background: Treatment interruption among people living with HIV is a challenge in the Philippines. As of September 2023, 22% of 95,399 total enrolled clients in the country interrupted treatment due to the lack of a standard tracking and risk factor assessment system for clients. The PEP-FAR USAID-supported Meeting Targets and Maintaining Epidemic Control (EpiC) Project in the Philippines developed a Microsoft Excel-based “Client Monitoring Tool (CMT)” that optimizes data from the national information system for client follow-up and case management. The tool was piloted in Bacoor Social Hygiene Clinic (BSHC) in October 2023.

Method: The CMT has unique features that automatically compute the date of the next visit and color coded the number of days before it prompts urgent follow-up. From related literature reviews, common client risks for treatment interruption were included in the tool, scored and classified by risk category of each client. Varied case management interventions were recommended to address the risks. Through data review, facilities with high rates of treatment interruption were identified as priority sites for implementing the CMT. One priority site was BSHC, where on-site mentoring was done on navigating the tool and utilized different case management interventions to address factors contributing to clients’ treatment interruption.

Results: Using the CMT optimized case management, providers were able to schedule clients conveniently to reduce missed appointments, prioritize clients by risk, and allowed for differentiated service delivery methods like multi-month dispensing and telemedicine for lower-risk clients. As a result, BSHC reduced monthly client interruption. In over 70 client interruptions in September and 106 in October, BSHC reported 40 and 12 clients interrupting, in November and December 2023 respectively.

Conclusion: Standardized monitoring tools can efficiently track clients’ adherence and address risk factors that contribute to their treatment interruption. With proper training, the tool can facilitate efficient case management to reduce treatment interruption and help clients achieve U=U status.



1077 Social Determinants of Health Predict HIV Prevention and Care Continua Status among Sexual Minority Men who Use Methamphetamine

Cathy Reback (presenting)¹, Chunqing Lin², Michael Li², Raymond Mata³

¹ Friends Research Institute, Los Angeles, CA, United States

² University of California, Los Angeles, CA, United States

³ Friends Research Institute, Los Angeles, CA, United States

Background: Methamphetamine use among sexual minority men (SMM) is associated with increased rates of HIV prevalence and transmission, and substandard advancement along the HIV prevention/care continua. Given the growth of mHealth technology, interventions can now be offered via mobile phone applications.

Method: From May 2021 to May 2023, 226 SMM enrolled in *Getting Off*, a culturally responsive cross-platform mobile application to reduce methamphetamine use and improve sexual health. We evaluated stages of the HIV prevention continuum (HIV testing, PrEP knowledge, reception, and adherence) in those at risk of HIV, and care continuum (ART reception, adherence, viral load testing, and suppression) in those living with HIV. Logistic regressions were employed to identify factors associated with PrEP and ART uptake and adherence.

Results: Of the 99 SMM at risk of HIV (including 8 with unknown/inconclusive HIV status), 57.6% had an HIV test within three months. The majority (n=77; 77.8%) had heard about PrEP, among whom 47 (61.0%) had taken PrEP, and 28 (36.4%) were currently on PrEP. With demographics, income, insurance, marital and housing status, and criminal justice system involvement being controlled, those with post-graduate education were more likely to use PrEP (OR=6.36, P=0.0016) than those with high school/GED or lower education. Among the 127 (56.2%) participants living with HIV, 61 (48.0%) had viral load testing in the last three months; however, only 48 (37.8%) were virally suppressed. Among the 96 (75.6%) participants on ART, only half, 49 (51.0%) reported not missing any dose over the past week. Post-graduate education also correlated with better 7-day ART adherence (OR=8.40; P=0.0042).

Conclusion: This study highlights notable gaps in the HIV prevention/care continua among SMM who use methamphetamine, particularly among those with lower educational attainment. These findings underscore the need for interventions to address social determinants of health to improve HIV prevention/care continua outcomes.

1078 Medicaid Insurance Expansion and its Association with HIV Outcomes in Nebraska, USA: An Observational Prospective Cohort Study

Emmanuel Nazaire Essam Nkodo (presenting)¹, Renae Furl¹, Elizabeth Lyden¹, Monica Arroyo¹, Nada Fadul¹

¹University of Nebraska Medical Center, Omaha, NE, United States

Background: In Nebraska, the rate of HIV viral suppression as of 2018 was 66% (National target rate is 90%). The recent Medicaid expansion in October 2020 in Nebraska provided us with an opportunity to study the impact of Medicaid enrollment on viral suppression (VS) and investigate changes in healthcare barriers, access, and utilization in people living with HIV (PLHIV) who enroll into Medicaid.

Method: PLHIV were recruited for a prospective observational cohort study that included patients who enrolled in Medicaid between October 1, 2020, and December 31, 2021, and those who were eligible but did not enroll. We collected baseline demographic and clinical information and conducted chart reviews every three months to collect HIV viral load, and other health-related variables. A questionnaire was administered at baseline and every three months up to one year, to evaluate access and barriers to care. An Adherence Barrier Questionnaire (ABQ-HIV) was administered at baseline and at the end-of-study.

Results: 101 PLHIV enrolled in Medicaid vs. 96 eligible but not enrolled. For enrollees, there was a statistically significant difference in the proportion of participants (58%) with VL<50 at baseline compared to 77% with VL<50 at the end of the study (p=0.0018). Statistical significance was still consistent for VL<200 at baseline and follow-up (p<.0001). Among respondents to the baseline and end-of-study surveys, results were statistically significant for feeling they could afford care (p<0.001), ease in scheduling visits with providers (p=0.053), having more routine checkups (p=0.0159), feeling it was less difficult to pay for medication (p=0.0374), reduction in rationalization of HIV medication (p=0.0016), ease of finding providers when they need care (p=0.0250), and increased median number of outpatient visits (p=0.0034).

Conclusion: Medicaid expansion led to the improvement of HIV outcomes post-enrollment compared to baseline. Barriers to healthcare were eased, leading to increased healthcare utilization among participants who enrolled in Medicaid.



1092 Anti-Stigmatizing, Client-Centered Sexual History as an Effective Implementation Strategy to Increase EHE Intervention Delivery in Diverse Clinical Settings

Sarit Golub (presenting)¹, Stephanie Hubbard², Ariel de Roche¹, Staci Barton², Angela Merges², Agatha Eke³, Augustus Klein¹

¹ Hunter College, New York, NY, United States

² New York City Department of Health and Mental Hygiene, New York, NY, United States

³ Centers for Disease Control and Prevention, Atlanta, GA, United States

Background: Ending the HIV epidemic has been stymied by suboptimal utilization of effective interventions (e.g., HIV/STI testing, PrEP). In 2021, the New York City Health Department initiated a multi-level implementation strategy, focused on promoting the GOALS Approach to Sexual History and Health – an anti-stigmatizing, client-centered strategy for sexual history-taking – as a lever for increasing HIV intervention adoption, reach and equity.

Method: PACE (Partnership to Increase Access, Client-Centered Care & Equity in HIV Services; U01PS005239) is part of a CDC initiative applying implementation research to accelerate impact of health department delivered HIV prevention activities. Nineteen diverse programs across NYC were funded to adopt GOALS, and between September 2022 – October 2023, PACE collected system-level, program-level, and provider-level implementation data submitted by funded programs (representing 9004 client visits) to investigate the impact of strategy enactment on implementation outcomes, including: changes in provider intervention utilization (offer of HIV/STI testing, PrEP) over time, and the association between GOALS implementation and intervention utilization.

Results: Across all programs, the median percent of visits where HIV/STI testing/PrEP were offered increased 16-24%pts (Fig. 1). GOALS implementation was positively associated with increased intervention utilization (rs: 0.59-0.71). Programs with the greatest increase in GOALS use over time demonstrated the greatest increases in implementation outcomes. Programs with lower implementation rates had less buy-in from leadership and lower commitment to provider training; programs with upward implementation trends had less experience delivering sexual health care, but used a phased approach to foster support, focusing on client's positive reaction to GOALS. (Figure)

Conclusion: An anti-stigmatizing, client-centered sexual history may be a promising implementation strategy for enhancing HIV prevention intervention adoption and reach. The strategy's utility across diverse settings indicates its potential for broader application.

1097 PrEP Up Pharmacies: Preliminary Evidence of a Pharmacy-Based Same-Day Pre-Exposure Prophylaxis (PrEP) Screening and Dispensing Model in the United States Southeast

Natalie Crawford (presenting)¹, Alexis Hudson¹, Seth Zissette¹, Alvan Quamina², Christina Chandra¹, Kristin Harrington¹, Daniel Alohan¹, David P. Holland³, Henry Young⁴

¹ Rollins School of Public Health, Emory University, Atlanta, GA, United States

² NAESM, Atlanta, GA, United States

³ Mercy Care, Atlanta, GA, United States

⁴ University of Georgia College of Pharmacy, Athens, GA, United States

Background: Only 30% of the 1.2 million people indicated for pre-exposure prophylaxis (PrEP) have a prescription. Optimizing PrEP reach is critical to Ending the HIV Epidemic, particularly in the US Southeast, where HIV transmission is disproportionately high. Growing evidence has shown the potential of pharmacies to expand PrEP access, but tested pharmacy-based PrEP models in the US Southeast, which was the goal of this study.

Method: We developed and tested the PrEP Up Pharmacies study, which involves training pharmacists and pharmacy technicians to direct clients to an in-pharmacy health screening that includes an eligibility screener and for those eligible, a 15-minute socio-behavioral survey, self-HIV testing and counseling. Clients who test negative are offered a 30-day tele-PrEP prescription and those who test positive are linked to HIV care. We assessed uptake of the socio-behavioral survey, self-HIV testing and tele-PrEP prescription. Differences in client characteristics related to uptake of each study outcome were examined.

Results: Of 247 pharmacy clients informed about the screener survey, 26% (n=64) were screened and most (71.9%) were willing to complete the socio-behavioral survey. Men were more likely than women (p=0.021) to complete the socio-behavioral survey and there were no differences by race. Most clients were recommended for HIV testing (58.7%) based on self-reported sex and drug use risk behaviors. However, self-HIV testing uptake was low (17.4%); there were no differences in willingness to self-test by race, sex or age. Most clients tested HIV-negative and were offered PrEP (88%), however 71.4% declined PrEP due to low HIV risk perceptions. Two pharmacy clients obtained tele-PrEP prescriptions within 24 hours, and one was referred to HIV care.

Conclusion: Preliminary results provide proof of concept for same-day pharmacy-based PrEP delivery and highlight risk perceptions as a critical barrier. Future efforts will test how additional evidence-based practices impact PrEP uptake in more pharmacies.



1098 Implications of PrEP Prescribing Practices on Patient Retention and On-Time Prescriptions

Sarit Golub (presenting)¹, Lila Starbuck¹, Bryant Gomez², Eli Andrade³, Debjyoti Datta³, Robert Beil³, Viraj Patel³

¹ Hunter College, New York, NY, United States

² City University of New York, New York, NY, United States

³ Albert Einstein College of Medicine, Bronx, NY, United States

Background: PrEP providers have flexibility around how many months of PrEP to include in a prescription. In this analysis, we sought to (1) describe provider prescribing practices, (2) assess relationships between prescribing practices and patient PrEP retention/continuity, and (3) explore potential evidence of implicit race bias in prescriptions.

Method: We extracted data for 11,097 PrEP Rxs made to 1,967 patients at a large medical center in New York City, 01/2015-04/2022 (35% Black; 46% Hispanic; 76% male sex in EMR; 33% ages 18-29; 48% Medicaid, 6% uninsured). We analyzed prescription length including refills, repeat Rxs, and follow-up Rx timeliness.

Results: There was wide variation in initial and follow-up Rx length (range: 30-360 days; only 25% of patients received consistent follow up Rx lengths). Rx lengths varied by provider type; infectious disease physicians favored 30-day starts and other providers favored 60+ day starts. Return for second Rx did not differ by initial Rx, but longer Rxs predicted timeliness of second visit and subsequent follow-ups. 63% of follow-up Rxs after a 60+ day supply was on-time, compared to 43% of Rxs after a 30-day supply ($p < .0001$). Follow-up Rx lengths also predicted sustainment; patients receiving 90-day Rxs averaged greater total Rxs, compared to patients receiving 30-day Rxs ($M=4.4$ vs 2.6 , $n=244$, $p < .0001$). Initial Rx length did not differ by race, but Black and Hispanic patients averaged shorter Rx lengths at follow-up ($p < .01$). 25% of Black patients waited until their 3rd visit or later before getting a longer Rx (>30 days), compared to only 11% of white patients ($n=912$; $p=.02$).

Conclusion: PrEP prescribing practices are inconsistent. Longer follow-up Rxs predicted greater patient retention and on-time subsequent Rxs but were less likely to be given to Black patients. Prescribers may not be considering the influence of unconscious bias on prescribing practice, or the impact of prescription length on patient experience.

1099 Towards Rapid Dapivirine Measurement with a Portable, Low-Cost Platform

Cara Brainerd (presenting)¹, John Tatka¹, Cosette Craig¹, Megan Chang¹, Megan Vuong¹, Nuttada Panpradist¹, Barry Lutz¹, Jillian Pintye¹, Ayokunle Olanrewaju¹

¹ University of Washington, Seattle, WA, United States

Background: Providing drug level feedback (DLF) improves PrEP adherence among young cisgender women. Most DLF approaches measure drug levels via liquid chromatography tandem mass spectrometry (LC-MS/MS), which is limited to oral PrEP and incurs high costs and lengthy delays. As novel PrEP options for women scale up, including the dapivirine (DPV) vaginal ring, improving DLF access beyond oral PrEP is a priority. We developed a rapid enzymatic assay to measure DPV levels using a portable instrument that can be deployed in PrEP delivery points.

Method: Measurement of reverse transcriptase (RT) inhibitors based on inhibition of DNA synthesis was developed using rapid enzymatic assays. DNA templates, primers, nucleotides, and RT enzyme in aqueous buffer were incubated with DPV for 30 minutes at 37°C. PicoGreen intercalating dye was added to quench reactions and provide fluorescence readout ($N=3$). Enzymatic assays were performed using a benchtop fluorometer (~\$US30,000) and a portable reader developed in-house for DNA synthesis-based diagnostics (~\$US300). Fluorescence values were normalized to “no RT enzyme” and “no drug” controls and fitted to a four-parameter logistic regression curve.

Results: We obtained the expected sigmoidal relationship between DPV concentration and RT enzyme activity (Figure). “No RT enzyme” controls showed no DNA synthesis, and “no drug” controls showed no RT inhibition. The quantitative region of the curves overlapped with low, medium, and high DPV concentrations reported in cervicovaginal fluid, indicating the ability to provide clinically relevant results. There was high correlation between measurements from the benchtop and portable fluorometers (Pearson $r=0.96$, $P < 0.0001$).

Conclusion: Our study demonstrates the feasibility of DPV measurement using a rapid enzymatic assay in a portable reader. This platform could provide DLF in PrEP delivery settings to support PrEP exposure monitoring as DPV vaginal ring scales-up.



1102 National HIV/AIDS Strategy Indicators for HIV Stigma and Quality of Life among People Living with HIV who Inject Drugs in the United States, 2017-2021

Christine Mattson (presenting)¹, Sharoda Dasgupta¹, Stacy Crim¹, Yishiow Kuo², Alana Vivolo-Kantor¹, Jean Ko¹

¹ Centers for Disease Control and Prevention, Atlanta, GA, United States

² DLH Corporation, Atlanta, GA, United States

Background: The National HIV/AIDS Strategy (NHAS) established goals for decreasing HIV-related stigma and improving quality of life (QoL) among U.S. people with HIV (PWH). People who inject drugs (PWID) are one of five NHAS priority populations, but recent data on stigma and QoL among PWID—in addition to factors affecting these outcomes—are lacking.

Method: Using pooled 2017-2021 cycle data from the Medical Monitoring Project, a complex sample survey of adults diagnosed with HIV in the United States, we assessed NHAS indicators—and related factors—among PWID for HIV stigma using a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) and QoL indicators. We present weighted percentages and 95% confidence intervals (CI) for all measures among PWID accounting for the sample design.

Results: During 2017-2021, 2.7% (95% CI 2.3%-3.0%) of U.S. adult PWH injected drugs during the past 12 months. Most were cisgender men (89.7%, 95% CI 86.5%-92.9%), White (54.9%, 95% CI 49.5%-60.2%), and aged 30-49 years (49.5%, 95% CI 44.7%-54.3%). Among PWID, the median HIV stigma score was 32.8, 61.8% reported good or better self-rated health, 26.0% had an unmet need for mental health services, 33.7% were unemployed, 41.0% reported hunger/food insecurity, and 44.2% experienced unstable housing/homelessness. Nearly half experienced discrimination in an HIV care setting or lived in households below the poverty line, and nearly 3/4 reported a disability or an emergency room visit. Many also reported substantial unmet needs for factors associated with subsistence. ([Table](#))

Conclusion: U.S. adult PWH who inject drugs are greatly affected by HIV stigma and their NHAS QoL indicators are poor. Examination of related factors suggests several areas for possible intervention to improve these indicators—stigma/discrimination training for HIV care facility staff, efforts to improve HIV care continuum outcomes, and more effective delivery of ancillary services to address unmet needs.

1106 Characteristics and High Acceptance of Daily Oral PrEP and the Dapirivine Vaginal Ring among Adolescent Girls and Young Women seeking Contraception at Retail Pharmacies in Kenya

Felix Mogaka (presenting)¹, Bernard Rono¹, Bernard Nyerere¹, Greshon Rota¹, Harison Lagat¹, Josephine Odoyo¹, Katrina Ortblad², Meena Lenn³, Melissa Mugambi³, Monisha Sharma³, Victor Omollo¹, Zachary Kwena¹, Kenya Elizabeth Bukusi¹, Jillian Pintye³

¹ Kenya Medical Research Institute, Kisumu, Kenya

² Fred Hutch Cancer Research Center, Seattle, WA, United States

³ University of Washington, Seattle, WA, United States

Background: Retail pharmacies can increase options for delivering HIV pre-exposure prophylaxis (PrEP) and efforts are underway to define pathways for pharmacy-delivered PrEP in Kenya. Many adolescent girls and young women (AGYW) in Kenya access contraception at retail pharmacies; offering PrEP options in this setting may be a high-yield strategy for this population. We evaluated characteristics of AGYW seeking contraception and PrEP acceptance within pharmacy-based PrEP delivery in Kenya.

Method: We analyzed data from an ongoing cluster-randomized trial comparing pharmacy-based PrEP delivery models among AGYW at 20 retail pharmacies in Kisumu, Kenya (NCT05467306). HIV-negative AGYW (15-24 years) purchasing contraceptives (emergency contraception [EC], oral contraceptive pills, injectables, implants, condoms) were offered PrEP and self-selected daily oral PrEP or dapirivine vaginal ring (DPV-VR). AGYW interested in PrEP were provided with one-month supply of PrEP.

Results: As of January 2024, 712 AGYW enrolled with a median age of 21 years (IQR 19-23). Most (84%) were unmarried and 46% reported prior pregnancy. Condomless sex was common (88%); 24% reported ≥ 1 sexual partner and 10% reported transactional sex. Depression symptoms were reported by 6% of AGYW; 2% had experienced intimate partner violence; and 23% perceived moderate to high HIV risk. The most frequently purchased contraception was EC (58%). At enrollment, 80% of AGYW had previously heard of oral PrEP but only 8% had heard of DPV-VR. PrEP was dispensed to 86% of AGYW enrolled: 75% selected oral PrEP. Frequent reasons for selecting oral PrEP were familiarity with pills and ease of use whereas reasons for choosing DPV-VR included avoidance of pill burden and ease of adherence.

Conclusion: AGYW seeking contraception at retail pharmacies in Kenya frequently have characteristics indicating high risk of HIV acquisition and would benefit from PrEP availability in this setting



1110 Contextual Factors Influencing Implementation of HIV Treatment Support Strategies for Female Sex Workers Living with HIV in South Africa: A Qualitative Analysis Using the Consolidated Framework for Implementation Research

Carly Comins (presenting)¹, Mfezi Mcingana², Becky Genberg¹, Ntambue Mulumba³, Sharmistha Mishra⁴, Lillian Shipp¹, Joel Steingo², Harry Hausler², Stefan Baral¹, Sheree Schwartz¹

¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States

² TB/HIV CARE, Cape Town, South Africa

³ TB HIV CARE, Durban, South Africa

⁴ St. Michael's Hospital, Toronto, ON, Canada

Background: Female sex workers (FSW) living with HIV face a confluence of multilevel barriers to HIV care, and, in South Africa, 63% of FSW are living with HIV and <40% are virally suppressed. The purpose of this study was to identify implementation determinants of two strategies to support HIV treatment.

Method: As part of the Siyaphambili Study, a trial testing a decentralized treatment provision and an individualized case management strategy for FSW living with HIV and not virally suppressed, we identified a nested sample of trial participants using maximum variation sampling (n=36) and purposively selected implementors (n=12) from March 2021-January 2022. We used semi-structured interview guides, developed using the Consolidated Framework for Implementation Research (CFIR) and deductively coded using the CFIR, systematically assessing valence and strength. Using data matrices and emergent themes, we compared construct ratings to determine whether any constructs distinguished implementation across strategies.

Results: Across three CFIR domains (innovation characteristics, inner setting, and outer setting), 12 constructs emerged as facilitating, hindering, or having mixed effects on strategy implementation. The *relative advantage*, *design*, *adaptability*, and *complexity* constructs of the innovation characteristics, and the *work infrastructure* construct of the inner setting were strongly influential (± 2 or $+2$). Comparing the valence and strength rating of constructs across the two HIV treatment support strategies, the majority of constructs (9/12) were not distinguishing between the two strategies. We observed three CFIR constructs (*relative advantage*, *complexity*, and *available resources*) that had weakly distinguishing patterns across the two strategies.

Conclusion: Given the potential benefits of differentiated service delivery strategies, identifying implementation barriers and facilitators is critical to inform future strategy design and implementation. Addressing innovation *complexity* and service delivery *infrastructure* to effectively support FSW living with HIV is central to optimizing the individual and population-level impact of these interventions.

1112 Implementing Complex HIV Treatment Support Strategies for Female Sex Workers Living with HIV: A Realist-Informed Evaluation

Carly Comins (presenting)¹, Mfezi Mcingana², Becky Genberg¹, Ntambue Mulumba³, Sharmistha Mishra⁴, Lillian Shipp¹, Joel Steingo², Harry Hausler², Stefan Baral¹, Sheree Schwartz¹

¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States

² TB/HIV CARE, Cape Town, South Africa

³ TB HIV CARE, Durban, South Africa

⁴ St. Michael's Hospital, Toronto, ON, Canada

Background: In South Africa, <40% of female sex workers (FSW) living with HIV are virally suppressed. The Siyaphambili trial compared the effectiveness of two adaptive strategies (decentralized treatment provision and individualized case management) in improving viral suppression. This paper identifies how implementation determinants and context interact to impact implementation and effectiveness outcomes.

Method: We conducted 36 in-depth interviews with a subset of FSW enrolled in Siyaphambili, using maximum variation sampling, and 12 key informant interviews with purposively selected research and program implementors. The interviews were guided by the Consolidated Framework for Implementation Research (CFIR) and deductively coded. We iteratively applied critical realist evaluation principles and retroductive inference techniques to identify 'Context+Mechanism=Outcome' configurations. Our outcomes were appropriateness, feasibility, fidelity, and effectiveness of Siyaphambili treatment support strategies, which we classified as either "high" or "low."

Results: We identified four realist-informed 'Context + Mechanism = Outcome' configurations (Figure). Strategy appropriateness (outcome) reflected how "the needs of innovation recipients" (context) enhanced/challenged the "relative advantage" of the strategies (mechanism) in comparison to the standard of HIV care in South Africa. Feasibility of strategy implementation (outcome) resulted from the interaction of the "work infrastructure, available resources, and access to knowledge and resources" (context) which activated/dampened the "design" of the strategies (mechanism). The fidelity of strategy implementation (outcome) relied on how "partnerships, relational connections and communication" (context) influenced "complexity and adaptability" of the strategies (mechanism). Strategy effectiveness at supporting HIV viral suppression (outcome) was based on the influence of FSW "capabilities" (context) on their "motivation and opportunity" (mechanism).

Conclusion: Given the unmet HIV treatment need among FSW living with HIV, decomposing the implementation of multilevel, multicomponent strategies is critical to informing future strategy design, delivering strategies in complex healthcare settings, and optimizing treatment outcomes those at greatest need.



1117 Impact of a Harm Reduction Program Tailored for Priority Populations who Use Methamphetamine in New York City

Justin Knox (presenting)¹, Connor Reynolds², Noeisa Montero², Emma Ramsdell², Frances Silva³, Cristina Rodriguez-Hart²

- ¹ Columbia University, Franklin Lakes, NJ, United States
- ² New York City Department of Health and Mental Hygiene, New York, NY, United States
- ³ NY HIV Planning Council, Long Island City, NY, United States

Background: Methamphetamine use is increasing among sexual gender minorities (SGM) in NYC and is associated with suboptimal HIV outcomes. Combining federal and local funding, the NYC Health Department created a harm reduction program to address methamphetamine use and HIV prevention and care. We describe its impact in terms of reach, services delivered, and participant outcomes related to HIV transmission and methamphetamine use.

Method: Eligible participants reported past 12 months methamphetamine use, completed an assessment at enrollment, and engaged in ≥ 1 service from January 2017-June 2022. We conducted a match and merge of programmatic data with HIV surveillance data to study HIV outcomes among enrolled people with HIV (PWH). We used reassessments (delivered at least every 6 months) to track longitudinal methamphetamine use outcomes. Analyses were stratified by race/ethnicity and SGM status.

Results: Of 545 people enrolled, 54% (292) were PWH and 46% (253) were not. Priority populations reached (90% of enrollees) included 175 White MSM, 156 Latino MSM, 121 Black MSM, 29 Asian/Pacific Islander (A/PI) MSM, and 10 transgender, non-binary, or gender non-conforming (TNBGNC) individuals. The most common services used were individual counseling, health education, and benefits navigation. Among the 292 PWH, viral suppression increased from 77% at baseline to 83% at 12 months post-enrollment. Seroconversions (7% of all non-PWH) affected 50% of TNBGNC (1/2), 15% of Black MSM (6/40), 13% of A/PI MSM (2/16), 6% of Latino MSM (4/68), and 4% of White MSM (4/99). The following groups who received ≥ 1 reassessment (30% of the 545), reported no past 3 months methamphetamine use at reassessment: 25% of TNBGNC (1/4), 46% of the A/PI MSM (6/13), 47% of Black MSM (16/34), 47% of Latino MSM (22/47), and 43% of White MSM (24/56) participants.

Conclusion: This novel program reached priority populations at the center of the syndemics of HIV and meth use in NYC.

1119 A Qualitative Study to Examine HIV-Related Intersectional Stigma, Religion, Spirituality, and ART Adherence among Black Women Living with HIV in Washington, DC

Tamara Taggart (presenting)¹, Khadijah Abdullah¹, Maniza Habib¹, Natalie Price¹, George Kerr, III², Manya Magnus¹

- ¹ George Washington University, Washington, DC, United States
- ² G III Associates, Washington, DC, United States

Background: Due to social-structural and psychosocial factors including racism, societal stigma, and discriminatory interactions within clinical and community settings, cisgender Black women living with HIV (BWLWH) experience greater HIV-related intersectional stigma and low adherence to antiretroviral therapy (ART). One promising strategy for addressing psychosocial barriers to ART adherence is religion/spirituality. We qualitatively explored experiences of HIV-related intersectional stigma, ART adherence, care, and religion/spirituality among BWLWH in Washington, DC with the goal to inform future adherence interventions.

Method: As part of a mixed-methods community-based project to develop a spirituality-informed web-delivered ART adherence intervention, we conducted in-depth interviews with BWLWH. We used purposive recruitment strategies. Data collection and analyses were guided by models of religion/spirituality and health and multi-level HIV-related intersectional stigma. Interviews were on Zoom, transcribed, and reviewed for completeness. Thematic content analysis was used for analysis.

Results: Of the 30 BWLWH interviewed, 17% were virally suppressed, mean age was 59.5 years, and mean years living with HIV was 26. Interviews averaged 52 minutes. Participants shared experiences of stigma and discrimination related to their gender, race, and HIV status. Participants expressed that HIV-related intersectional stigma came from multiple sources including interpersonal, clinical, and community interactions and were internalized to further challenge ART adherence. Participants shared how religion/spirituality was used to cope with experiences of stigma and motivated them to remain in care including assigning a greater purpose to their diagnosis, seeking support from religious others, and using faith-based tools to improve their mental health.

Conclusion: Optimal ART adherence is crucial to achieving EHE goals and represents a critical step in the care continuum. Interventions designed to improve stigma management and ART adherence, while also considering the spiritual needs and supports of BWLWH, are promising.



1121 Utilizing a Stepped Care Approach to Address Substance Use and Increase PrEP Initiation and Adherence among Trans Women and Sexual Minority Men

Cathy Reback (presenting)¹, Michael Li², Raymond Mata¹, Danielle Ryan³, Ali Jalali³, Raphael Landovitz², David Benkeser⁴, Philip Jeng³, Sean Murphy³

- ¹ Friends Research Institute, Los Angeles, CA, United States
- ² University of California, Los Angeles, Los Angeles, CA, United States
- ³ Weill Cornell Medicine, New York, NY, United States
- ⁴ Emory University, Atlanta, GA, United States

Background: Although PrEP is a highly effective prevention strategy, PrEP initiation/adherence are exclusively behavioral outcomes that are abrogated by substance use. In the US ~70% annual HIV infections are among transgender women (TW) and sexual minority men (SMM) who use substances.

Method: The A.S.K.-PrEP study will enroll 250 TW/SMM with a substance use disorder (SUD; n=83 TW, n=167 SMM). Participants will be randomized (3:1) to Stepped Care (n=187) or SOC (n=63). Participants in Stepped Care will receive 5 navigation sessions, within 3 months, and weekly text-messaging support. At their 3-month follow-up visit, Stepped Care responders will maintain the navigation intervention and receive an additional 5 sessions, while non-responders will be re-randomized (1:1) to either a) add attention to their SUD (A.S.K.-PrEP + Contingency Management [CM]), or b) shift attention solely to their SUD (CM alone).

Results: Enrollment began in May 2023. As of 1/31/24, 66 participants enrolled; 58% (n=38) had a DSM-5-verified severe methamphetamine use disorder. 62% (n=41) have been linked to PrEP; 42% (n=28) initiated PrEP: 26 initiated oral-daily and 2 initiated long-acting injectable. Of those eligible, 82% (n=42/51) completed their 3-month follow-up evaluation. In the Stepped Care arm, 23% (n=7/30) were PrEP adherent and reported no substance use, 27% (n=8/30) were PrEP adherent but reported substance use, 10% (n=3/30) were PrEP non-adherent and reported no substance use, 40% (n=12/30) did not report PrEP use. The primary reason for non-responding was continued substance use and those were stepped-up and rerandomized to either A.S.K.-PrEP+CM or CM alone. We will present preliminary findings (n=~100).

Conclusion: The A.S.K.-PrEP study will identify scalable and effective PrEP interventions that match intensity and participant needs to maximize efficacy while minimizing costs.

1126 Impact of Peer Referral on Pre-Exposure Prophylaxis Adherence and Persistence among Gay, Bisexual, and Other Men who have Sex with Men: A Cohort Study in China

Weiming Tang (presenting)⁸, Zhuoheng Yin¹, Chengxin Fan¹, Gifty Marley¹, Chunyan Li², Yifan Dai¹, Quanmin Li³, Songjie Wu⁴, Haojie Huang⁵, Aniruddha Hazra⁶, Jonathan Lio⁶, Ke Liang⁴, Linghua Li³, Renslow Sherer⁶, Joseph D. Tucker⁷

- ¹ UNC-Project China, Guangzhou, China
- ² University of Tokyo, Tokyo, Japan
- ³ Guangzhou Eighth People's Hospital, Guangzhou, China
- ⁴ Zhongnan Hospital of Wuhan University, Wuhan, China
- ⁵ Wuhan Tongxing LGBT Center, Wuhan, China
- ⁶ University of Chicago, Chicago, IL, United States
- ⁷ London School of Hygiene and Tropical Medicine, London, United Kingdom
- ⁸ University of North Carolina at Chapel Hill, Project-China, Chapel Hill, NC, United States

Background: Peer referral leverages social networks to reach and refer peers to health services which could be used to enhance PrEP use. This study aimed to explore the impact of peer referral on PrEP adherence and persistence among Chinese PrEP users.

Method: Longitudinal data was collected from a 12-month PrEP Demonstration Trial conducted in China, from 2021 to 2023. Participants received quarterly follow-up surveys to assess PrEP usage. Peer referral was defined as recommended participation by peers who had already enrolled in the trial. PrEP adherence refers to taking 4 or more pills a week for daily users and at least 75% strictly following the 2+1+1 for the event-driven regimen. PrEP persistence was defined as the time point of the discontinuation. Generalized estimating equations and Cox regression models assess the impact of peer referral on PrEP adherence and persistence.

Results: Of the 563 GBMSM PrEP users, 90 (16.0%) were referred by their peers with a mean age of 27.2 (SD=5.8), and 90.0% received had at least a high school education. Overall adherence decreased over time (79.7% vs. 72.3%, P<0.001). PrEP adherence of peer-referred participants was 77.7% and 74.1%, compared to 80.0% and 72.0% of non-peer-referred participants at the 3-month and 6-month follow-ups. No significant association was found between peer referral and PrEP adherence. Regarding persistence, 84.4% of peer-referred, and 73.2% of non-peer-referred participants were persistent users. Non-peer-referred participants were more likely to not persist compared to Peer-referred users (aHR=1.8, 95% CI: 1.1-3.2).

Conclusion: Peer referral appears to be effective in enhancing PrEP persistence among GBMSM, which should be expanded in future practice.



1132 Opportunities and Challenges in Reaching Adolescents and Young Adults with PrEP through School-Based Health Centers

Kathrine Meyers (presenting)¹, Benjamin Lane², Melanie Gold¹, Caroline Carnevale³, Dina Romo¹, Janet Garth³, Sarit Golub⁴

¹ Columbia University, New York, NY, United States

² Aaron Diamond AIDS Research, Center New York, NY, United States

³ New York Presbyterian Hospital, New York, NY, United States

⁴ Hunter College, New York, NY, United States

Introduction: In 2021, a fifth of new HIV diagnoses in the US were reported in adolescent and young adults (AYAs) ages 13-24 years, highlighting the need to provide pre-exposure prophylaxis (PrEP) wherever AYAs access healthcare. School-based health centers (SBHCs) offer comprehensive sexual and reproductive health (SRH) services, positioning them as ideal sites to increase PrEP awareness and use among AYAs.

Description: New York-Presbyterian (NYP) operates SBHCs serving 6,975 students across six high schools in areas disproportionately impacted by HIV in NYC. In 2018, NYP received research funding to offer onsite PrEP at their SBHCs and following a grant-funded pilot phase, offered PrEP as a routine service. PrEP awareness was raised through integrating PrEP information into existing classroom-based HIV prevention curricula, one-on-one sessions with health educators, and counseling sessions by nurse practitioners (NPs). NYP PrEP care coordinators supported benefits navigation. PrEP medication initiation was offered onsite. Patient financial advisors supported NPs with follow-up scheduling.

Lesson Learned:

1. SBHC's structural environment offers an ideal opportunity to provide AYAs with free, confidential, and low stigma access to PrEP.
2. However, variable staff knowledge and buy-in about how PrEP can enhance AYA sexual health and well-being resulted in uneven implementation across SBHC sites.
3. Staff remain focused on prevention of pregnancy and screening for STIs including HIV. There is an opportunity to optimize SRH visits by adding universal PrEP education and prescribing and dispensing PrEP onsite.

Recommendations: For PrEP to advance SBHC's mission of promoting AYA sexual health and wellbeing :1) leadership should require integration of PrEP into workflows and monitor delivery of services; 2) identification of multidisciplinary champions and generating buy-in from all staff is essential; 3) all staff should complete HIV prevention training that includes PrEP; and 4) in times of high staff turnover, standard written protocols can support sustainability of services.

1136 Combining HIV Prevention Options with Mental Health Service Delivery for Adolescent Girls (CHOMA): Results of a Pilot Hybrid Effectiveness-Implementation Randomized Trial

Jennifer Velloza (presenting)¹, Nomhle Khoza², Lisa Mills², Nicole Poovan³, Elizabeth Sherwin⁴, Carrie Mathew³, Zinhle Sokhela³, Ruth Verhey⁵, Dixon Chibanda⁴, Sybil Hosek⁵, Connie Celum⁶, Sinead Delany-Moretlwe³

¹ University of California San Francisco, Seattle, WA, United States

² Wits RHI, Hillbrow, South Africa

³ Wits RHI, Johannesburg, South Africa

⁴ UCSF, San Francisco, CA, United States

⁵ Friendship Bench, Harare, Zimbabwe

⁶ University of Washington, Seattle, WA, United States

Background: Adolescent girls and young women (AGYW) at risk of HIV frequently have symptoms of common mental disorders (CMD) that are associated with lower PrEP adherence. We conducted a pilot effectiveness-implementation trial to evaluate whether an adapted mental health intervention adapted ("Youth Friendship Bench SA") could address CMD and PrEP adherence among South African AGYW.

Method: CHOMA was conducted in Johannesburg from April 2023-February 2024. We enrolled AGYW (18-25 years) initiating PrEP with CMD symptoms (Self-Reporting Questionnaire 20-item [SRQ] ≥ 7). Participants were randomized to intervention (five problem-solving sessions, one group session, optional remote counseling) or SOC. Visits occurred at Weeks 2, 4, 8, and 12. Primary outcomes were recent PrEP use (positive urine tenofovir assay) and reduced CMD symptoms (SRQ < 7) at Week 12. A secondary outcome was Acceptability of Intervention Measure (AIM) mean score (range=1-4).

Results: Of 116 AGYW enrolled, the median SRQ score was 9 (IQR: 7-10). We retained 68% through Week 12. At Week 4, 29/36 (80.6%) in the intervention and 25/41 (61.0%) in the SOC had recent PrEP use (RR=1.40; 95% CI=1.03-1.89; $p=0.03$), but this was not sustained through Week 12 (RR=0.88; 95% CI=0.64-1.22; $p=0.44$). CMD symptoms did not differ by arm at Week 12, although the proportion with SRQ scores < 7 increased overall between Weeks 4 (30.2%) and 12 (44.8%; $p<0.01$). Mean AIM score was 3.5.

Conclusion: We saw an intervention effect on PrEP adherence at Week 4 and reductions in CMD symptoms in both arms. Although intervention acceptability was high, retention was challenging, indicating that longer-term mental health and PrEP interventions are needed to improve integrated services among AGYW.



1146 Geographic Variations in Real-World Uptake of Oral Pre-Exposure Prophylaxis Prescription Claims in 'Ending the HIV Epidemic in the United States' Regions

Li Tao (presenting)¹, Juan Yang¹, Dylan Mezzio¹, Joshua Gruber¹, Woodie Zachry¹

¹ Gilead Sciences, Inc., Foster City, CA, United States

Background: While oral HIV-1 PrEP is effective at preventing new infections, maintaining consistent PrEP use in the real world remains challenging.

Method: Adults without HIV-1 who received ≥ 1 daily oral PrEP regimen (wash-out: 6 months) of F/TDF or F/TAF, dispensed January 2019–December 2023, were identified using IQVIA LAAD pharmacy claims database. Individuals' average weekly PrEP uptake within 12-month follow-up, approximated by pharmacy claims, was aggregated in 'Ending the HIV Epidemic in the US' (EHE) initiative regions and plotted against HIV incidence rates reported by CDC. The projected number of individuals required to adhere with PrEP (Number Needed to Adhere [NNA]; adherence defined as ≥ 4 tablets/week) to prevent one new HIV-1 infection was estimated by state.

Results: From >2 million PrEP claims, 352,077 individuals (median age: 35 years; IQR, 26–42 years) were identified; the majority (55%) had an average PrEP uptake <4 tablets/week. Weekly average PrEP uptake was 3.9 tablets/week for F/TAF users versus 3.5 for F/TDF users. Individuals in EHE regions had lower weekly average PrEP uptake for both regimens (3.7 tablets/week for F/TAF; 3.4 for F/TDF) than those in non-EHE regions (4.1 and 3.6, respectively). Among EHE regions with high HIV incidence rates, counties with low average weekly PrEP uptake included Miami-Dade, Florida, and Bronx, New York, and counties with high average weekly PrEP uptake included Fulton, Georgia, and Baltimore City, Maryland (Figure 1). Average PrEP uptake was between 1 and 9 tablets/week among individuals in EHE counties (Figure 2); NNA ranged from approximately 21 individuals in Louisiana to 122 in North Dakota.

Conclusion: Disparities in PrEP uptake and HIV incidence were observed in this analysis across EHE regions, underscoring the need for more regionally targeted strategies to improve PrEP utilization and persistence.



1153 Best Practices Learned from PEPFAR HRSA Skills-Sharing Program in Jamaica

Lauren Richey (presenting)¹, Megan Urry², Tola Life³, Jaclyn Perlman³, Clemens Steinbock², Mohammad Khalaf³, Mary Ledikwe³, Alex Keuroghlian⁴, Robert Dodge⁵, Aliyah Abdul Waki³, Blair Thedinger⁶, Audreanna Garcia⁷, Jessica Seidita⁷, Aspen Hardges⁸, Mulamba Lunda⁹, Tonya Green⁸, Kadian Pinnock¹⁰, Robert Watson¹¹, Althea Spence¹², Jennifer Tomlinson¹³

- ¹ Louisiana State University School of Medicine, New Orleans, LA, United States
- ² New York State Department of Health, AIDS Institute, New York, NY, United States
- ³ HRSA, Washington, DC, United States
- ⁴ The Fenway Institute, Boston, MA, United States
- ⁵ University of North Carolina School of Medicine, Raleigh, NC, United States
- ⁶ KC Care Health Center, Kansas City, MO, United States
- ⁷ Unconditional Love, Inc., Melbourne, FL, United States
- ⁸ Southeast Mississippi Rural Health Initiative, Inc., Hattiesburg, MS, United States
- ⁹ Eau Claire Cooperative Health Center, Columbia, SC, United States
- ¹⁰ Caribbean Training & Education Center for Health (C-TECH), Ocho Rios, Jamaica
- ¹¹ Caribbean Training & Education Center for Health (C-TECH), Montego Bay, Jamaica
- ¹² USAID, Kingston, Jamaica
- ¹³ Jamaica AIDS Support for Life, Kingston, Jamaica

Introduction: The Health Resources and Services Administration's (HRSA) Office of Global Health established a Skills Sharing Program (SSP) between US-based HRSA HIV ambulatory sites and eight President's Emergency Plan for AIDS Relief (PEPFAR)-supported sites in Jamaica to provide quality improvement support. The support addresses nationally prioritized gap areas and aims to improve service delivery and viral suppression through multi-disciplinary bilateral exchanges.

Description: An exploratory visit in Jamaica occurred in September 2023, which engaged with US government stakeholders, Ministry of Health and Wellness, and local partners to introduce the program and refine the priority gap areas. The first site visit with US-based multidisciplinary team members occurred in January 2024 and involved visits to seven HRSA-supported Ministry of Health clinics and one USAID-supported clinic in the Northeastern and Western regions to determine best practices, challenges, site-specific technical assistance needs, and types of support desired going forward. The US-based team was multidisciplinary, including nurses, case managers, quality improvement experts, and physicians, from high-performing HRSA-supported HIV clinics. Each provider met with their respective counterpart at the Jamaican clinic. SSP will continue with virtual support based on the areas requested by the clinics.

Lesson Learned: Jamaican PEPFAR-supported HIV clinics offer integrated, patient-centered HIV care, provided by committed providers. The most innovative best practices included 1) after-hours clinic sessions to accommodate patients; 2) high viral load clinic sessions to engage the most challenging patients; 3) an integrated clinic for people with HIV and serious mental illness; 4) intensive outreach including directly observed therapy via video; 5) a country-wide peer support network, *the Jamaican Network of Seropositives (JN+)*; 6) social support programs; and 7) a formal, structured mentorship program.

Recommendations: Bidirectional exchange of best practices can improve HIV care and treatment across borders.



1157 An Exploration of the Cumulative Effects of Trauma and LGBTQ+-Related Violence on the Mental Health of Black and Latino Sexual Minority Men At-Risk for or Living With HIV

Orlando Harris (presenting)¹, Whitney Bagby¹, Joseph Egbunike Okye¹, Abel Rivas¹, Mitchell Wharton²

¹ University of California San Francisco, San Francisco, CA, United States

² University of Rochester, Rochester, NY, United States

Background: Black and Latino sexual minority men (BLSMM) experience higher rates of trauma and violence, compared to their white counterparts. Sexual identity stigma from society, healthcare providers, and self (internalized) create barriers to seeking mental health or HIV-related services. Missing from the literature is thorough examination of the lived experience around the cumulative effects of trauma and LGBTQ-related violence among BLSMM. Thus, the purpose of this study is to examine these two experiences on the mental health of BLSMM.

Method: We utilized in-depth, individual, semi-structured interviews to collect qualitative data from BLMSM (N=41) in California and New York between August 2021 and December 2022. Interviews were recorded, transcribed verbatim, and analyzed using thematic content analysis.

Results: Participants range in age from 19-65 years, with the majority identifying as male (93%). The majority identified as Black (73%), with Latinos accounting for 25%. Participant described struggling with poor mental health due to issues related to their intersectional identities. This includes racism, homophobia, transphobia, gender nonconforming behaviors, which all resulted in other forms of violence and trauma. Participants also experienced barriers to seeking mental health support in order to heal from the violence and trauma they have experienced due to a dearth of available mental health services and a lack of cultural humility from providers. Additionally, healing was complicated by both internal and external barriers to mental health treatment and support due to the COVID-19 pandemic.

Conclusion: These findings illuminated how the cumulative effects of trauma and LGBTQ-related violence negatively impacted BLSMM's mental health. Urgent public health interventions such as mental health support must be integrated into HIV prevention and treatment services.

1170 PrEP Receipt versus PrEP Use among Adolescent Girls and Young Women Offered Peer-Delivered, Community-Based Services in Kisumu, Kenya

Lawrence Juma (presenting)¹, Nicholas Musinguzi², Bernard Nyerere¹, Benard Rono³, Kevin Oware³, Victor Omollo³, Lindsey Garrison⁴, Elizabeth Bukusi³, Jessica Haberer⁵

¹ Kenya Medical Research Institute, Kisumu, Kenya

² Mbarara University of Science and Technology, Mbarara, Kenya

³ Kenya Medical Research Institute/University of Washington, Kisumu, Kenya

⁴ Massachusetts General Hospital Center for Global Health, Boston, MA, United States

⁵ Massachusetts General Hospital/Harvard Medical School, Boston, MA, United States

Background: Adolescent girls and young women (AGYW) struggle with daily oral HIV pre-exposure prophylaxis (PrEP) adherence; key factors include structural barriers, stigma, and the need for social support. To address these barriers, we designed peer-supported, community-based delivery model for PrEP co-packaged with testing for sexually transmitted infections and contraception.

Method: As part of randomized controlled trial (3/2021-7/2022), we enrolled women aged 16-24 who were initiating PrEP at two public clinics in Kisumu Kenya and followed them at Month 1, 3, and 6. In the intervention, peers delivered kit containing PrEP, self-collected vaginal swabs for STI testing, and contraceptives. Controls received standard of care at the PrEP clinics. Objective PrEP use was determined at Month 6 by tenofovir-diphosphate (TFV-DP) blood levels. Demographic/socio-behavioral characteristics associated with PrEP use were assessed with logistic regression.

Results: Seventy-five AGYW were enrolled in the intervention arm. The median age was 21.6 years (IQR 20.7-23.1), 69% took 30-60 minutes to clinic. Many engaged in transactional sex (64%), lived with their parents (49%), problem with alcohol use (21%), and moderate/severe depression symptoms (56%). PrEP accepted by most AGYW: 67/75 (89%) at Month 1, 60/75 (80%) at Month 3, and 50/75 (67%) at Month 6. TFV-DP levels detected in 12/75 (16%) participants at Month 6. Among those receiving PrEP at Month 6 (N=50), no differences in demographic/socio-behavioral characteristics between those with (N=12) and without detectable TFV-DP (N=38).

Conclusion: Despite high levels of PrEP receipt in the community with peer support, persistence to oral PrEP remained low among most AGYW. Potential explanations include social desirability with kit use and competing priorities. Future research should explore other means to promote PrEP use including long-acting formulations.



1173 What Matters Most for Long-Acting Antiretroviral Therapy? A Discrete Choice Experiment

Rebecca Fisk-Hoffman (presenting)¹, Yiyang Liu¹, Charurut Somboonwit¹, Maya Widmeyer¹, Lori Bilello¹, Mattia Prosperi¹, Ramzi Salloum¹, Robert Cook¹

¹ University of Florida, Gainesville, FL, United States

Background: Long-acting (LA) antiretroviral therapies (ART) could improve HIV health outcomes and reduce transmission in high incidence and prevalence settings like Florida. This study seeks to identify the LA-ART attributes of greatest importance to people with HIV (PWH) and more desirable characteristics within those attributes.

Method: The Florida Cohort enrolls adult PWH from six Florida counties. In February 2023, a best-worst discrete choice experiment (BWDCE) was added which included 12 tasks with an opt-out. Based on the literature and interviews with stakeholders, six attributes were included: treatment type (e.g., shot), long-term effects, side effects, convenience (e.g., at home), effectiveness, and frequency. A Hierarchical Bayes model was used to individually estimate level utilities, and attribute importance was calculated. Sawtooth Software was used for design and analysis.

Results: Overall, 210 participants completed the BWDCE (60% aged 50+, 49% non-Hispanic Black, 12% Hispanic, 54% assigned male at birth). Most participants took oral ART (90%), 2% were not on ART, and 8% received injectable ART. Treatment type had the greatest impact on preference [27.2% (95%CI 25.1-29.3)], followed by frequency [23.4% (95%CI 21.6-25.2)], and long-term effects [19.0% (95%CI 17.8-20.3)]. Within treatment type, pills were preferred over other options, including their current regimen. Within frequency, administration every 3 months or less was preferred, but only yearly administration was preferred over their current regimen. Within long-term effects, participants preferred no increase in risk over a small increase. The utility of their current regimen had a wide confidence interval, indicating preference heterogeneity (Figure).

Conclusion: Future ART development should focus on pills and less frequent administration. Potential heterogeneity in ART preferences indicates that future studies could focus on audience segmentation.

1183 New HIV Diagnoses and Community Viral Load during the COVID-19 Pandemic in Washington, DC

Amanda Castel (presenting)¹, Shannon Barth¹, Shannon Barth¹, Paige Kulie¹, Elisabeth Andersen¹, John Banas¹, Anuja Baskaran¹, Anne Monroe¹, DC Cohort Executive Committee¹

¹ George Washington University Milken Institute School of Public Health, Washington, DC, United States

Background: The COVID-19 pandemic disrupted access to HIV prevention, care, and treatment services which may have led to increases in community viral load (CVL) and new and late diagnoses. We sought to measure CVL and describe demographic and clinical characteristics of new diagnoses before and during the pandemic among PWH in Washington, DC.

Method: Among participants enrolled in the DC Cohort longitudinal HIV study, we identified all new HIV diagnoses, stratified by pre- (January 2017-March 2020) and peri-pandemic (April 2020-March 2023) periods. Using bivariable analyses, we compared characteristics of new diagnoses by time-period. Using Cox proportional hazard models, we calculated survival curves for time to HIV diagnosis, engagement in care, ART initiation, and viral suppression (VS). We calculated quarterly in-care total and mean CVL, using the most recent viral load.

Results: Among 11,156 participants, total and mean CVL, and number of new diagnoses decreased from January 2017 through March 2023 (all $p < 0.01$); the proportion VS increased ($p < 0.0001$) (Figure). Among 631 new HIV diagnoses during the observation period, 93 were diagnosed during the peri-pandemic period. We found significant differences in new HIV diagnoses by ethnicity comparing pre- and peri-pandemic (Hispanic, 9% vs. 21.5%, $p = 0.0008$), employment status (unemployed 14% vs 24.7%, $p = 0.0002$), and insurance (private, 58.9% vs. 38.7%, $p < 0.0001$). The proportion of late diagnoses in the pre- vs. peri-pandemic period was 27.3% vs 33.7% ($p = 0.22$). Time from diagnosis to care linkage care, ART initiation, and VS; and time from ART initiation to VS decreased significantly between 2017 and 2023 (all $p < 0.01$).

Conclusion: Among this cohort of PWH, despite pandemic-related barriers to care, CVL and new HIV diagnoses decreased while VS increased. New diagnoses were disproportionately observed among Hispanics, those unemployed, and underinsured. As the pandemic subsides, increased emphasis on HIV testing will help identify delayed diagnoses and improve care continuum outcomes.



1196 Socio-Contextual Influences on Time to Viral Suppression in the Deep South: A Qualitative Analysis

D. Scott Batey (presenting)¹, Brie Scrivner², Yookyong Lee³, Donna Smith³, Emma Kay³, John Bassler³, Emily Levitan³, Ariann Nassel³, Mariel Parman³, Aadia Rana³, Jessica Townsend⁴, Lauren Ostrenga⁵, Xueyuan Wang⁶, Tiffany Wilson⁷

- ¹ Tulane University, New Orleans, LA, United States
- ² Portland Oregon Government, Portland, OR, United States
- ³ University of Alabama, Birmingham, AL, United States
- ⁴ Birmingham AIDS Outreach, Birmingham, AL, United States
- ⁵ Louisiana Department of Health, New Orleans, LA, United States
- ⁶ Mississippi Department of Health, Jackson, MS, United States
- ⁷ Alabama Department of Public Health, Montgomery, AL United States

Background: Greater understanding of socio-contextual factors driving geographic variability in time to viral suppression (VS) is necessary to achieve timely individual and population viral control. We conducted a large-scale study (both quantitative and qualitative) in three states (Alabama [AL], Louisiana [LA], and Mississippi [MS]) to characterize geographic variability in time to VS. Here, we report findings from qualitative methods which sought to further understand factors related to timely VS in the Deep South.

Method: Twenty semi-structured, in-depth interviews were conducted via Zoom. Eligible participants were (1) living with HIV; (2) residing in AL, LA, or MS; and (3) ≥18 years of age. Recruitment occurred by word-of-mouth, utilizing convenience sampling. An interview guide was informed by the Modified Social Ecological Model (MSEM), which accounts for influences at the individual, social/sexual networks, community, and public policy levels.

Results: Participants were mostly Black males (75%), ≥50 years of age (80%), and long-term (≥16 years) HIV survivors (65%). Nine participants were from AL (45%), 9 from LA (45%), and 2 from MS (10%). Identified barriers represented all MSEM levels and included unmet basic needs and substance use (individual), experienced and/or anticipated stigma from community and families/friends (social/sexual networks), lack of HIV education, limited public transportation, and lack of church involvement (community), and HIV criminalization laws and limited knowledge of healthcare policy (public policy).

Conclusion: PWH living in the Deep South are uniquely challenged to attain and sustain timely VS. Participants reported challenges to timely VS occurring at all MSEM levels, suggesting the importance of assessing patient needs holistically. Further, a keen understanding of barriers faced by PWH, especially in the Deep South, must be addressed when developing interventions to improve time to VS and to impact national efforts to end the HIV epidemic.

1199 Misclassification of HIV Care Representative Sample of People Living with HIV in KwaZulu-Natal Province, South Africa

Lindsey Filiatreau (presenting)¹, Aaloke Mody¹, Elvin Geng¹, Franco Musiello², Zaynab Essack², Buyisile Chibi², Alastair Van Heerden², Collins Iwuji³, Anjali Sharma⁴, Kombatende Sikombe⁴, Alfred Keter⁵, Kombi Sausi⁶, Candice Groenewald⁶

- ¹ Washington University, St. Louis, MO, United States
- ² Human Sciences Research Council, Pietermaritzburg, South Africa
- ³ University of Sussex, Sussex, United Kingdom
- ⁴ Centre for Infectious Disease Research in Zambia (CIDRZ), Lusaka, Zambia
- ⁵ Institute of Tropical Medicine Antwerp, Antwerp, Belgium
- ⁶ Human Sciences Research Council, Durban, South Africa

Background: Engagement in HIV care is an essential metric for understanding progress toward UNAIDS' 95-95-95 goals. Yet, global estimates of retention in care are commonly ascertained using clinical record systems that fail to adequately capture care-seeking across clinics.

Method: Using data from Tier.net, an electronic HIV treatment register in South Africa, we randomly sampled 625 individuals from 6 clinics in KwaZulu-Natal who had at least one clinic visit within the two years before data extraction but no visit within the prior 90 days. Between April 14 and December 12, 2023, research assistants attempted to document clinical outcomes in physical patient files and ascertain self-reported outcomes through tracking and tracing sampled individuals. Outcomes of interest included retention in care, clinic transfers, and death. Descriptive statistics were used to compare outcomes across data sources.

Results: File outcomes were ascertained for 532 individuals (85.1% of sampled individuals) – 299 (56.2%) were recorded as lost to care at their original clinic, 30 (5.6%) as returned to care at their original clinic, 176 (33.1%) as transferred out, and 27 (5.1%) as having died. Tracking and tracing outcomes were ascertained for 381 individuals (61.0% of sampled individuals) – 100 (26.2%) were confirmed out of care, 60 (15.7%) had returned to care at their original clinic, 168 (44.1%) had transferred out, and 53 (13.9%) had died. A high degree of variation was observed in outcomes with silent transfers (i.e., self-reported transfer out among those whose file stated they were lost to care) being particularly common (35.9%; [Table](#)).

Conclusion: Global estimates of retention in HIV care may be biased. Double-sampling and patient tracking and tracing could allow for more accurate reporting to understand true gaps in HIV care outcomes.



1200 Engagement with an Interactive Adherence Text Messaging Platform among Women Initiating PrEP during Pregnancy in Kenya: The Mobile WACH-PrEP Study

Salphine Watoyi (presenting)¹, Eunita Akim¹, Mary Marwa¹, John Kinuthia¹, Felix Abuna², Jenna Udren², Jerusha Nyabiage², Jennifer A. Unger², Julia Dettinger², Laurén Gómez², Grace John-Stewart², Jillian Pintye², Nancy Ngumbau³

- ¹ Kenyatta National Hospital, Nairobi, Kenya
- ² University of Washington, Seattle, WA, United States
- ³ University of Nairobi, Nairobi, Kenya

Background: Pregnant women initiating PrEP face barriers to adherence that interactive text messaging with nurses may address. Understanding the texting behavior and content of the text messaging communication from PrEP users could help guide PrEP adherence support for them.

Method: We analyzed data from an ongoing RCT that enrolled pregnant women initiating PrEP at 5 clinics in Western Kenya (NCT04472884). All women were ≥ 18 years, between 24-32 weeks gestation, initiating PrEP within routine antenatal care, and had high HIV risk scores. We adapted an existing SMS platform (Mobile WACH [mWACH]) to send automated educational text messages tailored to pregnancy/postpartum and PrEP use and allowed clients to communicate with a remote nurse. Participants were randomized 1:1 to receive the mWACH-PrEP intervention or not at enrollment and followed through 9-months postpartum.

Results: By February 2024, 299 participants sent 7767 text messages; 87% of the participants responded to at least one automated message and 35% of all automated messages. The median time from message receipt to response was 100 minutes, IQR (17–826). Automated messages that received most responses included PrEP topics (58%), pregnancy concerns (21%) and infant health concerns (20%). Over half (60%) of participants sent at least one spontaneous message with concerns about PrEP (30%), and pregnancy (30%). Nearly all participants ($n=275$), 92% consulted with the remote nurse; they reported the consultation was helpful. Concerns raised about PrEP included questions about PrEP discontinuation and/or restarting and adherence challenges. Over half (58%) reported continuing PrEP because of their consultation, and 22% sought medical attention for non-PrEP issues based on text referral.

Conclusion: Pregnant women who initiated PrEP demonstrated high engagement with the text messaging intervention that provided real-time support for PrEP continuation and adherence while also extending support for health promotion beyond PrEP.

1202 Acceptability and Usefulness of a Relational Agent-Based Mobile Phone App Promoting Healthy Behaviors in Young Black MSM with HIV

Sierra Upton (presenting)¹, Kara Herrera¹, Casey Luc¹, Mark Dworkin¹, Jeb Jones², Meaghan Woody², E. Lisa Chung², Sangyoon Lee³

- ¹ University of Illinois at Chicago, Chicago, IL, United States
- ² Emory University, Atlanta, GA, United States
- ³ Connecticut College, New London, CT, United States

Background: As part of the effort to end the HIV epidemic, we developed an innovative mobile phone app for young Black men who have sex with men (YBMSM). The My Personal Health Guide app features a plain-speaking, motivational, and educational relational agent (avatar) and includes features promoting adherence and retention in care. For a randomized controlled trial, we developed an avatar-based attention control app focused on food safety and nutrition. We hypothesized that acceptability and usefulness of the intervention app would be high.

Method: We recruited YBMSM (18-34 years) living with HIV in the U.S. and randomized them 1:1 to download either app. 166/254 participants (88 intervention, 78 control) completed the 6-month study visit. Both groups were asked about the relational aspect of the avatar and willingness to use the app; intervention participants were asked about the usefulness of the adherence and retention in care functions. Favorable responses were defined as 8 or higher on a 10-point scale. Acceptability of the apps were compared using Wilcoxon rank-sum tests.

Results: Overwhelmingly, participants would recommend My Personal Health Guide to a friend living with HIV (94.1%). High favorability was observed for several intervention functions including the avatar asking if they took their medicine (85.1%), education about medication (82.6%), a calendar/graph displaying self-reported adherence (80.5%), and scheduling medication and appointment reminders (80.2%). Many participants reported the app made them feel more in control of their health (55.7% intervention vs. 33.3% control; $p=0.008$), felt the avatar cared about them (53.4% vs. 33.3%, respectively; $p=0.007$), and were willing to continue using the app (51.1% vs. 37.2%, respectively; $p=0.043$).

Conclusion: The My Personal Health Guide app demonstrated high acceptability and most app functions were consistently rated very useful. As the control app was also relatively well received, this digital health relational agent approach to health promotion should be further researched.



1203 Screening for Violence Exposures in a Trauma-Informed Manner: Identifying an Optimal Screener for HIV Care Settings

Jessica Sales (presenting)¹, Katherine Anderson¹, Melvin Livingston III¹, Eve Rose¹, Selaem Hadera¹, Madelyn Carlson¹, Ameeta Kalokhe¹

¹ Rollins School of Public Health, Emory University, Atlanta, GA, United States

Background: Violence is common among people with HIV (PWH) and associated with poor HIV outcomes, making violence screening within HIV care critical for providing support to improve health outcomes. Given the multidimensionality of violent experiences (e.g. intimate partner violence, child abuse, hate crimes), it is paramount to determine which forms of violence have the greatest impact on HIV outcomes to inform screening practices.

Method: Survey data were collected from PWH ($N = 285$) receiving HIV care across Atlanta, Georgia, USA, February 2021-December 2022. Participants reported on experiences of violence, mental/behavioral health variables, and demographic characteristics. We assessed retention in HIV care via chart abstraction and viral suppression by blood draw. Bivariate/multivariable analyses examined the association between violence experiences, mental/behavioral health variables, and HIV outcomes.

Results: Nearly all reported multiple forms of violence. In bivariate analyses, we observed few significant associations between the individual violence forms (e.g., IPV, hate crimes) and HIV outcomes; nearly all forms were associated with PTSD. Among mental/behavioral variables, PTSD was significantly associated with viral suppression. In multivariable models controlling age, sex, education, race, employment, anxiety, depression, and substance use, PTSD remained significantly negatively associated with past 12-/-24-month continuous viral suppression ($OR=0.34$ 95%CI[0.14, 0.84]and $OR=0.27$ 95%CI[0.11, 0.71], respectively), and past 6-month retention in HIV care ($OR=0.35$ 95%CI[0.13, 0.95]).

Conclusion: High levels of violence coupled with lack of direct association with HIV outcomes suggest extensive violence screening may not be necessary. Rather, a universal trauma-informed approach should be employed with all patients, and screening resources should be dedicated to assessment of danger or potential mediators in the violence to HIV outcome pathway (i.e., PTSD).

1204 Strategies for Success: Enhancing Viral Load Suppression among Women Living with HIV in Puerto Rico

Carmen Zorrilla (presenting)¹, Jennifer McQueeney¹, Jessica B. Ibarra Gomez, Ana Mosquera¹, Lourdes de Jesús¹

¹ University of Puerto Rico, San Juan, Puerto Rico

Background: The Maternal Infant Studies Center (CEMI) is a leading women's health clinic in Puerto Rico specializing in HIV care. CEMI stands as the most prominent clinic for women living with HIV (WLHIV). Annually caring for more than 500 women, the clinic emphasizes the importance of viral suppression, which helps minimize the risk of clinical complications, progression to AIDS, mortality, and virus transmission. The clinic addresses the challenges WLHIV faces, including lower rates of viral suppression due to their multiple family and social roles, ensuring they receive top-quality care and support.

Method: To enhance viral load suppression rates, targeted quality improvement projects were developed, focusing on the unique challenges WLHIV faces. These projects utilized the PDSA cycle and root cause analysis to address key issues. The goal was aimed to reach an 85% undetectable viral load rate.

Results: Despite the substantial impact of the pandemic, the quality improvement project achieved significant success. Documented improvements show a significant rise in viral load suppression from 67% in 2016 to 89% by 2023, rates comparable to those reported for Hispanic women in the USA from 2014 to 2022, which ranged from 78.9% to 91.6%. However, the suppression rate for women living with HIV (WLHIV) in Puerto Rico stood at 73.4% in 2021, indicating a need for additional local strategies to address this disparity.

Conclusion: This accomplishment underscores the effectiveness of the clinic's comprehensive and adaptive strategies. The clinic's diverse strategies not only showcase best practices for HIV care programs aiming for optimal patient outcomes but also emphasize the potential for tailored interventions to address specific challenges in care retention. This comprehensive approach serves as a model for HIV care programs striving for excellence in healthcare delivery and patient management.



1206 A Pilot Randomized Control Trial of Motivational Interviewing to Increase PrEP Uptake (MI-PrEP) among Black Women Placed at Risk for HIV in the US

Sannisha Dale (presenting)¹, Peyton Willie¹, Rachelle Reid¹, Victoria Petrucca¹, Ian Wright¹

¹ University of Miami, Coral Gables, FL, United States

Background: In 2022, only 7.2% of PrEP users were Black individuals. MI-PrEP is a two-session culturally tailored intervention to improve PrEP motivation and uptake with previously demonstrated evidence of acceptability and feasibility among Black women.

Method: A pilot randomized control trial (RCT) was conducted in the Southeastern U.S with Black women meeting the CDC's indications for PrEP use. Forty women were randomized at baseline to MI-PrEP (session 1 with psychoeducation on PrEP and MI, session 2 with MI and light case management) or ETAU (2 sessions consisting of psychoeducation on PrEP). Women completed 1 follow-up assessment (1 month after visit 2). Measures captured primary (motivation [via contemplation and readiness ruler], PrEP uptake via medical records) and secondary outcomes (e.g., PrEP knowledge, barriers to PrEP, and speaking to a provider about PrEP). Difference-in-difference analyses comparing MI-PrEP to ETAU as well as T-tests for within group changes over time were conducted.

Results: Women who completed MI-PrEP (95% retained) compared to ETAU (100% retained) had significantly higher likelihood of speaking to a provider about PrEP (OR=1.40, DiD=0.33, se = 0.17, $p < .05$). In addition, within the intervention group women had a significant increase in having a PrEP prescription (visit 2: $t(18) = 2.54, p < .05$); follow-up: $t(18) = 2.88, p < .01$), PrEP knowledge, and motivation/contemplation about using PrEP. There were also significant decreases in personal financial resources as a barrier to accessing PrEP and medical mistrust.

Conclusion: Findings indicate preliminary efficacy of a brief MI-PrEP intervention in improving the likelihood of women speaking with a provider about PrEP as well as within group improvements in other outcomes. A large-scale study may be beneficial to further assess efficacy and examine implementation.

1207 Early Implementation Experience and Lessons Learned from Eight Diverse Clinics Introducing Long-Acting Injectables for HIV Treatment

Kathrine Meyers (presenting)¹, Nadia Nguyen², Benjamin Lane², The ALAI UP Team³

¹ Columbia University, New York, NY, United States

² Aaron Diamond AIDS Research Center, New York, NY, United States

³ Columbia University, Hunter College, Southeast AIDS Education and Training Center, and New York City Department of Health and Mental Hygiene, New York, NY, United States

Background: Three years since FDA approval of iCAB/RPV, little is known about how real-world clinics across the US are integrating long-acting injectable antiretrovirals (LAI ARTs) into their HIV treatment programs.

Method: The ALAI UP Project seeks to support and distill lessons from clinics introducing LAI ARTs.

Results: Clinical pharmacists play a crucial role in building iCAB/RPV programs. Implementation at sites with clinical pharmacists has progressed most smoothly. Clinical pharmacists facilitate implementation by navigating coverage efficiently and effectively and coordinating drug procurement and storage. To support program growth, non-clinical tasks can be task-shifted to non-clinical staff. Clinics have recognized that relying on clinical staff for all aspects of their iCAB/RPV program limits growth and is unsustainable. Most clinics are moving towards multidisciplinary teams to deliver iCAB/RPV. Despite intensive implementation support and modest financial resources from ALAI UP, some clinics have not been able to implement iCAB/RPV due to insurmountable outer context barriers. These include iCAB/RPV not being on some states' ADAP and/or Medicaid formularies, the high cost of the medication and associated visit costs, and healthcare worker shortages.

Conclusions: Clinics should consider hiring clinical pharmacists or pharmacy technicians to facilitate implementation of iCAB/RPV. Alternatively, sites should identify non-clinical staff to facilitate coverage investigation, procurement, and storage. Specialized training by clinical pharmacists and resources can build non-clinical staff capacity to fulfill these roles. Clinical staff effort should ideally be focused on clinical tasks while non-clinical staff can be trained to educate, assess interest, schedule, and follow up with clients. For iCAB/RPV to achieve its full potential, and to mitigate against geographic disparities in use, iCAB/RPV should be added to all state Medicaid and ADAP formularies to remove this access barrier.



1208 Outcomes of Rapid Antiretroviral Therapy (ART) Restart among People with Previously Diagnosed HIV at a Safety-Net HIV Clinic in San Francisco

Jorge Salazar (presenting)¹, Coffey Susa¹, Jessica Bloome¹, Matthew Hickey¹, Lisa Fleming¹, Diane Havlir¹, John Saucedo¹, Monica Gandhi¹, Katerina Christopoulos¹

¹ University of California, San Francisco, San Francisco, CA, United States

Background: Rapid (same day) antiretroviral therapy (ART) starts for people with newly diagnosed HIV and results in high rates of viral suppression (VS). Little is known about VS rates after rapidly restarting ART for people with previously diagnosed HIV off ART returning to care.

Method: The Ward 86 HIV Clinic in San Francisco offers rapid ART restart, in a drop-in urgent care setting, with clinical assessment, review of ART history, staging labs, ART prescription, benefits navigation, and reestablishment of primary care. We conducted an electronic medical record-based retrospective study of adults self-reported being off ART, who completed a rapid ART restart visit. The primary outcome was VS (HIV-1 RNA <200 copies/mL) within 180 days of rapid restart. In sensitivity analysis, missing follow-up viral loads (VLs) were considered unsuppressed. We summarized sociodemographic and clinical characteristics; chi-square tests investigated associations with VS.

Results: From August 2020 – June 2023, 125 patients underwent rapid ART restart at Ward 86. Median age was 43 years; 85% were cis male; 33% identified as White, 20% as Black, 26% as Hispanic; 45% experienced homelessness/housing instability; 59% reported illicit substance use; 43% had a mental health diagnosis. Half (48%) had CD4 <200 cells/mm³. 108/125 (86%) completed staging labs, of which 91/108 (84%) had unsuppressed VL. Among those unsuppressed, 26/91 (29%) had no follow-up VL testing. In complete case analysis with follow-up VL data, 53/65 (82%) achieved VS; VS was 58% when coding missing follow-up VLs as unsuppressed. There was no association between sociodemographic characteristics and VS in bivariate analysis.

Conclusion: VS after rapid ART restart was observed in just over half of participants, with incomplete VL testing in many, reflecting care engagement challenges. Investigating strategies (wraparound services, long acting injectables, etc.) to support successful rapid ART restart and downstream engagement and VS are warranted for this vulnerable population.

1210 Substantial Missingness of Electronic Adherence Monitoring Data in a Randomized Clinical Trial (RCT) of Young Black MSM

Kara Herrera (presenting)¹, Casey Luc¹, Sierra Upton¹, Jeb Jones¹, Mark Dworkin²

¹ University of Illinois at Chicago, Chicago, IL, United States

² Emory University, Atlanta, GA, United States

Background: We performed an RCT in young Black men who have sex with men (YBMSM) and followed antiretroviral therapy (ART) adherence with electronic adherence monitoring (EAM). We hypothesized that EAM data would not have substantial missingness.

Method: YBMSM (18-34 years) living with HIV were recruited throughout the US and followed for up to 7 months in an RCT testing a mobile health intervention. We determined the frequency of months with no EAM data for 30 consecutive days and unadjusted associations with EAM were explored. In addition to EAM, self-reported adherence for ART was collected monthly.

Results: Among 249 YBMSM, half (46%) had >1 months of EAM missing. The proportion missing EAM increased with each month of follow-up (ranging from 7% at month 1 to 54% at month 7). Younger age (18-24 years) was associated with an increased prevalence of missing >1 months of EAM (PR 1.36; 95%CI 1.04-1.80) whereas depression, education, substance use, and homelessness were not. Among 158 YBMSM who completed all 7 months of follow-up, 30% reported travelling without the device, 30% forgot to use the device, 14% had the battery run out, 10% lost the device, 9% chose not to use the device, 3% reported device theft, 3% had some other device problem, and 1% had damage to the device. Among 576 follow-up months where participants were reached and reported they took at least some ART, 124 months (21.5%) had no EAM data.

Conclusion: There was substantial missingness of EAM among YBMSM. Since adherence is a critical outcome measure, future studies of adherence in this priority population should consider feasibility of EAM when long-term follow-up is planned. Long-term studies of YBMSM that involve EAM should consider including an additional adherence measure.



1212 Early Implementation and Clinical Outcomes from Real-World Use of Injectable Cabotegravir/Rilpivirine (iCAB/RPV) at Eight US Clinics Participating in the ALAI UP Project

Nadia Nguyen (presenting)², Jason Zucker¹, Sarah Wiant¹, Simian Huang¹, Delivette Castor¹, Kathrine Meyers¹, Benjamin Lane², Christina Hijiya², The ALAI UP Team³

- ¹ Columbia University, New York, NY, United States
- ² Aaron Diamond AIDS Research Center, New York, NY, United States
- ³ Columbia University, Hunter College, Southeast AIDS Education and Training Center, and New York City Department of Health and Mental Hygiene, New York, NY, United States

Background: More than three years after the FDA approved the first long-acting injectable antiretroviral therapy (LAI ART), cabotegravir/rilpivirine (iCAB/RPV), data from real-world use remains scarce, and little is known about equity in access and use.

Method: Using client-level data, we report on the first nine months of monitoring iCAB/RPV use at clinics participating in ALAI UP (March–November 2023), a HRSA funded project to accelerate the equitable implementation of LAI ARTs. ALAI UP and clinics co-developed a clinical monitoring process to measure reach, equity, and safety ([Table](#)).

Results: ALAI UP clinics provide HIV care to approximately 11,000 clients (range: 80–5000), the majority of whom are on ART and non-White. Across all eight clinics, 1.6% (N=182) of clients have initiated iCAB/RPV (range: 0.06–23%). iCAB/RPV implementation varied by clinic, with early evidence of differences in initiation by age, gender, and ethnicity. ALAI UP clinics have delivered 98% of iCAB/RPV injections on-time (range: 91–100%). Among clients on iCAB/RPV across ALAI UP clinics, 93% were virally suppressed at most recent viral load (range: 44–100%) and 100% had viral loads <200 copies/mL. Six percent of clients initiated on iCAB/RPV have discontinued (range: 0–14%).

Conclusion: The percentage of clients initiated on iCAB/RPV was modest. This may reflect significant, outer-context implementation barriers not addressed by ALAI UP (e.g., iCAB/RPV on formulary). Among the clients who have initiated iCAB/RPV, injections were mostly on time, but the low-level viremia in 7% of clients warrant closer monitoring.

1213 Using Electronic Health Records Data to Identify Incarcerated Persons at Increased Risk for HIV Acquisition

Alex Treacher (presenting)¹, Jacqueline Naeem¹, Reshma Suresh¹, Song Zhang², Ank Nijhawan², Julia Marcus³, Douglas Krakower⁴

- ¹ Parkland Center for Clinical Innovation, Dallas, TX, United States
- ² University of Texas Southwestern Medical Center, Dallas, TX, United States
- ³ Harvard Medical School, Boston, MA, United States
- ⁴ Beth Israel Deaconess Medical Center, Boston, MA, United States

Background: Incarcerated persons experience disproportionately high rates of HIV acquisition and may benefit from tailored, evidence-based HIV prevention strategies. Tools that better identify incarcerated individuals with elevated HIV risk can optimize allocation of resources for HIV testing, counseling, and prevention in criminal justice settings. We developed a predictive model to estimate individuals' future HIV risk using electronic health records (EHR) data from the 8th largest US jail.

Method: The cohort included 31297 Dallas County Jail HIV tested individuals (485 HIV+, chart validated; 30812 HIV-) between 2015–2022. Predictive features were extracted from the jail's EHR, including demographics and clinical and social history, prior to any applicable positive HIV test result. The machine learning pipeline included data splitting via cross-validation, normalization, imputation, augmentation, and classification. The predicted probability served as an estimate for HIV risk, and classification performance is reported on the test data. Permutation feature importance (PFI) was used to compare the relative importance of predictive features.

Results: The model achieved an area-under-the-receiver-operating-curve of 0.75. We varied the percentage of the population predicted as being at risk for future HIV diagnosis and calculated the corresponding sensitivity and specificity ([Table 1](#)); for example, with 20% of the population predicted as increased-risk, sensitivity was 0.54 and specificity was 0.81. The most important features were HIV testing history, sex, and STI testing history ([Figure 1](#)).

Conclusion: To our knowledge, this is the first HIV prediction model developed for an incarcerated population. Predictive performance was likely in a range that can improve efficiency for HIV prevention resources in jails. Given the large population of individuals at risk for HIV who pass through US jails, the potential population-level impact of a jail HIV prediction model is substantial and warrants prospective evaluation.



1227 Demographic and Behavioral Correlates of PrEP Uptake and Discontinuation among English- and Spanish-Speaking Transgender Women in New York City: The TURNNT Cohort Study

Alexander Furuya (presenting)¹, Asa Radix², Su Hyun Park³, Dustin Duncan⁴

- ¹ Mailman School of Public Health, New York, NY, United States
- ² Callen-Lorde Community Health Center, New York, NY, United States
- ³ National University of Singapore, Singapore
- ⁴ Florida International University, Miami, FL, United States

Background: Transgender women of color in the US are disproportionately vulnerable to HIV risks. Pre-Exposure Prophylaxis (PrEP) can help these individuals in preventing HIV transmission. However, important socioecological factors can hinder PrEP uptake and can even cause them to prematurely stop taking PrEP.

Method: We analyzed the first-wave data from The Trying to Understand Neighborhoods and Networks Among Transgender Women of Color (TURNNT) Cohort Study of women not living with HIV. To identify demographic and behavioral determinants that were associated with PrEP uptake and disuse, we created bivariate models. Furthermore, we graphed when people started taking PrEP over time to understand temporal changes in uptake. Finally, we analyzed questionnaire responses to identify why participants stopped using PrEP and if they would consider taking it again.

Results: 140 transgender women of color were included in this analysis. 44.3% were currently on PrEP, 25.0% were formerly on the regimen, and 30.7% had never used it. Those who reported being sexually active were more likely to take PrEP (Prevalence Ratio: 1.71; 95% CI: 1.06, 2.77). PrEP initiation increased steadily until 2020, but dropped afterwards, aligning with the COVID-19 pandemic. Disuse was positively associated with history of sexual assault (PR: 1.78; 95% CI: 1.01, 3.14) and negatively with having a primary care provider (PR: 0.43; 95% CI: 0.25, 0.73). Participants reported many reasons for discontinuing PrEP; 40.0% reported using other strategies to reduce HIV risk, 22.9% reported being concerned about interactions with hormones, and 17.1% reported experiencing side effects. 60.0% reported that they were somewhat likely or very likely to take PrEP again in the future ([figure](#)).

Conclusion: Socioecological factors can influence PrEP uptake and disuse among transgender women of color. Understanding barriers and facilitators to PrEP use can help inform interventions to decrease HIV risk among transgender women of color.

1237 Assessment of Catastrophic Health Expenditure among Households in Kogi State, North Central Nigeria

Moses Luke (presenting)¹

- ¹ AIDS Healthcare Foundation, Lokoja, Nigeria

Background: Catastrophic health expenditure is a measure of financial risk protection. It is often incurred by households who must pay out of pocket for health care services that are not affordable. Key among the challenges are out-of-pocket payments clients make for healthcare services despite the scheme's existence.

Method: This was a cross-sectional study design, carried out among households in Kogi state. Data were collected using a self-administered structured questionnaire, analyzed using Statistical Package for Social Sciences version 23, and Logistic Regression Model and presented using appropriate tables. The level of significance was set at $P < 0.05$.

Results: About 18.4% of the households incurred catastrophic health expenditures. Above average (65%) of the households affected by CHE are residents of rural settlements. This study shows a significant association between the gender of the household head and the ability to pay the financial cost of health services ($\chi^2 = 2.55$, $df = 1$, $p < 0.01$). The Logistic Regression model shows a significant association between lack of access to NHIS and poor livelihood of the family is 0.645 times more likely to affect the economic standard of the family and was statistically significant ($\beta = 0.439$, *Odds Ratio [OR]* = 0.645, CI = 0.454 – 0.916, $p < 0.05$).

Conclusion: Some household and individual characteristics are associated with catastrophic health expenditure in Kogi state. Many households experience catastrophic health payments due to age, education of household head, health insurance status, geopolitical zone, type of health facilities visited, and kind of illness suffered. Household heads above 60 years of age should be considered for fee and premium waivers, including the member of their household.



1257 Clinician Perspectives on U=U and Zero HIV Transmission Risk

José M. Zuniga (presenting)¹

¹ International Association of Providers of AIDS Care, Washington, DC, United States

Background: Undetectable equals Untransmittable (U=U) is based on clinical evidence that people living with HIV (PLHIV) who achieve an undetectable viral load (VL) cannot transmit HIV to their sexual partners. In July 2023, the World Health Organization (WHO) asserted “zero risk” of sexual transmission in PLHIV with undetectable VLs. Clinician hesitancy to communicate U=U in clinical practice has been a barrier to leveraging the U=U message to de-stigmatize an HIV diagnosis, create treatment demand, and incentivize treatment adherence.

Method: A global cross-sectional online survey was fielded among a diverse group of clinicians (N=925) to gauge their perspectives on U=U. More than half were physicians (34%; 22% specialized physician and 12% general practitioner) and nurse-practitioners (29%). Clinicians were queried about whether they regularly communicate U=U to their patients. Additionally, clinicians were asked about their confidence in the scientific underpinnings of U=U and their agreement with the WHO’s “zero risk” assertion. Those expressing uncertainty were further asked for the reason(s) behind their reservations.

Results: A majority of respondents reported a “good” (80%) to “moderate” (17%) level of knowledge about U=U. Sixty-nine percent of respondents said they communicated about U=U to both PLHIV and HIV-negative patients, and 27% only to PLHIV. While confidence in the clinical evidence supporting U=U was generally high (40% “extremely confident”; 41% “very confident,” a notable percentage (14%) expressed reservations regarding the WHO’s “zero risk” assertion. Reasons for skepticism included concerns about HIV treatment adherence (37%), patient misunderstanding U=U message (25%), variability of viral load testing (22%), and lack of trust in patient reporting about their undetectable status (19%).

Conclusion: Clinicians have diverse perspectives about U=U, emphasizing the need for targeted education and communication strategies. Addressing specific concerns expressed by clinicians regarding the WHO’s “zero risk” assertion is critical to better integrate U=U messaging into clinical practice.

1258 Moving Beyond Viral Suppression: Poor Patient-Provider Communication and its Impact on Overall Health Management among People Living with HIV in the United States

Bekana Tadese¹, M. Janelle Cambron-Mellott², Jean Marie Arduino¹, Bridget L. Balkaran², Shakiba Eslamimehr², José M. Zuniga (presenting)³

¹ Merck, Philadelphia, PA, United States

² Oracle Life Sciences, Austin, TX, United States

³ International Association of Providers of AIDS Care, Washington, DC, United States

Background: As HIV evolved from a fatal to a chronic condition with successful antiretroviral therapy (ART), improving quality of life (QoL) beyond viral suppression has become an increasing focus of people living with HIV (PLHIV). Patient-provider communication plays a pivotal role in managing overall health and improving health-related QoL.

Method: A cross-sectional Web-based survey was fielded from February-June 2022 among adult PLHIV taking ART. Structured questionnaires were used to glean gaps in patient-provider communication, capturing whether respondents had difficulty verbalizing their health concerns, satisfaction with their primary clinician who manages HIV, and the associated healthcare outcomes (self-reported overall health status and ART adherence). Logistic regression models were fit to examine factors associated with difficulty verbalizing health concerns and self-reported poor overall health.

Results: Analyses included 781 PLHIV; mean age 43.7 years; 56.2% cisgender male; 51.5% White; 24.5% Black; 37.1% lived with HIV ≥10 years. Most respondents (90.8%) reported ever having been undetectable. However, 31.5% rated their overall health as fair or poor, 33.4% reported difficulty verbalizing health concerns to their clinicians, and 18.2% were dissatisfied with their clinicians. Respondents with shorter duration of HIV [OR: 2.2, 95% CI: 1.1-4.4] and worries about stable housing [OR: 1.8, 95% CI: 1.2 -2.7] had higher odds of having difficulty verbalizing health concerns. Those with difficulty verbalizing health concerns, versus those without, were more likely to report poor overall health (36.4% vs 29.0%) ($p=0.04$) and suboptimal ART adherence (64.8% vs 30.4%) ($p<0.001$). Having dissatisfaction with clinicians was associated with higher odds of poor overall health [OR: 2.2, 95% CI: 1.4 -3.5].

Conclusion: This study underscores the critical role of a positive patient-provider relationship in influencing individual holistic well-being. Healthcare interventions should prioritize strategies to enhance patient communication and satisfaction, recognizing its profound impact on overall health outcomes.



1266 Who Could Benefit from Long-Acting Injectable Antiretroviral Therapy? A Qualitative Study among Florida Providers and People Living with HIV

Abigail Gracy (presenting)¹, Rebecca Fisk-Hoffman¹, Sashaun Ranger¹, Preeti Manavalan¹, Robert Cook¹, Shantrel Canidate¹, Hannah Gracy², Maya Widmeyer³

¹ University of Florida, Gainesville, FL, United States

² Auburn University, Auburn, AL, United States

³ Comprehensive Care, Melbourne, FL, United States

Background: Long-acting injectable (LAI) antiretroviral therapy (ART) is a promising new HIV treatment, and other long-acting (LA) options are in development. The purpose of this study is to elicit input from providers and people with HIV (PWH) about the characteristics of people living with HIV (PLHIV) who could benefit from LAI and other LA ART.

Method: 16 PWH (69% aged 50+, 50% non-Hispanic White, 50% cis men) and 11 HIV care providers (27% non-Hispanic Black, 27% Hispanic, 73% cis women) participated in qualitative interviews. Recruitment occurred between October 2022 and October 2023 from Florida HIV clinics. Interview transcripts were professionally transcribed, double-coded, and interpreted using thematic analysis.

Results: Providers and PLHIV identified individuals who are young, have substance use and/or mental health conditions, and with intermittent or non-adherence as groups who could benefit from LAI ART. Participants noted that younger PLHIV are unaccustomed to taking medications every day and may prefer a bimonthly injection or other LA option over daily ART. Participants thought that PLHIV with substance use and/or mental health conditions could benefit from a LA regimen due to possible intermittent adherence to daily ART. Providers emphasized, however, that they would only recommend LAI ART to PLHIV who reliably attend appointments. Finally, participants identified PWH who are non-adherent to daily ART and may not be reliably in care. Providers expressed that it is challenging to initiate treatment in this group since LAI ART is not approved for PLHIV with viral non-suppression or care disengagement.

Conclusion: As discussed by providers and PLHIV, many PLHIV who could benefit from LA ART are ineligible due to viral non-suppression or treatment failure. Therefore, it is important to explore other LA alternatives and conduct effectiveness studies with populations who have not been successful on daily ART.

1269 Improving Optimization of Pediatrics Antiretroviral Doses through Mentorship in Kogi State, Nigeria

Idowu Orogbemi (presenting)¹, Ikemefuna Onyeyili¹, Shaibu Ejoga¹, Moses Luke¹, Aminat Adewole¹, Emmanuel Nwabueze¹, Lydia Buzaalirwa², Echev Ijezie³, Penninah Iutung²

¹ AIDS Healthcare Foundation, Lokoja, Nigeria

² AIDS Healthcare Foundation, Kampala, Uganda

³ AIDS Healthcare Foundation, Abuja, Nigeria

Introduction: In Nigeria, accurate dosing of antiretroviral drugs for pediatric patients is challenged by limited access to specialized healthcare and trained professionals. This leads to inaccurate dosages, treatment failure, and drug resistance in children with HIV. Many pediatric patients in rural areas lack access to dosing information, specialized healthcare, and proper medication monitoring. The shortage of trained professionals, especially pediatric HIV specialists, contributes to suboptimal care, treatment failure, and drug resistance in Nigeria. Addressing these challenges requires consistent mentorship of available healthcare staff.

Description: A mentorship plan was developed for all sites supported by AHF-Nigeria in Kogi State, including nine government-owned and six privately-owned health facilities. The plan aimed to mentor key focal persons responsible for dispensing ARVs to pediatric patients or their guardians monthly. The dosing table from the National Treatment Guideline for HIV Prevention and Treatment 2020 was used as a tool for mentorship and was prominently displayed in the dispensaries to aid dose calculations. Emphasis was placed on weighing pediatric patients at every clinic visit to ensure the right dose at each visit. Over one-year, monthly mentorship sessions were conducted.

Lesson Learned: Thirty participants, including pharmacists, technicians, and assistants, received face-to-face mentorship and site visits, resulting in improved ARV dosing correctness from 34% to 99.3%. Folder audits for pediatric patients showed a decrease in opportunistic infections due to enhanced dosing accuracy.

Recommendations: Mentorship plays a crucial role in improving the skills of healthcare providers and the overall quality of patient care. Continuous and consistent mentorship of healthcare workers fosters a supportive environment for learning, growth, and the delivery of high-quality patient care. This approach could be replicated in other regions facing similar challenges in pediatric HIV care.



1270 HIV Care Continuum Outcomes in a Cohort of Transgender Women in the United States

Erin Cooney (presenting)¹, Andrea Wirtz¹, Meg Stevenson¹, Keri Althoff¹, Sari Reisner², Tonia Poteat³, Kenneth Mayer⁴, Asa Radix⁵, Andrew Wawrzyniak⁶

¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States

² University of Michigan, Ann Arbor, MI, United States

³ Duke University, Durham, NC, United States

⁴ Fenway Health, Harvard Medical School, Boston, MA, United States

⁵ Callen-Lorde Community Health Center, New York, NY, United States

⁶ University of Miami Miller School of Medicine, Miami, FL, United States

Background: Transgender women (TW) in the United States (US) are disproportionately impacted by HIV, yet data on HIV care continuum (HIVCC) outcomes among TW living with HIV (TWLH) are limited. We characterized the HIVCC among a large, multisite sample of TW in the US and identified correlates of viral suppression (VS).

Method: From 2018-2020 we enrolled TW in The LITE Study, including TWLH at baseline. Data were collected via surveys and HIV/STI testing. We used descriptive statistics to characterize the HIVCC and Poisson regression with robust errors to estimate adjusted prevalence ratios (aPR) and 95% confidence intervals (95% CI) for correlates of VS.

Results: We enrolled 1590 participants, 18% of whom were TWLH (n=280). A majority of TWLH were Black (71.8%) and/or Latina/x (26.4%). The mean age of TWLH was 41.4 years (Range: 19-71, SD=12.1). 50% were diagnosed within the last 5 years, including 4% (n=11) diagnosed at enrollment. Of those newly diagnosed, 45.5% had never tested for HIV. Among 115 TWLH diagnosed after FDA approval of PrEP in 2012, 87.8% (n=101) had never used PrEP. 80.5% of TWLH self-reported being on antiretrovirals and 67.1% reported VS. TWLH ages 18-29 years had 43% lower prevalence of VS compared to TWLH ages ≥60 years (aPR=0.57, 95% CI=0.40-0.82). TWLH receiving gender-affirming hormones had 43% increase in prevalence of VS compared to those not receiving hormones (aPR=1.43, 95% CI=1.15-1.77). TWLH living below the federal poverty level (FPL) had 25% lower prevalence of VS compared to TWLH above the FPL (aPR=0.75, 95% CI=0.63-0.89). TWLH experiencing food insecurity had 16% lower prevalence of VS compared to food secure TWLH (aPR=0.84, 95% CI=0.70-1.00). ([Table](#))

Conclusion: Suboptimal HIVCC outcomes among TW in US are notable. Interventions that provide gender-affirming care and address socioeconomic determinants may improve VS.

1291 Understanding the Treatment Experience: A Qualitative Study of People Living with HIV who Transitioned from Oral Antiretrovirals to Cabotegravir/Rilpivirine Injectable Therapy.

Robert Velez (presenting)¹, Georgina Silva-Suarez², Kalumi Ayala Rivera³

¹ Nova Southeastern University, San Juan, Puerto Rico

² Nova Southeastern University, Guaynabo, Puerto Rico

³ Nova Southeastern University, Santa Isabel, Puerto Rico

Background: The global HIV pandemic persists, affecting 39 million individuals. Antiretroviral therapy (ART) has reduced new infections, but adherence challenges remain. Long-acting injectable therapy (LAI-CAB/RPV) shows promise in enhancing adherence and quality of life, as seen in clinical trials and qualitative studies but further phenomenological studies are needed to explore patient experiences and optimize treatment options.

Method: Five of the 10 in-depth interviews with participants aged 21 or older living with HIV who transitioned from oral ART to LAI-CAB/RPV were conducted, and audio recorded. Questions regarding their experiences and the meaning of the transition were asked. Interrelationships, connections, and patterns were assessed using thematic analysis.

Results: The qualitative insights from five participants unveiled a transformative journey. Before transitioning to LAI-CAB/RPV, participants faced challenges with complex oral regimens, concealing their HIV status through discreet medication intake practices. The transition marked a profound positive change; participants described injectable therapy as "freedom", improving their quality of life and providing them a sense of relief. Adherence to LAI-CAB/RPV remained robust, marked by consistent attendance at appointments. Most participants described the process of accessing LAI-CAB/RPV as organized and smooth. Study participants overwhelmingly encouraged others to embrace the transition highlighting its transformative impact on their lives. Participants expressed a collective desire for the injectable therapy to evolve towards less frequent administrations, ideally every six months or even annually, envisioning a future where the current positive treatment experience can be extended for further convenience.

Conclusion: Their positive experiences underscore the potential of LAI-CAB/RPV to revolutionize HIV management, enhancing both treatment adherence and overall well-being of people living with HIV. The ongoing study looks forward to collecting insights from an additional 5 participants to enrich the study's findings. Continued research is crucial to refine and extend the benefits of this treatment approach.



1293

Creating Human Rights Networks to Reduce Rights Violations and Improve Quality of Life for Key and Vulnerable Populations in Honduras

Joseph Amon (presenting)¹, Kati Hinman¹, Diederik Lohman², Dany Montecinos³, Rosa Amelia Gonzalez⁴, Mario Cooper⁵

¹ Drexel University, Philadelphia, PA, United States

² The Global Fund, New York, NY, United States

³ Asociación Kukulcán, Tegucigalpa, Honduras

⁴ Fundacion LLLAVES, San Pedro Sula, Honduras

⁵ Global Communities, Tegucigalpa, Honduras

Introduction: The Global Fund to Fight AIDS, Tuberculosis, and Malaria's *Breaking Down Barriers* (BDB) initiative provides support in 20 countries to scale-up to comprehensive programs to remove human rights-related barriers to HIV services, with the aim to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected.

Description: Honduras used BDB funding to strengthen and expand 46 municipal human rights networks, which included diverse stakeholders including key population representatives, police, health care providers, and local government officials. From 2021-2023, these networks implemented 919 human rights activities, including 100 police trainings, 140 health care worker trainings, 65 municipal official trainings, 181 public events, 14 know your rights sessions, 13 social audits, and 406 internal meetings/trainings.

Lesson Learned: These networks can be powerful drivers of local change, because of the integration with local officials and the health care system. Network members reported increased visibility of human rights standards, and representatives of key populations reported reduced stigma and discrimination, particularly in health care settings. However, many networks focused mostly on training and awareness; activities to empower key and vulnerable populations to claim their rights and hold stakeholders accountable were limited. For example, social audits were not linked to mechanisms to ensure systemic or structural challenges.

Recommendations: Future funding should support the growth of standards and best practices for these networks, particularly to provide and empower key and vulnerable populations to seek their rights and establish accountability mechanisms for human rights violations. These efforts should be paired with robust data collection on stigma and discrimination. In Honduras, stigma and discrimination indices have been done periodically, but with inconsistent methodologies. Better integration of data collection and monitoring within the network's framework could improve their strategies and support their growth to more municipalities.

1303

Initial Clinical Care Experiences of Men who have Sex with Men and Transgender Men who Choose Injectable PrEP in the United States: Results from the PILLAR Study

Heidi Swygard (presenting)¹, Deanna Merrill¹, Katherine L. Nelson¹, Todd McKeon¹, Maggie Czarnogorski¹, Nanlesta Pilgrim¹, Paul Farmer², Peter Shalit³, Julian A. Torres⁴, Elizabeth Gibbons⁵, Larissa Stassek⁶, Fabio Speranza⁵, Alison Gaudion⁶, Riya Moodley⁶, Peter Scott⁷

¹ ViiV Healthcare, Durham, NC, United States

² Cary, NC, United States

³ TribalMed, Seattle, WA, United States

⁴ Albert Einstein College of Medicine, New York, NY, United States

⁵ Evidera, London, United Kingdom

⁶ ViiV Healthcare, London, United Kingdom

⁷ GSK, London, United Kingdom

Background: Positive clinical care experiences with health care providers (HCPs) are associated with maintaining appointments, an important behavior to support adherence to long-acting injectable cabotegravir (CAB LA) for pre-exposure prophylaxis (PrEP). Little is known about the quality of clinical care experienced by men who have sex with men (MSM) and transgender men (TGM) using CAB LA. We assessed perceptions of quality-of-care received by MSM and TGM on CAB LA in PILLAR, a Phase IV implementation study.

Method: From June 2022-September 2023, interviews (N=52) were conducted with one or more patient study participant (PSP) selected from 17 US clinics. PSPs were interviewed within a two-week window of their first CAB LA injection using an interview guide informed by the CFIR framework and Proctors Outcomes framework. Themes from interviews were grouped based on quality-of-care domains and frequencies were calculated by PSP characteristics.

Results: Of the 52 PSPs, 15% were TGM, 40% were ages 30-39, 27% were Black and 32% were Hispanic (Table). PSPs discussed themes across three quality-of-care domains: "communication/information," "respectful staff interactions," and "patient-centered care". Black PSPs less frequently discussed the usefulness of clinic-provided information or trustworthiness of information received from HCPs (communication/information domain). Non-Hispanic PSPs reported discussing HIV prevention options with HCPs more frequently than Hispanic PSPs. TGM were less represented in describing aspects of "respectful staff interactions" and "patient-centered care" compared to their peers.

Conclusion: Men who are gender, racial, or ethnic minorities were less likely than their peers to discuss positive aspects of HIV prevention care experiences. Engaging providers on how to deliver an individually tailored, yet high-quality clinical experience is critical to supporting equitable patient access, uptake, and adherence for HIV prevention options, like CAB LA.



1308 Predictors of Incomplete Adherence to Dolutegravir-Based Antiretroviral Therapy in Southwestern Uganda through 48 Weeks of Follow-Up

Cameron Nutt (presenting)¹, Mark Siedner¹, Suzanne McCluskey¹, Winnie Muyindike², Victoria Nanfuka², Nimusiima Komukama², Ian Barigye², Daniel Omoding², Justus Tumusiime², Taing Aung³, Mahomed-Yunus S. Moosa⁴, Deenan Pillay⁵, Vincent Marconi⁶, Ravindra K. Gupta⁷

- ¹ Massachusetts General Hospital, Boston, MA, United States
- ² Mbarara University of Science and Technology, Mbarara, Uganda
- ³ Medical Practice Evaluation Center, Boston, MA, United States
- ⁴ University of KwaZulu-Natal, Durban, South Africa
- ⁵ University College London, London, United Kingdom
- ⁶ Emory University School of Medicine, Atlanta, GA, United States
- ⁷ University of Cambridge, Cambridge, United Kingdom

Background: The combination of tenofovir, lamivudine, and dolutegravir (TLD) is now the world's most used antiretroviral therapy (ART) regimen. While barriers to adherence to older regimens have been well-characterized, less is known about predictors of incomplete adherence to TLD.

Method: The DISCO cohort study enrolled people with HIV ≥ 18 years old who were prescribed TLD as initial ART or transitioned from NNRTI-based regimens at public-sector clinics in Uganda. Participants completed demographic, adherence, medication, and symptom questionnaires at each visit. We defined self-reported incomplete adherence over 30 days preceding 48-week visits using a composite measure: percentage $\leq 80\%$, quality less than "very good," or frequency less than "most of the time." We fitted a multivariable logistic regression model with incomplete adherence as outcome and age, sex, clinic, marital status, education level, prior ART experience, concomitant medication use, perceived weight loss, headaches, and myalgias as predictors of interest (other covariates not included due to univariate model $p > 0.10$ were perceived weight gain, insomnia, depression, tuberculosis coinfection, and traditional medicine use).

Results: We analyzed complete data from 626 participants (54% male, median age 44 years, 77% previously ART-experienced). Perceived weight loss and headaches were associated with increased likelihood of incomplete adherence, while being married or in a domestic partnership and concurrent use of other medications were associated with decreased likelihood of incomplete adherence. Among participants reporting incomplete adherence to TLD, none specifically named adverse effects as a reason for missed doses.

Conclusion: Social support factors augmented TLD adherence while certain adverse effects reduced TLD adherence in Uganda. Concerns about dolutegravir-associated weight gain may not apply uniformly in African settings. Future studies should further elucidate TLD-specific barriers to adherence to inform development of interventions that preserve ART durability in low-income settings.

1310 Implementers' Perspectives and Modifications to Implementation Strategies Used to Increase PrEP Initiation and Persistence among Cisgender Adolescent Girls and Young Women and Female Sex Workers in South Africa: A Sequential Explanatory Mixed Methods Study

Wilson Gomez (presenting)¹, Carly Comins¹, Lillian Shipp¹, Stefan Baral¹, Sheree Schwartz¹, Chitra Singh², Jenny Mcloughlin², Mfezi Mcingana², Harry Hausler²

- ¹ Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States
- ² TB HIV Care, uMgungundlovu, South Africa

Background: Despite high HIV incidence, PrEP continuation rates among adolescent girls and young women (AGYW) and female sex workers (FSW) in South Africa are low. We sought to assess providers' perspectives of the acceptability, appropriateness, and feasibility of PrEP support strategies implemented by service providers for AGYW and FSW: case management, loyalty rewards incentive program, and mobile van PrEP provision. We then qualitatively explored perceived implementation barriers, facilitators, and adaptations to these strategies.

Method: Using a sequential, explanatory, mixed-methods design, 153 PrEP implementers from 13 TB HIV Care (THC) sites serving AGYW and FSW across South Africa completed surveys from April-August 2021. Subsequently, we purposively sampled a nested subset of implementers from 4 AGYW and 4 FSW THC sites to participate in focus group discussions (FGDs) from March-May 2023. We describe the acceptability, appropriateness, and feasibility of the PrEP strategies; thematic and framework analyses using the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS) were conducted to analyze the FGDs.

Results: The survey results showed that implementers found all strategies acceptable, appropriate, and feasible (Figure). However, qualitative data revealed a lack of acceptability, appropriateness, feasibility, and fidelity. The following themes emerged: (1) the de-implementation of certain staff led to modifications in personnel implementing case management to meet program targets, (2) technological difficulties and users' lack of phone ownership resulted in a reactive adaptation to de-implement the loyalty rewards program, and (3) implementers' safety concerns resulted in modifications to include multiple vans at each site for the mobile van PrEP provision.

Conclusion: Further assessments of the types of barriers leading to adaptations and their effects on implementation outcomes are necessary to inform the effective implementation of strategies aimed at improving PrEP initiation and persistence among marginalized women.



1315 Association Between Antiretroviral (ARV) Medication Adherence and Composite Medication Adherence for Non-HIV Chronic Conditions in People Living with HIV

Michael Miller (presenting)¹, Celeena Jefferson¹, Lindsay Eberhart¹, Seohyun Kim¹, Kaiser Permanente¹

¹ Mid-Atlantic Permanente Research Institute (MAPRI), Rockville, MD, United States

Background: In people living with HIV (PLHIV), medication adherence (MA) has focused on ARV medications given the necessity to maintain viral load suppression. As PLHIV age, develop chronic conditions, and experience polypharmacy, MA for non-HIV conditions is also important. We evaluated the association between ARV MA and composite medication adherence (CMA) for three non-HIV chronic conditions.

Method: Continuously enrolled adult PLHIV with type 2 diabetes, hypertension, and/or hypercholesterolemia (n=598) in a US mid-Atlantic integrated health system were each observed for 37 months from 9/2018-9/2021 for a total of 22,126 observation months. Monthly proportion of days covered (PDC) was used to estimate both ARV MA and CMA that included diabetes, renin-angiotensin system antagonist, and statin medications during the observation period. Adequate MA thresholds were PDC \geq 0.80 for CMA and \geq 0.90 for ARV medications. A multivariable population-averaged panel general estimating equation was used to evaluate the association between ARV MA and CMA. Covariates included demographics, number of medication groups, and COVID-19 start [3/2020].

Results: The cohort was primarily 51-64y (58%), Black (74%), male sex (69%), and had commercial insurance (67%). Seventy-six percent of observed months had adequate ARV MA and 59% had adequate CMA. For months with adequate ARV MA, 65% had adequate CMA. Adequate ARV MA was positively associated with adequate CMA (adjusted odds ratio [aOR]=2.34, p<0.001). The period 3/2020-9/2021 (aOR=1.12, p=0.028), ages 51-64y (aOR=1.22, p=0.035, ref: 18-50y), and Medicare enrollment (aOR=1.59, p<0.001, ref: commercial) were associated with adequate CMA. Black race (aOR=0.55, p<0.001, ref: White), Medicaid enrollment (aOR=0.55, p=0.002, ref: commercial), and taking medications for 2 (aOR=0.80, p=0.011) or 3 (aOR=0.74, p=0.029, ref: 1) non-HIV chronic conditions were inversely associated with adequate CMA.

Conclusion: Despite the positive association between ARV MA and CMA, there is a considerable proportion of months when adequate ARV MA and CMA are discordant. ARV MA may not reliably indicate adequate CMA for non-HIV chronic conditions.

1320 Pilot Demonstration Project of a Client-Provider Communication Tool to Facilitate PrEP Awareness and Uptake among Black/African American Cisgender Women in the US South

Victoria McDonald (presenting)¹, Mirjam-Collette Kempf¹, Corilyn Ott¹, Liang Shan¹, Latesha Eloppe¹, Kachina Kudroff¹, Alexa Rivas², Elizabeth Waldron², Christina Psaros², Eric Underwood², Marquetta Campbell⁴, Douglas Krakower⁵

¹ University of Alabama at Birmingham, Birmingham, AL, United States
² Harvard University School of Medicine, Boston, MA, United States
³ Maude L. Whatley Health Center, Tuscaloosa, AL, United States
⁴ Whatley Health Services, Inc., Tuscaloosa, AL, United States
⁵ Beth Israel Deaconess Medical Center, Boston, MA, United States

Introduction: The US South has the highest HIV incidence in the nation. Black/African American (AA) women in the region are disproportionately affected, comprising 67% of diagnoses among women in the South. PrEP utilization among cisgender women remains low, partly due to lack of awareness, misinformation, and suboptimal client-provider communication about PrEP.

Description: In this implementation science study, informed by the Dynamic Adaptation Framework (DAP), we iteratively refined a flipbook-based client-provider communication tool to increase PrEP awareness/uptake among cisgender AA women within a federally qualified health care center (FQHC) in Alabama. Providers used the communication tool to guide discussions about PrEP. Quantitative and qualitative feedback data from clients, providers, and PrEP/implementation experts guided modifications to improve feasibility and acceptability.

Lesson Learned: Of 245 clients screened for the study, 62 (25%) enrolled. Most declined due to lack of interest in research (44%) or time (27%). Over half of participants had not heard of PrEP (69%). Of 49 who completed the intervention, 17 (35%) accepted a PrEP referral and 7 (14%) initiated. Clients and implementation experts recommended shortening the tool by providing PrEP information before visits, increasing feasibility of engaging clients in the PrEP conversation. Provider responses supported "streamlining" the flipbook, making it "more friendly" to clients without PrEP knowledge. Clients highlighted the benefit of an "easily accessible" tool they could "take [home]," including virtual options because "people love to be on their phone". Informed by stakeholder preferences, the flipbook was supplemented by a brief client-oriented informational PrEP video viewed before visits, supporting clients in a shared decision-making discussion about PrEP during routine clinic care.

Recommendations: Next steps include optimizing the novel PrEP video and its implementation to improve provider burden and PrEP communication/uptake among cisgender women receiving routine care in high HIV incidence areas.



1321 Modeling Longitudinal Trajectories of Antiretroviral (ARV) Medication Adherence and Composite Medication Adherence for Non-HIV Chronic Conditions in People Living with HIV

Michael Miller (presenting)¹, Celeena Jefferson¹, Lindsay Eberhart¹, Seohyun Kim¹, Michael Horberg¹

¹ Mid-Atlantic Permanente Research Institute (MAPRI), Rockville, MD, United States

Background: Condition-specific, summary medication adherence (MA) measures do not reflect dynamic medication-taking behavior for chronic conditions over extended time. Also, isolating ARV MA evaluation in people living with HIV (PLHIV) who have other chronic conditions and are experiencing polypharmacy does not comprehensively assess composite medication adherence (CMA). We contrasted longitudinal ARV MA and CMA trajectories in PLHIV with non-HIV chronic conditions.

Method: Multi-trajectory group-based trajectory modeling (GBTM) of ARV MA and CMA was used to identify dynamic MA trajectories over a 37-month observation period for 598 continuously enrolled PWH with type 2 diabetes, hypertension, and/or hypercholesterolemia. Monthly MA was estimated using proportion of days covered (PDC) for ARV MA and CMA without ARV that included diabetes, renin-angiotensin system antagonist, and/or statin medications. The optimal number of MA trajectories was selected using the Bayesian Information Criterion (BIC), average posterior probabilities of trajectory membership >0.7 , odds of correct classification >5 , and interpretation of observed MA considering adequate thresholds (i.e., $PDC \geq 0.80$ for CMA, ≥ 0.90 for ARV medications).

Results: The study cohort included 598 PWH with non-HIV chronic conditions who were primarily 51-64 years (58%), Black (74%), male sex (69%), and had commercial insurance (67%). GBTM identified five distinct MA trajectories. The taxonomy of MA trajectories [and proportion of group membership] represented: (1) inadequate, decreasing ARV MA and CMA [11.4%]; (2) inadequate, increasing ARV MA and CMA [30.8%]; (3) inadequate, increasing ARV MA and decreasing CMA [10.9%]; (4) inadequate decreasing ARV MA and adequate, increasing CMA [6.0%]; and (5) adequate, increasing ARV MA and CMA [40.8%]. Compared to 3-trajectory and 4-trajectory solutions, the 5-trajectory taxonomy had the preferred BIC, average posterior probabilities ≥ 0.98 for all patterns, and odds of correct classification >5 .

Conclusion: Varying patterns of ARV MA and CMA suggests unique MA needs. GBTM can be used to identify and align PLHIV with specific MA needs and implement tailored interventions.

1324 Personnel Identified Barriers and Facilitators to Implementing Trauma-Informed HIV Care for Youth in Southern US

Megan Wilkins (presenting)¹, Jamie Stewart², Jessica Acuna², Lauren Brown², April C. Pettit³, Carolyn Audet³, Jessica Sales⁴, Latrice Pichon⁵

¹ St. Jude Children's Research Hospital, Memphis, TN, United States

² Meharry Medical College, Nashville, TN, United States

³ Vanderbilt University Medical Center, Nashville, TN, United States

⁴ Emory, Atlanta, GA, United States

⁵ University of Memphis, Memphis, TN, United States

Background: Memphis, Tennessee has the second highest HIV incidence in the United States, with youth overrepresented. Psychological trauma is highly prevalent among youth with HIV and presents barriers to care. Local efforts to end the HIV epidemic have identified implementation of trauma-informed HIV care (TIHC) as a key strategy for improving outcomes. Pre-implementation research is needed to evince local determinants that might influence adoption of TIHC.

Method: We conducted one-on-one personnel interviews in a youth HIV clinic to assess perceived barriers and facilitators to adopting TIHC. A pre-existing interview guide, built to explore determinant categories from the Consolidated Framework for Implementation Research (CFIR), was updated to include attention to cultural responsiveness. Interviews were audio-recorded and thematic content analysis was conducted by two teams of two analysts.

Results: Twenty personnel were interviewed from August to December 2022; mean age=46.5 years (SD=11.4), median employment duration=14 years (IQR= 1,20), 95% were cisgender female and 40% were Black. Outer setting factors included critical incidents (e.g., transitions in clinic space and medical record vendor), local attitudes (e.g., clinic separated from hospital), partnerships, policies and regulations. Inner setting factors included physical infrastructure, information technology, work infrastructure, relational connections, tension for change, and relative priority. Individual factors included high-level leaders and individual characteristics (e.g., need, capability, motivation). Four major themes for cultural responsiveness emerged: current state of stigma/biases and response, efforts to increase responsivity, efforts needed to address bias/stigma, and barriers/facilitators to implementation.

Conclusion: Results identified modifiable barriers and facilitators to TIHC implementation in this youth clinic that will be described. Future work will incorporate patient perspectives and identify strategies for TIHC implementation that will be prospectively evaluated.



1335 Challenges and Opportunities to Optimize HIV Responses in US Fast-Track Cities

Dashiell Sears (presenting)¹, Sindhu Ravishankar¹, José M. Zuniga^{1,2}

¹ Fast-Track Cities Institute, Washington, DC, United States

² International Association of Providers of AIDS Care, Washington, DC, United States

Introduction: The global Fast-Track Cities (FTC) initiative includes 500-plus cities and municipalities striving to attain the UNAIDS 95-95-95 targets, among them 42 US cities and counties. Similarly, the Ending the HIV Epidemic in the US Strategy (EHE) aims to end the national HIV epidemic (90% reduction in new HIV infections) by 2030 through a sub-national focus on 48 counties, the District of Columbia and San Juan, PR, plus seven states designated as priority jurisdictions. Given the intersection of EHE and FTC targets and jurisdictions (29 overlapping jurisdictions), alignment of the two initiatives and respective strategies can optimize local HIV responses.

Description: In 2023-2024, a series of FTC-EHE alignment workshops were coordinated in 13 overlapping FTC-EHE jurisdictions, with one additional workshop combining two cities/counties. The workshops focused on facilitating intra-jurisdictional alignment and best practice-sharing. The workshops convened stakeholders involved in the local, county, and state-level HIV responses at the political, public health, clinical, care provider, and community levels.

Lesson Learned: Several cross-cutting themes were identified across the 14 workshops: 1) Engaging affected communities and non-traditional partners to enhance efforts to eliminate HIV stigma and scale up test-and-treat; 2) Partnerships with faith leaders to effectively address stigma-related barriers to HIV prevention and treatment; 3) Reforming criminal statutes ranging from HIV criminalization to regressive harm reduction policies; 4) Addressing inequities in funding which favor more established organizations over smaller key population-led organizations; and 5) Humanizing patients through culturally competent person-centered care practices and providing additional wrap-around services for housing and employment.

Recommendations: The FTC-EHE alignment workshops facilitated dialogue among local stakeholders and created a space for sharing best practices and identifying non-traditional collaboration opportunities to optimize city/county HIV responses. Maintaining multistakeholder engagement around and improvements across the HIV care continuum requires sustained dialogue and continuous alignment at political, public health, and community levels.

1337 Divergent Perspectives about the Scientific Underpinnings of U=U among PLHIV and HIV-Negative Individuals

Kalvin Pugh (presenting)¹, José M. Zuniga^{1,2}

¹ International Association of Providers of AIDS Care, Washington, DC, United States

² Fast-Track Cities Institute, Washington, DC, United States

Background: Clinical evidence has established the Undetectable equals Untransmittable (U=U) message as scientifically sound, creating an incentive for PLHIV to achieve and sustain an undetectable viral load (VL). The message has also proved effective in combatting HIV-related stigma.

Method: A 6-question online survey was fielded among both PLHIV and HIV-negative individuals. Of 640 total respondents, 354 self-described as PLHIV, 277 as HIV-negative individuals, and 9 preferred not to say. Respondents were asked about their knowledge about U=U, their trust in the scientific evidence behind U=U, and their belief that a person living with HIV who achieves an undetectable VL has zero risk of sexually transmitting HIV, as asserted in a July 2023 World Health Organization (WHO) policy brief.

Results: Eighty-seven percent of PLHIV respondents reported they were “confident” and 9% said they were “somewhat confident” in their knowledge about U=U, while 78% of HIV-negative respondents said they were “confident” and 18% said they were “somewhat confident.” While PLHIV respondents generally accepted the science behind U=U (88%), some HIV-negative respondents indicated skepticism, with 15% saying they were “unsure about the science” and 3% saying they “do not trust the science.” This skepticism was notable in responses from 30% of HIV-negative respondents to a follow-up question related to WHO policy brief’s “zero risk” assertion, with 17% saying they are “not sure” about and 13% saying they do not believe the evidence. Regarding the “zero risk” assertion, 87% (n=353) of PLHIV respondents said they believe the scientific evidence versus 8% who responded “no” and 5% who responded they are “not sure.”

Conclusion: Despite awareness about U=U, some HIV-negative individuals are skeptical about the scientific underpinnings of U=U. Addressing their doubts through targeted education is essential to promoting broader acceptance of U=U and its potential impact on reducing HIV-related stigma experienced by PLHIV.



2009 Effects of Integrated Community-Based Care and Group Microfinance on Antiretroviral Therapy Adherence among Adults Living with HIV in Western Kenya

Emily O'Neill (presenting)¹, Juddy Wachira², Joshua Juma³, Ben Mosong⁴, Catherine Kafu⁴, Marta Wilson-Barthes⁵, Sonak Pastakia⁶, Tina Tran⁶, Becky Genberg⁷, Omar Galarraga⁵

¹ Brown University, Providence, RI, United States

² Moi University, Kipkenyo, Kenya

³ Moi Teaching and Referral Hospital, Eldoret, Kenya

⁴ The Academic Model Providing Access to Healthcare, Eldoret, Kenya

⁵ Brown University School of Public Health, Providence, RI, United States

⁶ Purdue University, West Lafayette, IN, United States

⁷ John Hopkins Bloomberg, Baltimore, MD, United States

Background: Despite access to better-tolerated antiretroviral therapy (ART), retention in HIV care is suboptimal in Sub-Saharan Africa. The Harambee cluster randomized trial tested the impacts of delivering integrated community based (ICB) care for HIV within microfinance (MF) groups in Western Kenya. Here, we estimate the effects of the intervention on ART adherence.

Method: We calculated the medication possession ratio (MPR) using ART refill data from May 2021 through July 2023. Three MPR measures were created to capture adherence at baseline (0-6 months), mid-intervention (months >6-12), and late-intervention (months >12-18) periods. We also evaluated changes in the patient-reported 4-day ART adherence ratio at baseline, month 9, and month 18. We analyze outcomes using a fully interacted regression model with treatment-by-time interactions and individual- and month-fixed effects. We report the effects of ICB care on ART adherence compared to standard facility-based care (SOC) with and without group MF.

Results: Baseline mean MPR among MF groups receiving ICB care, among MF groups receiving SOC, and among SOC recipients were 0.971, 0.989, and 0.995, respectively, while late intervention mean MPRs were 0.971, 0.989, and 0.899, respectively. Participating in group MF and receiving ICB care significantly increased MPR measures throughout the study (MF = 0.057, $P < 0.001$; ICB = 0.048, $P < 0.001$). Mean 4-day ART adherence ratios for ICB care, MF group with SOC, and SOC were 0.979, 0.966, and 0.984 at baseline, respectively, while 18-month ratios were 0.976, 0.987, and 0.979, respectively. Microfinance group participation significantly increased the 4-day adherence ratio (0.021, $P = 0.05$).

Conclusion: ICB care and group MF significantly increased ART adherence and may contribute to increased HIV viral suppression.

2016 High Retention among Black, Latinx, Transgender LAI CAB PrEP Users in a Peer CHW-Led Program within a Primary Care Center in Washington, DC

Rupa Patel¹, Juan Carlos Loubriel (presenting)¹

¹ Whitman-Walker Health, Washington, DC, United States

Introduction: Novel strategies are needed to reduce PrEP care disparities. We characterized LAI CAB PrEP retention among marginalized populations in a peer community health worker (CHW)-led program.

Description: We extracted data from electronic health records (eClinical Works®) and a related dashboard (Relevant®) at Whitman-Walker Health's peer PrEP Specialist clinic (Washington, D.C.) from March 2022 to March 2024. The primary outcome was 9-month retention (6 injections) among LAI CAB PrEP users defined as an injection received (+/-7 days) at 9 months. Secondary outcomes were discontinuation rates and reasons, number of seroconversions and false positive HIV test results.

Lesson Learned: Peer PrEP Specialists had initiated 314 LAI CAB PrEP users (1,324 injections; median 3; range 1-12). Users were 50% White (injections 649; median 3), 31% Black (injections 436; median 3), 19% Latinx (252 injections; median 3), 15% Transgender persons (194 injections; median 3), median age was 34 years (W:34, B:34, L:35, T:32), 2% cisgender women (W:20%, B:80%, L:0%), 83% gay/bisexual men (W:92%, B:73%, L:82%), and 24% had public insurance (W: 13%, B:43%, L:30%, T:53%). Nine-month LAI CAB retention was overall 82% with 82% White, 89% Black, 73% Latinx, and 81% in Transgender populations. There were no HIV seroconversions and one false positive HIV Ag/Ab test result. The discontinuation rate was overall 12% (36/314) and 58% Whites, 22% Blacks, 14% Latinx, and 17% in Transgender populations. Reasons for discontinuation were ISR 36% (W:43%, B:25%, L:0%, T:33%), insurance gaps 22% (W: 24%, B: 25%, L: 40%, T: 0%), and lost to follow up 11% (W: 10%, B: 38%, L: 20%, T: 50%).

Recommendations: There was high retention among Black, Latinx, and Transgender LAI CAB PrEP users in a peer CHW-led program and insurance gaps caused discontinuation.



ORAL ABSTRACT 1072

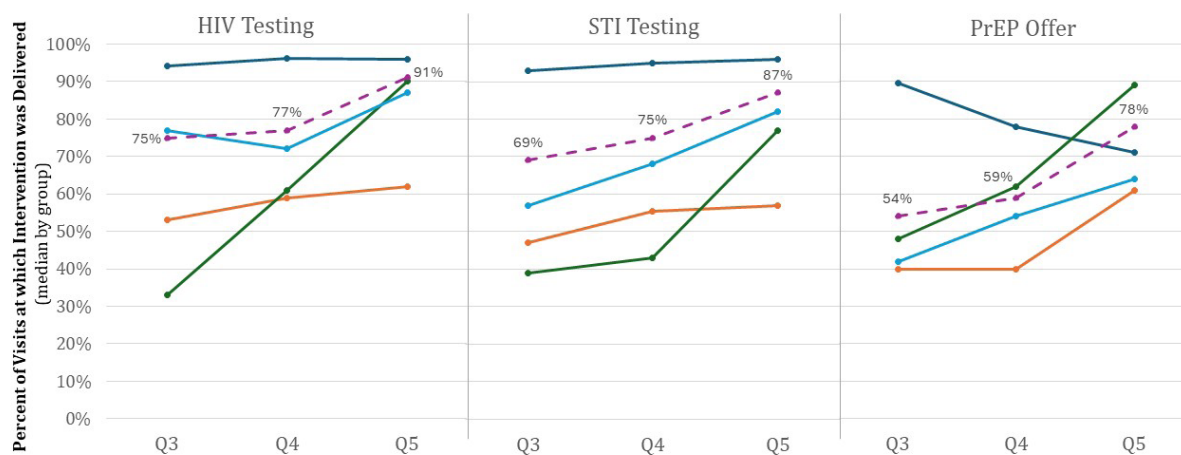
Table. NHAS quality of life indicators among men who have sex with men with diagnosed HIV by selected racial and ethnic groups, 2017-2021

	2017		2018		2019		2020		2021		Estimated Annual Percentage Change baseline to 2021	2025 NHAS Goal (%)	Estimated Annual Percentage Change Needed from 2021 to 2025
	n	Wgt. % (95% CI)	n	Wgt. % (95% CI)	n	Wgt. % (95% CI)	n	Wgt. % (95% CI)	n	Wgt. % (95% CI)			
All MSM													
Self-reported good or better health ^a	NA		1500	78 (75.5, 80.5)	1554	77.6 (74.8, 80.3)	1515	77.3 (74.9, 79.7)	1522	76 (74.2, 77.8)	-0.8 ^b (-0.9, -0.7)	95	6
Unmet need for mental health services among those with any need ^c	213	27.1 (22.9, 31.3)	166	19.6 (16.5, 22.7)	182	23.7 (19.1, 28.2)	169	24.1 (20.9, 27.4)	225	29.2 (24.7, 33.7)	3.9 ^d (3.7, 4.2)	13.55	-17
Unemployment ^e	286	13.3 (11.7, 14.9)	248	12.5 (11.0, 14.1)	266	12.7 (11.2, 14.2)	345	19.1 (17.3, 20.9)	292	15 (12.8, 17.2)	7.2 ^f (6.9, 7.4)	6.65	-18
Hunger/food insecurity ^g	374	18.1 (15.3, 20.9)	333	16.7 (15.0, 18.4)	338	17.7 (15.5, 20.0)	287	15.3 (13.3, 17.4)	272	13.8 (12.0, 15.6)	-6.0 ^f (-6.2, -5.8)	9.05	-10
Unstable housing or homelessness ^h	NA		372	18.5 (16.5, 20.5)	369	19 (16.9, 21.1)	326	17 (14.8, 19.1)	301	15.9 (13.5, 18.3)	-5.6 ^f (-5.8, -5.3)	9.25	-13
Black MSM													
Self-reported good or better health ^a	NA		421	78.3 (71.6, 85.0)	444	80.2 (76.0, 84.4)	396	77.2 (72.9, 81.6)	419	77.4 (74.0, 80.7)	-0.8 ^b (-1.0, -0.5)	95	5
Unmet need for mental health services among those with any need ^c	66	30.9 (23.1, 38.6)	40	18.9 (13.9, 23.8)	50	27.6 (21.2, 33.9)	45	27.1 (19.3, 34.9)	67	34.8 (28.5, 41.2)	6.2 ^f (5.6, 6.7)	15.45	-18
Unemployment ^e	112	19 (15.7, 22.3)	95	16.8 (13.7, 20.0)	84	14.9 (11.8, 18.0)	109	23.8 (20.0, 27.6)	96	18.1 (14.1, 22.0)	2.8 ^f (2.4, 3.2)	9.5	-15
Hunger/food insecurity ^g	132	20.4 (15.9, 24.9)	127	22.9 (18.9, 27.0)	113	20.4 (15.4, 25.5)	103	21.5 (17.7, 25.2)	89	15.4 (12.3, 18.5)	-5.8 ^f (-6.1, -5.4)	10.2	-10
Unstable housing or homelessness ^h	NA		150	26.2 (22.3, 30.0)	148	27.8 (22.4, 33.2)	119	22.6 (18.7, 26.5)	104	19.4 (14.1, 24.7)	-10.3 ^f (-10.8, -9.9)	13.1	-9
Hispanic/Latino MSMⁱ													
Self-reported good or better health ^a	NA		364	81.1 (77.5, 84.8)	389	80.8 (76.2, 85.4)	361	76.4 (72.0, 80.8)	372	73.4 (69.0, 77.8)	-3.5 ^b (-3.8, -3.2)	95	7
Unmet need for mental health services among those with any need ^c	43	25.2 (15.5, 34.8)	42	20.5 (12.5, 28.4)	49	21 (14.4, 27.5)	46	24.7 (16.1, 33.3)	54	23.9 (15.3, 32.5)	1.0 ^f (0.5, 1.6)	12.6	-15
Unemployment ^e	67	14.4 (10.5, 18.2)	68	14.2 (10.5, 17.8)	70	13.1 (10.3, 16.0)	93	21.6 (16.4, 26.7)	82	15.6 (11.8, 19.4)	6.5 ^f (6.0, 7.0)	7.2	-18
Hunger/food insecurity ^g	87	19.2 (14.9, 23.5)	92	18 (13.7, 22.2)	86	17.8 (13.4, 22.2)	85	18 (13.8, 22.2)	93	16.5 (13.2, 19.9)	-2.9 ^f (-3.3, -2.5)	9.6	-13
Unstable housing or homelessness ^h	NA		86	18.5 (14.9, 22.2)	93	18 (13.6, 22.3)	95	19 (14.6, 23.4)	101	18.1 (14.1, 22.1)	-0.1 (-0.7, 0.4)	9.25	-15
White MSM													
Self-reported good or better health ^a	NA		611	76.4 (72.7, 80.1)	625	74.2 (70.3, 78.1)	659	77.2 (73.4, 81.1)	637	76.1 (71.3, 81.0)	0.3 ^b (0.1, 0.5)	95	6
Unmet need for mental health services among those with any need ^c	83	24 (19.1, 28.9)	73	20 (15.0, 25.0)	69	22.3 (15.7, 28.9)	60	20.2 (15.3, 25.2)	94	30.9 (25.0, 36.8)	6.7 ^f (6.2, 7.2)	12	-21
Unemployment ^e	82	8.7 (7.1, 10.2)	67	8.8 (6.1, 11.4)	95	11.4 (9.3, 13.5)	116	14.1 (11.1, 17.1)	96	12 (9.0, 15.0)	11.7 ^f (11.2, 12.1)	4.35	-22
Hunger/food insecurity ^g	116	14.8 (11.2, 18.4)	85	11.7 (9.0, 14.3)	110	15.3 (11.9, 18.7)	81	9.9 (7.6, 12.2)	71	10.7 (8.0, 13.5)	-7.7 ^f (-8.1, -7.4)	7.4	-9
Unstable housing or homelessness ^h	NA		103	13 (9.9, 16.1)	99	13.4 (10.5, 16.3)	86	11.5 (8.7, 14.3)	72	10.7 (7.4, 13.9)	-7.1 ^f (-7.6, -6.6)	6.5	-12

Notes: Wgt., weighted; CI, 95% confidence interval; NHAS, National HIV/AIDS Strategy; MSM, gay, bisexual, and other men who have sex with men. All measures self-reported during interview.
^a Good or better self-rated health^a defined as rating one's health as good, very good, or excellent (as opposed to poor or fair) at the time of interview. This measure was not collected until the 2018 MMP cycle.
^b Unmet need for mental health services from a mental health professional^c defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months.
^c Employed for wages or self-employed at the time of interview.
^d Hunger/food insecurity^g defined as going without food due to lack of money during the past 12 months.
^e Defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted) or homelessness (living on the street, in a shelter, in a single-room-occupancy hotel), or in a car) at any time during the past 12 months. This measure was not collected until the 2018 MMP cycle.
^f P < 0.001.
^g Hispanic/Latino MSM could be of any race.

ORAL ABSTRACT 1092

Figure 1. Client-Level Implementation Outcomes by Provider-Level Implementation Strategy Enactment Patterns



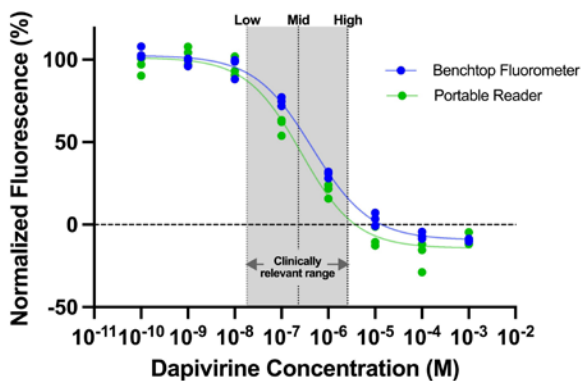
Note. The mean percent of visits at which each of the interventions, HIV testing, STI testing and PrEP, were offered are shown by quarter (starting with Q3, 6 months after the launch of the GOALS Training). The purple line (dashed) represents the median across all programs. Types of GOALS implementers are defined as: *high*, rate of the GOALS use above the median for all three quarters; *low*, rate of GOALS use at or below the median for all three quarters; *upward*, rate of GOALS use started at or below the median in Q3 but increased to above the median by Q5; *variable*, GOALS use above the median in some quarters and at or below the median in others.

GOALS Implementation Strategy Enactment
 — High — Low — Upward — Variable
 - - - Median Across All Programs



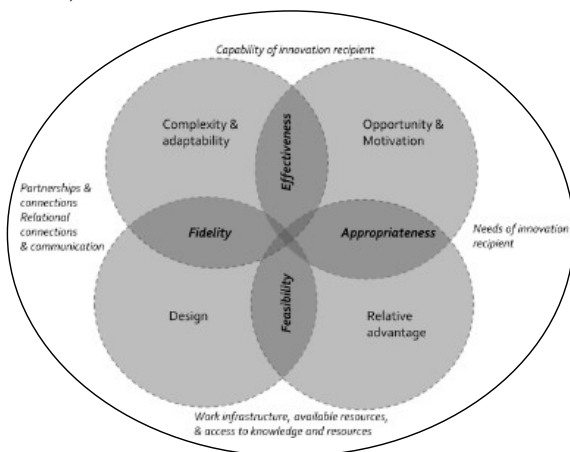
FIGURES

ORAL ABSTRACT 1099



ORAL ABSTRACT 1112

Figure: Venn diagram of “context + mechanism = outcome” configurations as identified in the Siyaphambili trial of two HIV treatment support strategies among FSW living with HIV in Durban, South Africa



Context	Mechanism	Outcome
1 Needs of innovation recipients	+Relative advantage	=Appropriateness
2 Work infrastructure available resources access to knowledge	+Design	=Feasibility
3 Partnerships& relational connections & communication	+Complexity& adaptability	=Fidelity
4 Capability of innovation recipients	+Motivation & opportunity	=Effectiveness

ORAL ABSTRACT 1102

Table. National HIV/AIDS Strategy (NHAS) HIV stigma and quality of life indicators among people living with HIV who injected drugs in the past 12 months in the United States, Medical Monitoring Project, 2017-2021

	n	Weighted %	95% Confidence Interval (CI)
TOTAL (row %)	547	2.7	2.3-3.0
NHAS stigma and quality of life indicators			
HIV stigma in the past 12 months ^a (median score, 0-100)	426	32.8	28.1-37.5
Self-reported current good or better health ^b	264	61.8	56.4-67.3
Unmet need for mental health services among those with any need in the past 12 months ^c	93	26.0	20.3-31.7
Unemployed in the past 12 months	177	33.7	28.3-39.1
Hunger/food insecurity in the past 12 months ^d	225	41.0	35.3-46.6
Unstable housing or homelessness in the past 12 month ^e	198	44.2	38.2-50.3
Factors associated with HIV stigma			
Experiences of discrimination in HIV care settings in the past 12 months ^f	173	41.7	36.2-47.2
Factors associated with self-rated health			
Sustained viral suppression in the past 12 months ^g	303	48.9	43.6-54.1
ART dose adherence in the past 30 days ^h	164	30.1	25.3-34.9
HIV care retention in the past 12 months ⁱ	394	68.5	63.5-73.4
Self-reported disability ^j	339	61.4	56.9-65.8
≥1 emergency room visit in the past 12 months	355	66.4	61.6-71.2
Hospitalized ≥1 time in the past 12 months	188	34.8	30.2-39.3
Factors associated with unmet needs for mental health services among those with a need			
Symptoms of major or other depression in the past 2 weeks, based on DSM-IV criteria ^k	196	37.9	32.7-43.2
Symptoms of generalized anxiety disorder in the past 2 weeks ^l	181	34.8	29.9-39.6
Factors associated with unemployment			
Some college or higher	350	65.7	60.7-70.7
Household poverty ^m	247	47.0	41.9-52.0
Factors associated with food insecurity			
Unmet need for food assistance/food stamps in the past 12 months	97	18.8	14.4-23.2
Unmet need for food or meal delivery in the past 12 months ⁿ	50	9.3	6.4-12.3
Factors associated with housing instability/homelessness			
Unmet need for shelter or housing services in the past 12 months	116	21.8	17.4-26.2

^a“Median HIV stigma score” defined as the weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma during the past 12 months, current disclosure concerns, current negative self image, and current perceived public attitudes about people living with HIV, measured among persons aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico. The HIV stigma scale used for this indicator is available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2001277/>. This variable is available from 2018 onward.

^b“Good or better self-rated health” defined as rating one’s health as good, very good, or excellent (as opposed to poor or fair) at the time of interview. This variable is available from 2018 onward.

^c“Unmet need for mental health services from a mental health professional” defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months.

^d“Hunger/food insecurity” defined as going without food due to lack of money during the past 12 months.

^eDefined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted) or homelessness (living on the street, in a shelter, in a single-room-occupancy hotel, or in a car) at any time during the past 12 months. This variable is available from 2018 onward.

HIV health care discrimination during the previous 12 months was assessed based on seven forms of discrimination, using an adapted version of a validated Likert scale. The seven forms of discrimination included: being treated with less courtesy than other people, being treated with less respect than other people, receiving poorer service than others, having a doctor or nurse act as if he or she believed they were not smart, having a doctor or nurse act as if he or she were afraid of them, having a doctor or nurse act as if he or she were better than them, and having a doctor or nurse not listen to what they were saying. Participants were asked if they experienced this never, rarely, some of the time, most of the time, or all the time. This variable is available from 2018 onward.

^fDefined as having all HIV viral loads being undetectable or <200 copies/mL, as documented in the medical record in the past 12 months before interview.

^gDuring the 30 days before interview, 100% adherence to ART doses.

Two elements of outpatient HIV care at least 90 days apart in each 12-month period.

Includes physical, mental, and emotional disabilities.

^kResponses to the items on PHQ-8 were used to define “major depression” and “other depression” according to criteria from the DSM-IV. To meet the criteria for major depression, a participant must have experienced 5 or more symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness. For other depression, a participant must have experienced 2 to 4 symptoms at least “more than half the days,” and one of the symptoms must be anhedonia or feelings of hopelessness.

Responses to the GAD-7 were used to define “mild anxiety,” “moderate anxiety,” and “severe anxiety” according to criteria from the DSM-IV. “Severe anxiety” was defined as having a score of ≥15; “moderate anxiety” was defined as having a score of 10-14; and “mild anxiety” was defined as having a score of 5-9.

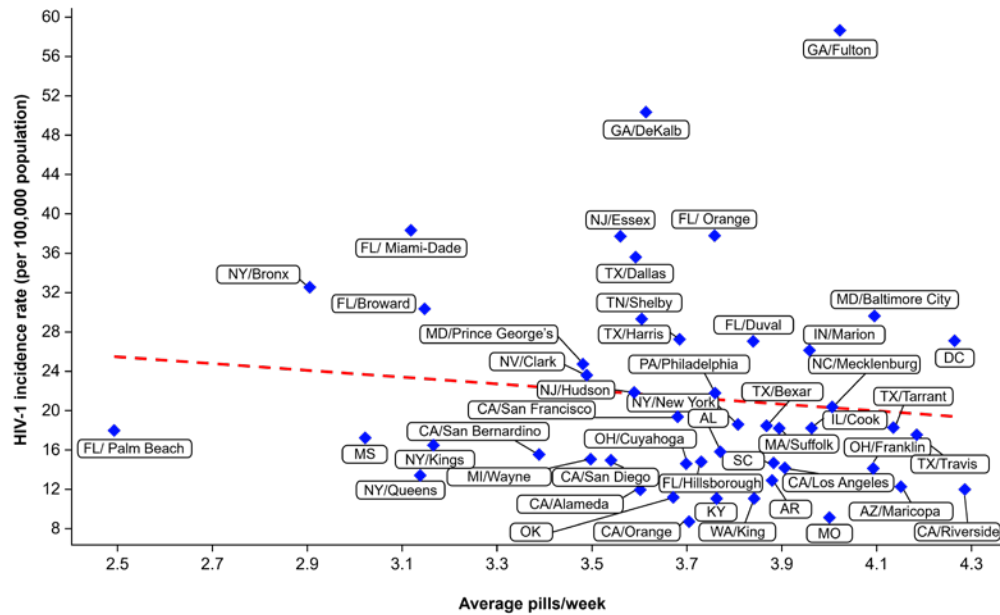
^mPoverty guidelines as defined by HHS. More information regarding HHS poverty guidelines can be found at <https://aspe.hhs.gov/frequently-asked-questions-related-poverty-guidelines-and-poverty>

ⁿIncludes services such as soup kitchens, food pantries, food banks, church dinners, or food delivery services.



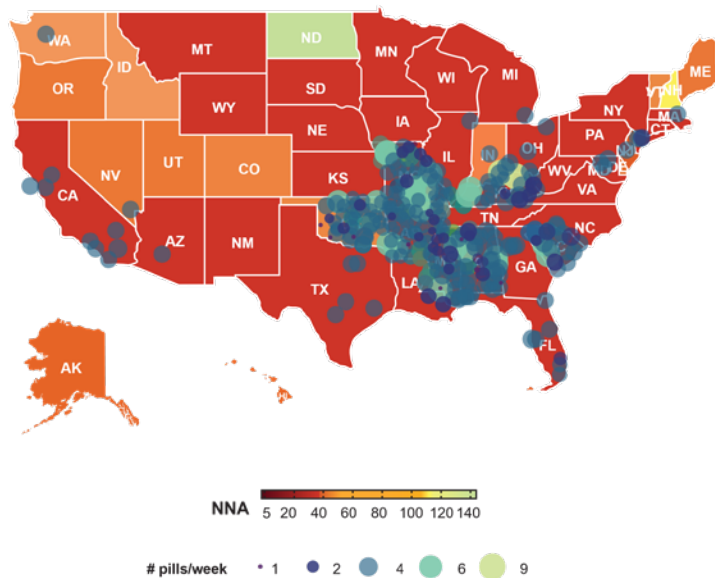
ORAL ABSTRACT 1146

Figure 1. EHE-level average weekly supply of oral PrEP and HIV-1 incidence rates in 2021, reported by the CDC in the US.



CDC, Centers for Disease Control and Prevention; EHE, 'Ending the HIV Epidemic in the US'; PrEP, pre-exposure prophylaxis. Dashed red line represents the estimated linear regression line for the association of tablets per week and HIV incidence rates, as reported in 2021 by the CDC (Estimated HIV incidence and prevalence in the United States, 2017–2021. HIV Surveillance Supplemental Report, 2023; 28 (No. 3). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023. Accessed Feb 6, 2024).

Figure 2. US state-level Number Needed to Adhere (NNA) and EHE county-level average weekly supply of oral PrEP.

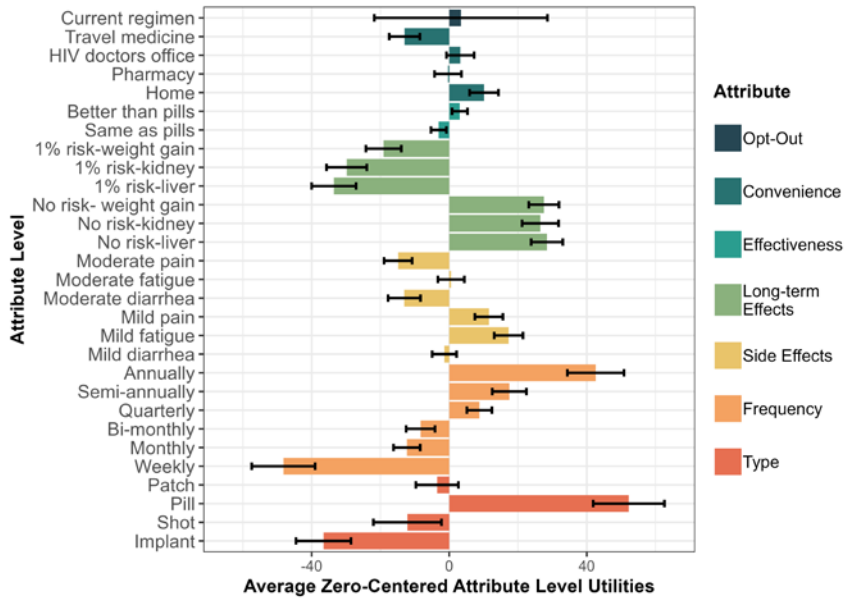


EHE, 'Ending the HIV Epidemic in the US'; NNA, Number Needed to Adhere; PrEP, pre-exposure prophylaxis. NNA was calculated by $1/(\text{percent of new HIV infections for individuals with } <4 \text{ tablets average weekly supply} - \text{percent of new HIV infections for individuals with } \geq 4 \text{ tablets average weekly supply})$. Individuals were observed over 12 months from index date (first submitted PrEP claim) for new HIV-1 infections.



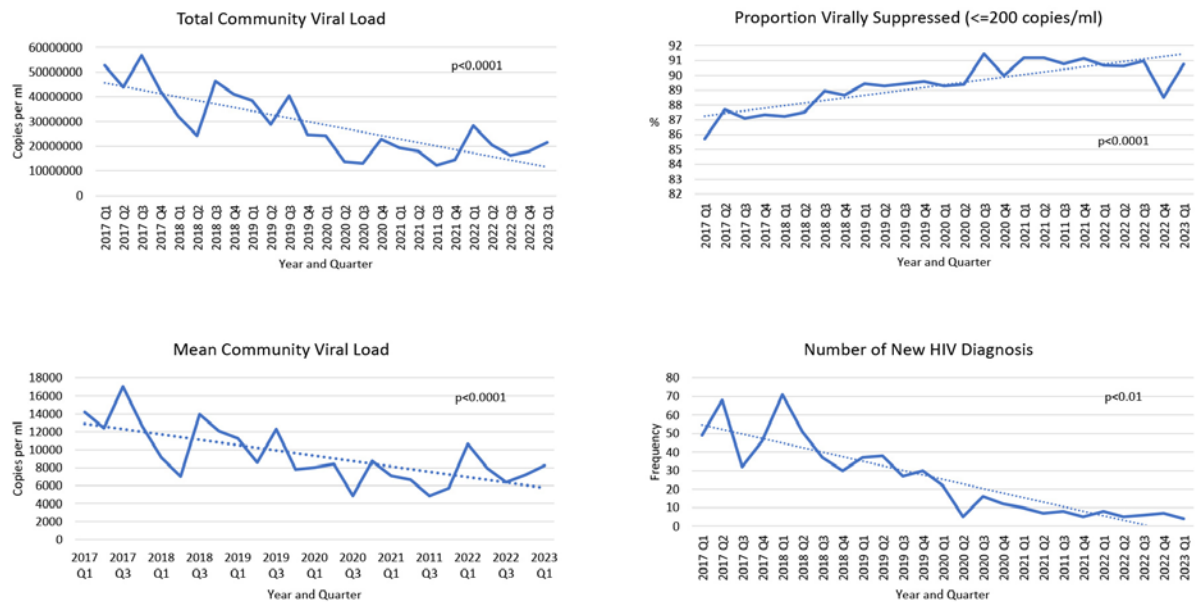
FIGURES

ORAL ABSTRACT 1173



ORAL ABSTRACT 1183

Figure 1: Community Viral Load Measures Among All DC Cohort Participants January 2017-March 2023, n=11,156



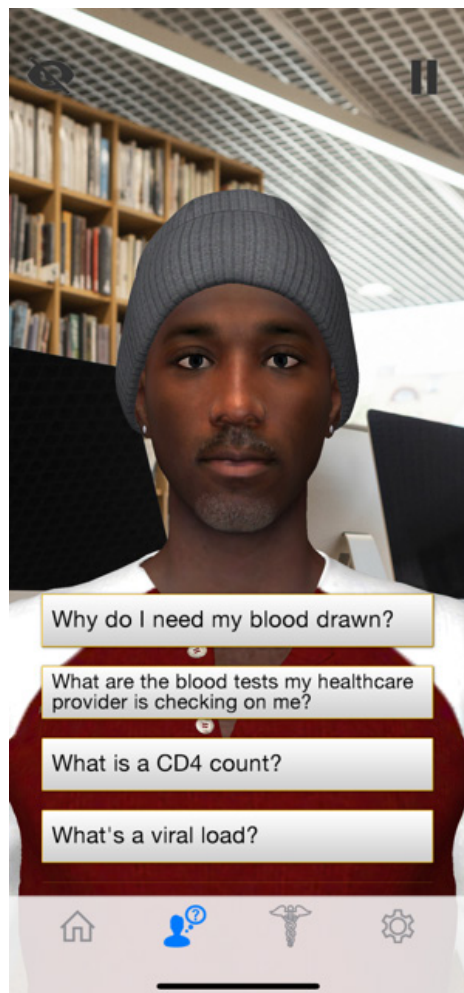


ORAL ABSTRACT 1199

Table. HIV care outcomes among 625 individuals with unstable engagement in HIV care documented in a national, electronic treatment register in South Africa, stratified by data source.

Patient or informant-reported outcome	Clinical outcome as documented in physical patient file					Total
	Lost to clinic n (col %)	In care at original clinic n (col %)	Transferred out n (col %)	Died n (col %)	Unable to find file	
Lost to care	65 (35.9)	5 (20.8)	11 (10.9)	0 (0.0)	19	100
In care at original clinic	32 (17.7)	15 (62.5)	10 (9.9)	0 (0.0)	3	60
Transferred out	65 (35.9)	3 (12.5)	74 (73.3)	0 (0.0)	26	168
Died	19 (10.5)	1 (4.2)	6 (5.9)	24 (100.0)	3	53
Unable to interview	118	6	75	3	42	244
Total	299	30	176	27	93	625

ORAL ABSTRACT 1202



ORAL ABSTRACT 1212

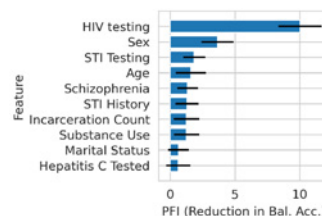
Domain	Indicators
Reach	• Proportion of clients with HIV on ART who have been initiated on iCAB/RPV
Equity	• Clients with HIV on ART who have been initiated on iCAB/RPV, are proportionate to their prevalence in the sociodemographic characteristics in the clinic population
Safety	• Proportion iCAB/RPV injections delivered on-time (within 7 days of injection window) • Proportion of clients on iCAB/RPV whose most recent viral load was <50 copies/mL

ORAL ABSTRACT 1213

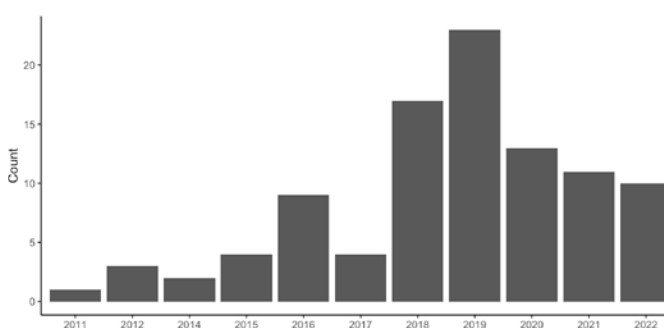
Table 1: Sensitivity and specificity for identifying future HIV diagnoses at varying percentages of the population identified as increased risk.

% of Population Defined as Being at Increased Risk	Sensitivity	Specificity
50	0.83	0.51
40	0.76	0.61
30	0.67	0.71
20	0.54	0.81
10	0.37	0.90
5	0.21	0.95

Figure 1: Relative feature importance and standard error of the top 10 predictive features. Higher permutation feature importance equates to greater importance in predicting future HIV diagnosis.



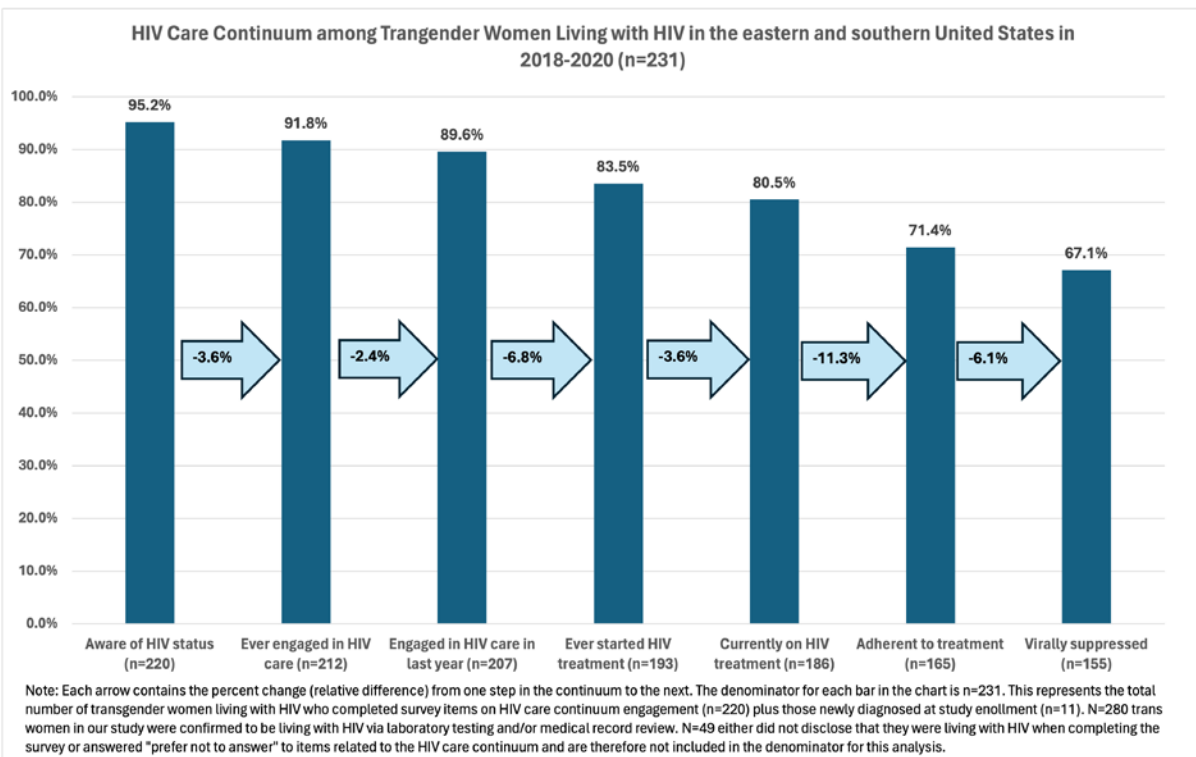
ORAL ABSTRACT 1227





FIGURES

ORAL ABSTRACT 1270



ORAL ABSTRACT 1303

Table 1: Clinical Care Experiences for MSM and TGM choosing CAB LA

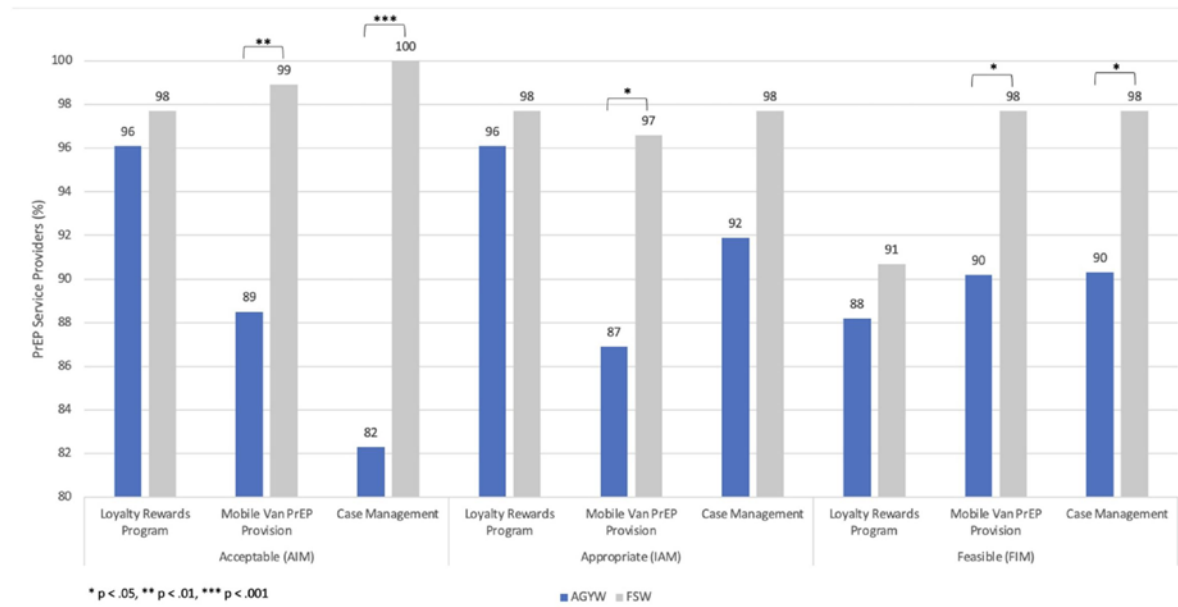
Theme	Gender Identity		Race		Ethnicity		
	Total sample N=52 (100%)	MSM N=44 (85%)	TGM N=8 (15%)	Black N=14 (27%)	Non-Black N=38 (73%)	Hispanic/Latino N=17 (33%)	
Communication and Information							
Useful information provided	9 (17.3%)	8 (18.2%)	1 (12.5%)	1 (7.1%)	8 (21.0%)	5 (29.4%)	4 (11.4%)
HIV prevention options discussed	8 (15.4%)	6 (13.6%)	2 (25.0%)	3 (21.4%)	5 (13.2%)	1 (5.9%)	7 (20.0%)
Trusting HCPs information	7 (13.5%)	6 (13.6%)	1 (12.5%)	1 (7.1%)	6 (15.8%)	2 (11.8%)	5 (14.3%)

Theme	Gender Identity		Race		Ethnicity		
	Total sample N=52 (100%)	MSM N=44 (85%)	TGM N=8 (15%)	Black N=14 (27%)	Non-Black N=38 (73%)	Hispanic/Latino N=17 (33%)	
Respectful client and staff interactions							
Feeling respected	20 (38.5%)	18 (40.9%)	2 (25.0%)	5 (35.7%)	15 (39.5%)	8 (47.1%)	12 (34.3%)
Not feeling judged	12 (23.1%)	11 (25.0%)	1 (12.5%)	3 (21.4%)	9 (23.7%)	5 (29.4%)	7 (20.0%)
Patient-centered care							
Being involved in the decision-making	12 (23.1%)	11 (25.0%)	1 (12.5%)	3 (21.4%)	9 (23.7%)	4 (23.5%)	8 (22.9%)
Feeling supported during the process	14 (26.9%)	13 (29.5%)	1 (12.5%)	4 (28.6%)	10 (26.3%)	4 (23.5%)	10 (28.6%)



ORAL ABSTRACT 1310

Figure 1. Acceptability, appropriateness, and feasibility of strategies to promote PrEP initiation and persistence among AGYW and FSW



Data are percent (%). For each implementation outcome, percentages include providers who scored each strategy independently as 4 “agree” or 5 “completely agree” on the Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM).



Continuum 2024

JUNE 9-11, 2024 • PUERTO RICO

The *Continuum 2024* conference is jointly provided by the **International Association of Providers of AIDS Care (IAPAC)** and **Partners for Advancing Clinical Education (PACE)**. We wish to acknowledge our institutional and commercial supporters, as well as the corporate sponsors, whose generosity is making this conference possible.

Institutional Supporter



Commercial Supporter

Merck & Co.

Corporate Sponsors

Gilead Sciences

ViiV Healthcare