

Monthly oral pills are the most preferred form of HIV pre-exposure prophylaxis (PrEP) among Australian gay and bisexual men: Results from the PrEPARE Project 2021

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Background: New PrEP technologies are emerging and in development but there are limited data on gay and bisexual men's (GBM) preferences for them. Previous surveys have indicated that Australian GBM would most prefer long-acting injectable (LAI)-PrEP.

Methods: A national online survey of GBM was conducted in April-June 2021. Assuming all PrEP methods were available and equally effective, non-HIV-positive participants were asked which form of PrEP they would prefer: daily oral PrEP, oral event-driven (ED)-PrEP, monthly oral PrEP, LAI-PrEP, or a PrEP implant. We examined differences with chi-square tests.

Results: 1,185 non-HIV-positive GBM were included. Median age was 37, 80.3% identified as gay, and 39.8% were current PrEP-users. Monthly pills were the most preferred overall (30.7%), followed by LAI-PrEP (24.3%), ED-PrEP (19.0%), daily oral PrEP (12.2%) and implants (10.8%). Similar proportions of PrEP-users and non-users preferred monthly pills (30.5% vs 30.9%, $p=0.899$) and implants (11.2% vs 10.5%, $p=0.700$). PrEP-users were less likely to prefer ED-PrEP (12.3% vs 23.4%, $p<0.001$), but more likely to prefer LAI-PrEP (29.2% vs 21.0%, $p=0.001$) and daily oral PrEP (16.1% vs 9.5%, $p<0.001$). There were demographic differences in preferences. A higher proportion of non-gay-identified men preferred ED-PrEP compared to gay men (27.3% vs 16.9%, $p=0.007$), as did overseas-born men compared to Australian-born men (23.7% vs 17.2%, $p=0.045$). LAI-PrEP was preferred by participants with >10 sex partners in the last 6 months (22.8%), whereas ED-PrEP was preferred by those with fewer (1–5) partners (35.5%, $p<0.001$).

Conclusion: Australian GBM have strong interest in new PrEP dosing methods, with monthly oral pills the most preferred modality. Daily oral PrEP – currently the most commonly used modality – was relatively unpopular among both PrEP-users and non-users. The diversity of preferences among current PrEP-users and non-users, and different demographic groups, suggest that increasing the range of PrEP options may support wider PrEP uptake.

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