

BASELINE PREFERENCES FOR DAILY AND NON-DAILY PREP DOSING IN EPIC-NSW

Authors:

Stefanie Vaccher¹, Janaki Amin^{1,2}, Rebecca Guy¹, Fengyi Jin¹, Christine Selvey³, Iryna Zablotska⁴, Jo Holden³, Karen Price⁵, Barbara Yeung¹, Gesalit Levitt¹, Erin Ogilvie¹, Anna McNulty⁶, David Smith⁷, David A Cooper¹, Andrew E Grulich¹, Benjamin R Bavinton¹, on behalf of the Expanded PrEP Implementation in Communities New South Wales (EPIC-NSW) research group

¹The Kirby Institute, UNSW Sydney, NSW;

²Department of Health Systems and Populations, Macquarie University, NSW;

³Ministry of Health, NSW Government, NSW;

⁴Westmead Clinical School, Sydney University, NSW;

⁵AIDS Council New South Wales, NSW;

⁶Sydney Sexual Health Centre, Sydney, NSW;

⁷North Coast HIV/Sexual Health Services, Lismore, NSW, Australia.

Background:

The effectiveness of daily pre-exposure prophylaxis (PrEP) is well established, with increasing evidence for – and interest in – non-daily dosing schedules. We investigated baseline preferences for PrEP dosing schedules among gay men enrolled in EPIC-NSW, an implementation study of daily oral PrEP.

Methods:

From March 2016, individuals at high-risk of HIV enrolled in EPIC-NSW were able to access cost-free PrEP. At baseline, participants completed an optional online survey containing behavioural and demographic questions, including their ideal way to take PrEP - daily, event-driven, or periodic (daily dosing during periods of increased risk). Preference for daily vs non-daily PrEP dosing was compared using chi-squared tests.

Results:

By 31 October 2016, 3,700 participants had enrolled in EPIC-NSW, 2,706 (73.1%) of whom had completed their baseline survey. Among gay-identifying men (n=2,507, 92.6%), 14% and 16% expressed a preference for event-driven or periodic PrEP, respectively. Younger participants (<30 years) were more likely than those aged ≥30 years to prefer daily PrEP (77% vs 70%, p=0.001). Participants who reported any condomless sex (CLAI) in the past week also preferred daily PrEP, compared to those who did not report CLAI (73% vs 69%, p=0.011). University-educated men were more likely to prefer non-daily PrEP, compared to those whose highest level of education was high school or trade (33% vs 24%, p<0.001). There was no change in baseline dosing preference over time (p>0.05).

Conclusions:

Over one-quarter of men reported a preference for event-driven or periodic PrEP, as opposed to continuous daily PrEP. Participants who were older, had higher levels of education, or had not engaged in recent CLAI were more likely to prefer non-daily PrEP. However, EPIC-NSW and the Australian PrEP guidelines recommended daily PrEP, which may have affected participants' reported dosing preferences. Future

investigations will consider the actual dosing patterns used by participants, according to baseline preferences.

Disclosure of Interest Statement:

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