

Alternatives to daily PrEP are attractive to PrEP-experienced gay and bisexual men in Australia.

Authors:

Chan C¹, Vaccher S¹, Fraser D¹, Holt M², Zablotska-Manos I³, Prestage G¹, Bavinton BR¹

¹ The Kirby Institute, UNSW Sydney, ² The Centre of Social Research in Health, UNSW Sydney, ³ Sydney Medical School – Westmead and Western Sydney Sexual Health Centre, University of Sydney

Background:

New PrEP technologies are developing but there is limited data on who would use them. In PrEP-experienced gay and bisexual men (GBM), we assessed desire to use and most preferred form of PrEP.

Methods:

From October 2019-February 2020, 2,344 EPIC-NSW trial participants were invited to a follow-up study. Assuming daily PrEP, event-driven (ED)-PrEP, long-acting injectable (LAI)-PrEP, and PrEP implants had similar efficacy, cost, and availability, participants were asked which they desired to use and their preferred PrEP form. We determined factors associated with desirability (multivariate logistic regression) and preferred modality (multivariate multinomial logistic regression).

Results:

1477 who completed the survey and answered PrEP preference questions were included. 52.1% (n=770), 43.0% (n=635), 59.7% (n=882) and 45.7% (n=675) desired to use daily PrEP, ED-PrEP, LAI-PrEP and implants, respectively. Being younger was associated with desirability of LAI-PrEP (aOR=0.97, 95%CI=0.96-0.97) and implants (aOR=0.97, 95%CI=0.96-0.98). 21.5% (n=318) chose daily PrEP as their preferred modality, 21.3% (n=315) chose ED-PrEP, 30.5% (n=455) chose LAI-PrEP, and 26.3% (n=392) chose implants. Compared to preference for daily PrEP, factors associated with preferring ED-PrEP were older age (aRRR=1.02, 95%CI=1.02-1.04), being university educated (aRRR=1.65, 95%CI=1.14-2.40), not currently taking PrEP (aRRR=0.31, 95%CI=0.30-0.49), worrying about side effects (aRRR=2.61, 95%CI=1.80-3.78) and difficulty remembering to take pills (aRRR=0.54, 95%CI=0.31-0.93). Preference for LAI-PrEP over daily PrEP was associated with worrying about side effects (aRRR=2.06, 95%CI=1.51-2.83) and difficulty remembering to take pills (aRRR=0.38, 95%CI=0.23-0.63). Preference for implants over daily PrEP was associated with not currently taking PrEP (aRRR=0.62, 95%CI=0.39-0.97) and difficulty remembering to take pills (aRRR=0.53, 95%CI=0.32-0.90).

Conclusion:

There is significant interest in alternatives to daily PrEP among PrEP-experienced GBM in Australia, with only one-fifth preferring daily PrEP to other options. Once available, new PrEP modalities have potential to be an appealing option among those who perceive daily PrEP as impractical.

Disclosure of Interest Statement:

The Kirby Institute is funded by the Australian Government Department of Health. The PrEP in NSW Transition Study was supported by funds from the NSW Ministry of Health. No pharmaceutical grants were received for this study.