

## ETHNIC DISPARITIES IN PREP EXPERIENCES AMONG A PROSPECTIVE COHORT OF GAY AND BISEXUAL MEN IN AUCKLAND, NEW ZEALAND

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**Background:** Pre-exposure prophylaxis (PrEP) protects against HIV and successful PrEP implementation is needed to end HIV epidemics among gay and bisexual men (GBM). Disparities in PrEP experiences have been reported among ethnic minority GBM, but evidence is limited outside the United States. We describe experiences on PrEP in a New Zealand (NZ) cohort with ethnicity quotas.

**Methods:** NZPrEP is a prospective open-label, single-arm treatment evaluation study in Auckland, NZ. We recruited 150 GBM with an equity quota of 50% non-Europeans. We report factors associated with 12-month retention, trends in daily PrEP adherence, PrEP breaks, sexual behaviour and sexually transmitted infections (STI) using multilevel mixed-effects regression, overall and for Māori/Pacific compared to non-Māori/Pacific participants.

**Results:** Overall retention at 12 months was 85.9%, lower among Māori/Pacific participants (75.6%) ( $p=0.024$ ). The average pills missed in the last month increased over time and was higher among Māori/Pacific (mean 2.8, SD 5.6 than non-Māori/Pacific participants (1.5, SD 3.1;  $p=0.028$ ). PrEP breaks rose over time and the 12-month cumulative proportion was 35.7% among Māori/Pacific versus 15.7% of non-Māori/Pacific participants ( $p=0.009$ ). The number of condomless receptive anal intercourse partners in the last 3 months was steady over time [mean (SD) baseline = 4.9 (5.7) vs visit 4 = 5.3 (10.3),  $p=0.098$ ] and did not differ by equity group. The proportion engaging in drug or alcohol use before sex did not change over time. Incident STIs were common but stable over time; 12-month cumulative incidence was 8.7% for syphilis, 36.0% gonorrhoea, 46.0% chlamydia, 44.7% rectal STI and 64.0% any STI. Māori/Pacific participants were less likely to report a rectal STI ( $p=0.034$ ).

**Conclusion:** We found Māori/Pacific GBM in NZ reported similar experiences on study entry but disparities emerged after taking PrEP. Structural interventions and delivery innovations are needed to ensure Indigenous and ethnic minority GBM gain equal benefit from PrEP.

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