STD PARTNER SERVICES TO MONITOR AND PROMOTE PREP USE AMONG MEN WHO HAVE SEX WITH MEN

Reported by Jules Levin
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Objectives

- **Aim 1**: Evaluate use of STD partner services to refer MSM to PrEP
- **Aim 2**: Use STD partner services data to monitor PrEP use in MSM at high risk for HIV acquisition

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CROI: The Challenges of Translating PrEP Interest into Uptake among Young Black MSM in Atlanta, GA - (03/10/17)
CROI: Brief Behavioral Intervention Increases PrEP Drug Levels in a Real World Setting - (03/10/17) NYC

Summary

- PrEP use is increasing among MSM with bacterial STDs
- Significant racial/ethnic disparities in PrEP use
- STD PS program was successful in promoting PrEP
  - 21% of MSM offered PrEP attended an initial visit
- Additional efforts needed to improve intervention delivery and uptake at each step of referral process
Men who have sex with men (MSM) with bacterial STDs are at elevated risk for HIV acquisition. We used STD partner services (PS) to monitor pre-exposure prophylaxis (PrEP) use among MSM and link MSM with bacterial STDs to PrEP. Disease Intervention Specialists (DIS) in King County, WA, attempt to provide PS to all MSM with early syphilis and to MSM with gonorrhea and chlamydia as resources allow. Public Health–Seattle & King County (PHSKC) defines MSM with any of the following as being at high risk for HIV: early syphilis, rectal gonorrhea, methamphetamine or poppers use, sex work, or an HIV-unsuppressed partner. DIS offer to refer high risk HIV-uninfected MSM to the PHSKC STD clinic to initiate PrEP and offer other MSM referrals to community medical providers. We used chi-square tests to compare PrEP use, acceptance of referrals, and initial PrEP assessment at the STD clinic by HIV risk and to assess temporal trends in current PrEP use. We evaluated trends in PrEP use among MSM with urethral gonorrhea, a largely symptomatic infection, as a measure unbiased by the high level of STD screening among MSM on PrEP.

From 8/2014-6/2016, medical providers reported 3936 cases of early syphilis, gonorrhea, or chlamydial infection among HIV-uninfected MSM in King County, including 1105 of early syphilis and rectal gonorrhea (Table). Overall, 1149 (48%) of 2388 PS recipients were defined as high risk and eligible to receive PrEP at the PHSKC Clinic, of whom 956 (83%) had PrEP use assessed. Of those assessed, 407 (43%) reported already using PrEP. Among 549 not currently on PrEP, 338 (62%) were offered a referral, of whom 167 (49%) accepted. Of the 127 who accepted referral to the PHSKC Clinic, 72 (57%) attended a first PrEP assessment visit as of 9/26/16. Among PS recipients not defined as high risk, 28% were already using PrEP; among non-current users offered referrals, 47% accepted. The percent of cases reporting already taking PrEP increased from 21% in 2014 to 53% in 2016 among early syphilis and rectal gonorrhea cases (p<.001), from 30% to 58% among other high risk MSM (p=.007), and 15% to 36% among lower risk MSM (p<.001). Among MSM with urethral gonorrhea, PrEP use increased from 17% to 35%
PrEP use is rapidly increasing among MSM with bacterial STDs in King County. STD PS can be used to monitor PrEP use in high risk MSM and link these men to PrEP, though additional efforts are needed to increase intervention uptake at each step of the referral process.

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**STD Partner Services to Monitor and Promote PrEP Use Among Men Who Have Sex with Men**

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**STD Partner Services (PS)**

- Offered to persons diagnosed with bacterial STDs and their partners
- Historical objectives:
  - Ensure appropriate treatment for index case
  - Elicit, notify, test, and treat partners
  - Decrease STD transmission and morbidity
- Opportunity to provide population-based HIV prevention to high risk persons

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**Washington State PS Program**

- In 2012, WA State began integrating interventions across HIV prevention/care continuum into STD PS
  - PrEP referral
  - HIV testing
  - HIV/STD testing reminders
  - Engagement in HIV care
- Simultaneously prioritized MSM for PS
  - MSM account for >2/3 of HIV infections in WA
  - Facilitated by gender of sex partners on case report
Objectives

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Methods – PS Program & Referrals

- STD reported by provider/lab
- DIS attempt to provide partner services to all MSM w/ STIs
- DIS assess HIV status & PrEP eligibility

- **HIV-negative MSM at high risk**¹
  - early syphilis or rectal GC
  - methamphetamine or poppers use
  - sex work
  - HIV-unsuppressed partner

- **HIV-negative MSM at lower risk**
  - CT or urethral/nasal GC without behavioral risk

- Offer referral to PrEP at public health STD clinic or community providers
- Offer referral to community providers for PrEP


Methods – Analysis

<table>
<thead>
<tr>
<th>Setting</th>
<th>King County, Washington</th>
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<tbody>
<tr>
<td>Population</td>
<td>All HIV-negative MSM diagnosed with STDs</td>
</tr>
<tr>
<td>Data source</td>
<td>STD surveillance and partner services databases</td>
</tr>
<tr>
<td>Aim 1: PrEP referrals</td>
<td>Describe process outcomes from PS delivery through first PrEP clinic visit</td>
</tr>
<tr>
<td><strong>Aim 2: Temporal trends in PrEP use</strong></td>
<td>Among PS recipients who were asked about PrEP use</td>
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<tr>
<td></td>
<td>Assessed trends in % reporting already being on PrEP prior to PS interview by year using chi-square tests</td>
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<td></td>
<td>Overall, among asymptomatic infections only, and by risk</td>
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<td></td>
<td>Compared use by race/ethnicity using logistic regression</td>
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</tbody>
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Aim 1: Partner services & PrEP use

3996 STD cases reported among HIV-negative MSM

2388 (61%) received partner services

1149 (48%) at high risk for HIV
- 780 early syphilis or rectal GC
- 369 other risk

956 (83%) had PrEP use assessed

407 (43%) on PrEP prior to PS interview

549 (57%) not on PrEP prior to interview

Aim 1: PrEP referral via STD PS

PrEP referral outcomes among 549 MSM with STDs who reported not being on PrEP during PS interview

- 21% of MSM offered PrEP, attended first visit

<table>
<thead>
<tr>
<th>Cases</th>
<th>Interviewed, Not on PrEP</th>
<th>Offered PrEP referral</th>
<th>Accepted PrEP referral</th>
<th>Accepted PrEP clinic referral</th>
<th>Attended PrEP assessment visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>549</td>
<td>100%</td>
<td>62%</td>
<td>31%</td>
<td>76%</td>
<td>49%</td>
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</tbody>
</table>
Aim 2: Trends in PrEP use among MSM with STDs

*Primary and secondary syphilis and urethral gonorrhea

Aim 2: Trends in PrEP use among MSM with STDs by risk group

*Other STD + reports methamphetamine or poppers use, sex work, or HIV-unsuppressed partner
Aim 2: Racial/ethnic disparities in current PrEP use


% of PS recipients who reported being on PrEP prior to interview

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of PS recipients</th>
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<tbody>
<tr>
<td>Asian</td>
<td>21%</td>
</tr>
<tr>
<td>Black</td>
<td>22%</td>
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<tr>
<td>Latino</td>
<td>31%</td>
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<tr>
<td>White</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
</tr>
</tbody>
</table>

p<0.001 adjusting for year, age, STD type, and substance use

Limitations

Referral program

- Unable to assess success of referrals to outside providers
- Referrals documented in separate database → decrease referral rates & increase missing data

Temporal trends

- PS recipients may differ from those who refused PS/could not be located
- Use in all MSM with STDs may be overestimated → ascertainment bias due to ↑ STD screening with PrEP
Acknowledgments

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- King County field services and PrEP clinic teams

Related Posters – 964 and 973 Wednesday