



154

PEP clients assessed

35.2 yrs

mean age (SD 10.4)

77.3%

non-Indonesian clients

35.1%

exposures were MSM

97.4%

involved no condom use

32.5%

presented within 24h

1 BACKGROUND

Travellers and local residents share Bali's clinics but differ in risk context, mobility and health-system familiarity. How they differ in PEP-seeking is poorly described, limiting the design of timely, tailored access pathways.

INDONESIA CONTEXT
~570,000

people living with HIV nationally; epidemic concentrated in key populations, including MSM (~80,000 in Jakarta alone). Only 31% are on treatment and 14% virally suppressed.

Source: [UNAIDS 2025](#)

OBJECTIVE

Compare risk profiles and PEP initiation between international travellers and Indonesian residents at a private Bali clinic.

2 METHODS

SETTING · Bali Medika Clinic, Bali
DESIGN · Retrospective cross-sectional from March 2025–November 2025
COHORT · 154 PEP episodes/patients
MEASURES · Citizenship, timing, condom use, exposure type, alcohol, age
ANALYSIS · Pearson χ^2

TABLE 1 · POPULATION CHARACTERISTICS (N = 154)

Characteristic	Category	n/N (% of cohort)
Age	Mean 35.2 y (SD 10.4); 25–35 band	75/154 (48.7%)
Nationality	Non-Indonesian	119/154 (77.3%)
Nationality	Indonesian	35/154 (22.7%)
Sexual exposure	MSM exposure	54/154 (35.1%)
Alcohol use	Reported at time of exposure	52/154 (33.8%)
Condom use	No effective condom protection	150/154 (97.4%)
PEP timing	< 24 hours	50/154 (32.5%)

3.1 RESULTS

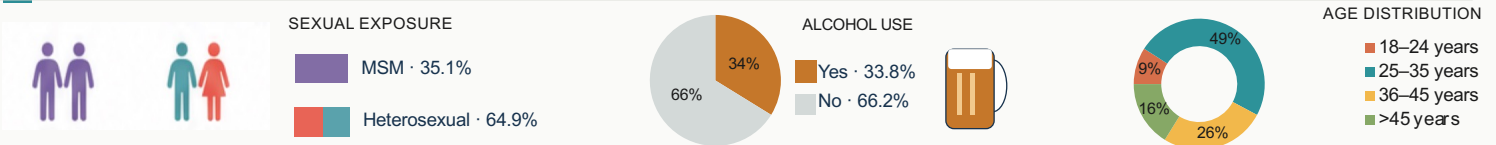
Most clients missed the ideal 24-hour window; early presentation differed sharply by MSM status and nationality.

FIGURE 1 · TIME FROM EXPOSURE TO PEP INITIATION (N = 154)



FIGURE 2 · EARLY (<24 h) PEP INITIATION: INDEX VERSUS REFERENCE GROUPS

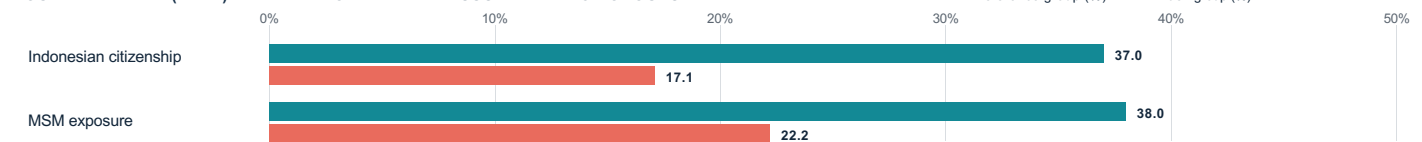
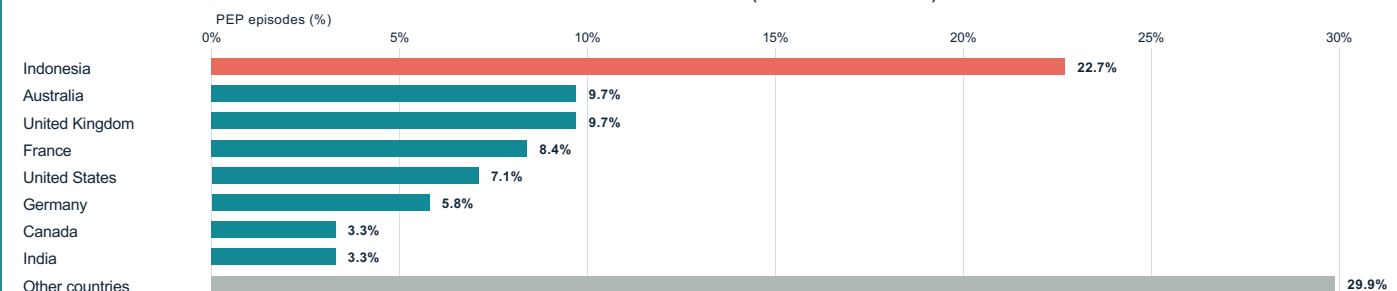
*Early (<24 h) PEP initiation, index versus reference groups, for the two comparisons with evidence of association (N = 154).*

FIGURE 3 · COUNTRY OF CITIZENSHIP OF PEP PRESENTATIONS AT BALI MEDIKA CLINIC (N = 154 PEP CLIENTS)



Bars show the eight most recorded citizenships; all others are grouped as "Other countries". Percentages use N = 154 and may not total 100% due to rounding.

3.2 RESULTS IN CONTEXT

1 · TIMELY PEP REMAINS THE MAIN GAP

Only 32.5% presented within the ideal <24 h window and 45.5% at 24–48 h, despite guidance to start PEP as soon as possible (WHO, 2024; Tanner et al., 2025). A Cyprus cohort reported 48.1% <24 h (Kalatta et al., 2026). Advance provision cut median time-to-first-dose from 28.5 h to 7.3 h (Fox et al., 2023) — untested here, but it points to fast-track pathways.



LIMITATIONS

- Retrospective, cross-sectional, single-clinic — association only · Convenience sample; may not generalise
- Alcohol, condom use and orientation self-reported · Chi-square only, no adjustment; stigma and cost unmeasured

4 CONCLUSION

WHAT WE FOUND

Bali's PEP-seekers are highly mobile and mostly international, with near-universal condomless exposure. Only 1 in 3 reached care within the ideal 24-hour window — MSM and Indonesian clients least of all.

WHAT IT MAY MEAN

Timing gaps likely reflect differing risk contexts, awareness and access pathways — not one shared barrier. Mechanisms were not measured.

WHAT SHOULD HAPPEN NEXT

Faster-access PEP pathways, MSM- and Indonesian-tailored counselling, and using every PEP visit to assess ongoing exposure risk and PrEP eligibility.

SCAN FOR
FULL
ABSTRACT &
REFERENCES:

