ASSESSING DEMAND FOR LONG-ACTING INJECTABLE CABOTEGRAVIR FOR HIV PREVENTION IN AUSTRALIA: RESULTS FROM A CROSS-SECTIONAL SURVEY OF MEN WHO HAVE SEX WITH MEN

Authors:

<u>Chan C</u>¹, Fraser D¹, Schmidt HM^{2,3}, Phanuphak N⁴, Ong JJ^{5,6}, Murphy D^{7,8}, Wright E^{8,9}, Cornelisse V^{1,5,10}, Cassell M¹¹, Tieosapjaroen W⁵, Zhang L^{5, 12}, Tang W¹³, Grulich A¹, Bavinton BR¹

¹Kirby Institute, UNSW, Sydney, Australia, ²UNAIDS, Switzerland, ³World Health Organization, Switzerland, ⁴Institute of HIV Research and Innovation, Bangkok, Thailand, ⁵School of Translational Medicine, Monash University, Australia, ⁶London School of Hygiene and Tropical Medicine, United Kingdom, ⁷La Trobe University, Australia, ⁸Alfred Health, Australia, ⁹Monash University, Australia, ¹⁰NSW Health, North Coast Sexual Health Services, Australia, ¹¹FHI 360, Washington, DC, USA, ¹²Melbourne Sexual Health Centre, Alfred Health, Australia, ¹³The University of North Carolina at Chapel Hill Project-China, Guangzhou, China

Background:

Long-acting injectable cabotegravir (CAB-LA) for HIV pre-exposure prophylaxis (PrEP) has received regulatory approval in Australia but is not yet available. This analysis aims to assess demand for CAB-LA, and characteristics of participants who are likely to use CAB-LA.

Material and methods:

An online cross-sectional survey was conducted in Australia between May-November 2022 among gay, bisexual, and other men who have sex with men (GBMSM) aged 18 or over, and self-reported not living with HIV. The survey asked about willingness to take various forms of PrEP. Demographic and behavioural characteristics of participants who were willing to take CAB-LA were compared with those who were not willing using logistic regression.

Results:

We recruited 1,687 GBMSM in this study. The mean age was 40.2 years (SD=12.7). Most participants identified as gay (n=1,294, 76.7%) or bisexual (n=296, 17.6%). In our sample, 1070 (66.2%) had ever taken PrEP, 359 (21.7%) had heard of CAB-LA prior to the survey, and 423 (25.1%) were willing to take CAB-LA. There were 654 (40.3%) participants who would use CAB-LA if they could switch back and forth with other forms of PrEP. Participants were significantly more likely to be willing to take CAB-LA if they were employed full-time (aOR=1.41, 95%CI=1.05-1.88), had ever taken PrEP (aOR=1.95, 95%CI=1.36-2.79), had \geq 11 sexual partners in the last six months (compared to fewer; aOR=1.52, 95%CI=1.16-2.01), knew some people on PrEP (aOR=1.54, 95%CI=1.13-2.09), would consider trying CAB-LA if it were more effective than oral PrEP (aOR=2.04, 95%CI=1.44-2.88), and believed that CAB-LA would be more effective than event-driven PrEP (aOR=1.49, 95%CI=1.10-2.01).

Conclusions:

A quarter of Australian GBMSM were willing to use CAB-LA. Flexibility in switching between PrEP options was important for participants. Further research is needed on

how to effectively switch between different PrEP options to develop guidance for PrEP implementation once CAB-LA is available.

Disclosure of Interest Statement:

This study was supported by funding from the World Health Organization, the Kirby Institute, the Outstanding Young Scholars Support Program, ViiV Healthcare, the NSW Ministry of Health, the MAC AIDS Fund, and the Australian Government Department of Health.