MISSED OPPORTUNITIES FOR HIV PRE-EXPOSURE PROPHYLAXIS (PREP) AT SYDNEY SEXUAL HEALTH CENTRE

Authors:

Atefi D¹, Bourne C^{1,2}, Watchers-Smith L², McIver R¹.

¹ Sydney Sexual Health Centre, Sydney, Australia ² The Kirby Institute, UNSW Sydney, Australia <u>david.atefi@health.nsw.gov.au</u>

Word count 294/300

Background/Purpose:

PrEP is an effective HIV prevention method and a priority of the NSW HIV Strategy, 2016-20. A high uptake of PrEP among NSW gay and bisexual men (GBM) at ongoing risk for HIV is thought to have contributed to the recent decline in new HIV diagnoses among GBM. However, to sustain this decline, all high risk GBM need to be identified, have a discussion and be offered PrEP. So, we aimed to quantify the uptake of PrEP and identify missed PrEP opportunities at Sydney Sexual Health Centre.

Methods:

We conducted a retrospective medical record review of GBM and trans people at high risk (defined as recent rectal chlamydia, rectal gonorrhoea or infectious syphilis) for HIV acquisition attending Sydney Sexual Health Centre (SSHC) between June 1 and December 31, 2017. Data variables included PrEP use, PrEP discussions, demographic and behavioural characteristics.

Results:

Of the 596 clients diagnosed with rectal chlamydia, rectal gonorrhoea or infectious syphilis during the study period, 15 (2.5%) were considered low risk for HIV (one HIV+ partner with undetectable viral load, partner on PrEP or oral-anal/digital sex only) and were excluded. Of the remaining GBM, 69% (401/581) were taking PrEP. 76% (136/180) of PrEP-naïve GBM had at least one PrEP discussion of whom 46% (63/136) recorded an intention to start PrEP, 38% (52/136) declined PREP and 14% (21/136) without clearly documented intentions. The remaining 44/180 (24%) had no recorded PrEP discussion ('missed opportunities'). Or, of all high risk GBM, 8% were missed PrEP opportunities.

Conclusion:

While large numbers of GBM were taking PrEP, 24% PrEP-naïve GBM missed opportunities for PrEP discussion at SSHC. PrEP should be a standard component of treatment and follow-up care of GBM with rectal STIs and infectious syphilis. Clinicians may benefit from electronic medical record prompts when patients attend for treatment.

Conflicts of Interest: None