

WOULD HIV PRE-EXPOSURE PROPHYLAXIS (PREP) USERS ATTENDING SEXUAL HEALTH SERVICES BE WILLING TO TRANSFER THEIR CARE TO GENERAL PRACTICE?

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Background: Since 2018, Australian GPs can prescribe Medicare-subsidised HIV PrEP, but patients in Western Sydney are hesitant and may have barriers accessing GP care. We investigated PrEP use, experiences with GP care, and willingness to engage with GPs for ongoing PrEP follow-up among gay and bisexual men-who-have-sex-with-men (GBMSM) at WSSHC.

Methods: From 11 March 2024 to 13 March 2025, WSSHC saw ~800 PrEP users. Potential participants were invited to complete a voluntary, anonymous online survey. They provided sociodemographic details, PrEP use, prior GP care, and attitudes towards it. We analysed factors associated with willingness to receive PrEP care from GPs and join the AdaptPrEP cohort to receive GP-based PrEP follow-up. We report odds ratios with 95% confidence intervals.

Results: Of 401 survey participants, 70.2% were younger than 40, 55.3% were overseas-born, 27.3% lived in Australia <5 years, 16.7% were Medicare-ineligible; 22.7% were on PrEP for under a year, and 51% used it daily. Over half (57.3%) were unwilling to visit GPs for PrEP care, citing preferences for sexual health clinics (SHC), discomfort discussing sexual practices with GPs, and concerns about GPs' understanding of sexual health issues. Overall, 305 (76%) GBMSM previously received PrEP from GPs and 57% rated them positively. Willingness to see GPs for PrEP was associated with prior GP experience (OR=1.81;95%CI:1.13-2.90), positive rating of that experience (OR=3.93;95%CI:1.65-9.38), and age<30 (OR=2.05;95%CI:1.27-3.31). South-Asian-born men were less likely to join the AdaptPrEP cohort than Australian/NZ-born, primarily due to Medicare-ineligibility (66%vs.96%,p<0.001).

Conclusion: Follow-up with GPs can offer more convenient and acceptable access to PrEP. In Western Sydney, younger GBMSM and those with positive prior experiences are more likely to see GPs. However, patients without Medicare and those born in South-Asia prefer SHC. These findings underscore the need for differentiated PrEP care, as well as GP training and raising awareness about PrEP-care options.

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