

NOT ELIGIBLE BUT STILL RISKY: UNDERSTANDING THE REASONS PREPX PARTICIPANTS WERE ENROLLED AT CLINICIANS' DISCRETION

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Background: HIV pre-exposure prophylaxis (PrEP) is highly effective at reducing HIV transmission risk. The 2015 Australian PrEP guidelines use criteria based on behaviour, history of sexually transmitted infections (STI) and methamphetamine use in the previous three months to determine eligibility. The PrEPX study used these criteria for study eligibility but allowed clinicians discretion to enroll participants not meeting these criteria. We explore HIV risk and other reasons for clinician discretion enrolment.

Methods: We identified participants enrolled through clinicians' discretion between July 2016 and January 2017 and conducted thematic analysis on clinicians' free-text responses to explore reasons for discretionary enrolment. We also evaluated baseline STI positivity and ACCESS self-reported behavioural survey results to determine STIGMA guidelines high HIV risk criteria (>10 anal sex partners, condomless anal sex, group sex, methamphetamine use in past six months) to reassess risk among participants not meeting PrEP prescribing guidelines.

Results: 797 of the 2498 participants (31.9%) were enrolled at clinicians' discretion. Only 82 (10.3% of participants enrolled at clinician discretion, 3.4% of all PrEPX participants) did not have an STI diagnosis at baseline nor a history of high HIV risk identified by the clinician or in their behavioural survey. The most common reasons for discretionary enrolment were seeking the 'added protection of PrEP' (39%), reporting a history of sexual risk beyond the three-month recall period (30%), for psychological or emotional benefit (e.g. HIV related anxiety) (18%) and participant perceived/intended future HIV risk (8.7%). Of participants enrolled at discretion, 13.5% of participants tested positive for an STI at baseline and 40.7% reported high-risk behaviour in the past six months.

Conclusions: These data highlight the diverse reasons participants were enrolled by discretion. Almost all participants enrolled by discretion were at high HIV risk. These findings support the revised 2017 version of the ASHM PrEP guidelines that include discretionary PrEP prescription.

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