

Enrolment characteristics of an Australian HIV pre-exposure prophylaxis intervention study across three states.

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Introduction:

In Australia, HIV pre-exposure prophylaxis (PrEP) has been delivered primarily through demonstration studies prior to its listing on the Pharmaceutical Benefits Scheme in April 2018. The PrEPX study delivered PrEP across three states: Victoria, South Australia and Tasmania whose populations and annual HIV notifications are 5.7 million, 1.7 million, 0.5 million and 300, 40, 20 cases, respectively. We describe PrEPX baseline enrolment data across the states to explore state level differences that may inform the national rollout of PrEP.

Methods:

First 12 months of data in Victoria (VIC, July2016-June2017), South Australia (SA, May2017-April2018) and nine months in Tasmania (TAS, August2018-April2018) were extracted from study enrolment database. Characteristics of study sites and participants are described with difference assessed using Chi squared analysis. Statistical significance $p < 0.05$.

Results:

Victoria enrolled 3323 participants in over 12 study sites across the state; South Australia enrolled 656 in four sites and Tasmania enrolled 182 participants in four sites across the state. Following study commencement 50% of study places were filled within two months across the three states. Almost all participants are cis-gendered men reporting male to male sex. No difference in age was observed across the states. Differences were observed in sexuality (gay identity VIC 94%; SA 86%; TAS 88% $p < 0.01$), Aboriginal or Torres Strait Islander (ATSI) status (VIC: not recorded; SA 3%; TAS 7%, $p = 0.02$), recent methamphetamine use (VIC 14%; SA 11%; TAS 4%, $p < 0.1$), previous PrEP use (VIC 25%; SA 13%; TAS 29%, $p < 0.01$), and previous post-exposure prophylaxis use (VIC 40%; SA 39%; TAS 23%, $p < 0.01$).

Conclusion:

Rapid enrolment rates were observed across the three sites. Differences between the states in self-reported sexuality, ATSI status, and methamphetamine use likely reflect differences in local epidemics and highlight the need for prevention programs that are tailored to jurisdictions.