Pre-exposure prophylaxis (PrEP) indication, use, and adherence among transgender women in eastern and southern US: Interim findings from the LITE cohort, 2018-19

Andrea Wirtz¹, Tonia Poteat^{2*}, Ken Mayer³, Asa Radix⁴, Erin Cooney¹, Christopher Cannon⁵, Allan Rodriquez⁶, Andrew Wawrzyniak⁶, Jason Schneider⁷, Sonia Haw⁷, Chris Beyrer¹, Keri Althoff¹, Oliver Laeyendecker¹, Sari Reisner^{3,8,9}, and the American Cohort to Study HIV Acquisition among Transgender Women (LITE) Study Group

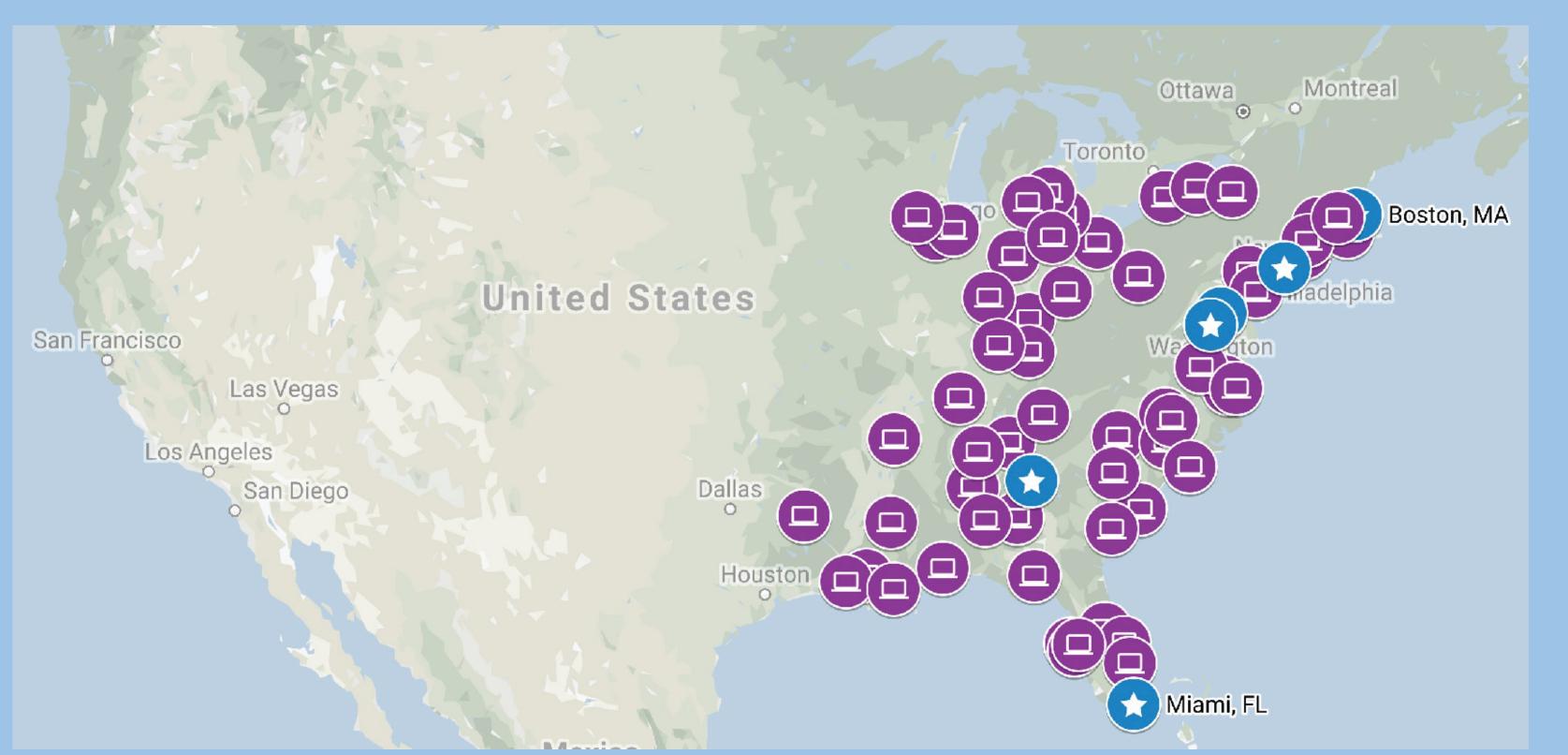
¹Johns Hopkins University School of Public Health, Baltimore, US, ²University of North Carolina School of Medicine, Chapel Hill, US, ³The Fenway Institute, Boston, US, ⁴Callen-Lorde Community Health Center, New York, US, ⁵Whitman Walker Health, Washington, DC, US, ⁶University of Miami Miller School of Medicine, Miami, US, ⁷Emory University, Grady Hospital, Atlanta, US; ⁸Boston Children's Hospital, Boston, US, ⁹Harvard T.H. Chan School of Public Health

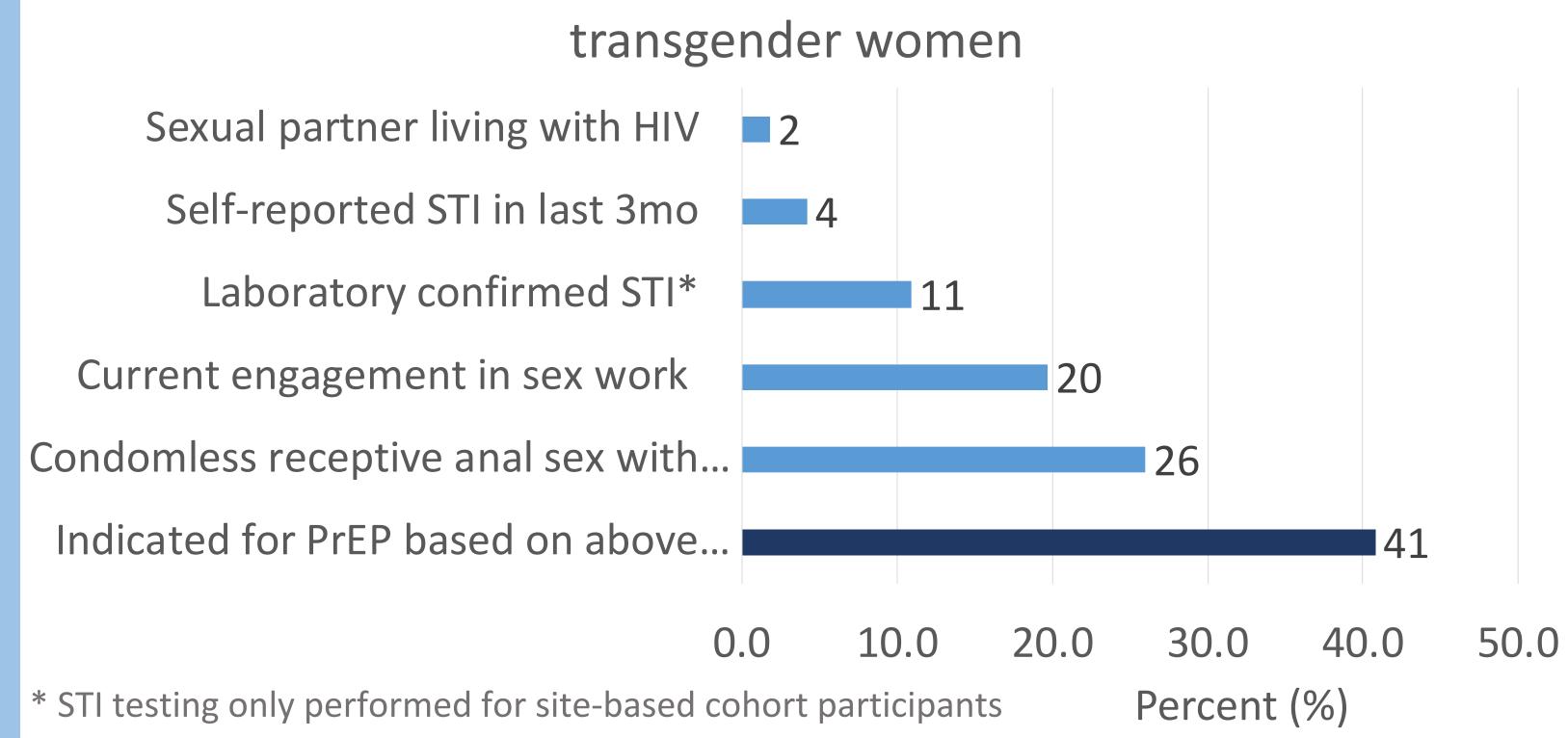
TUPEC482

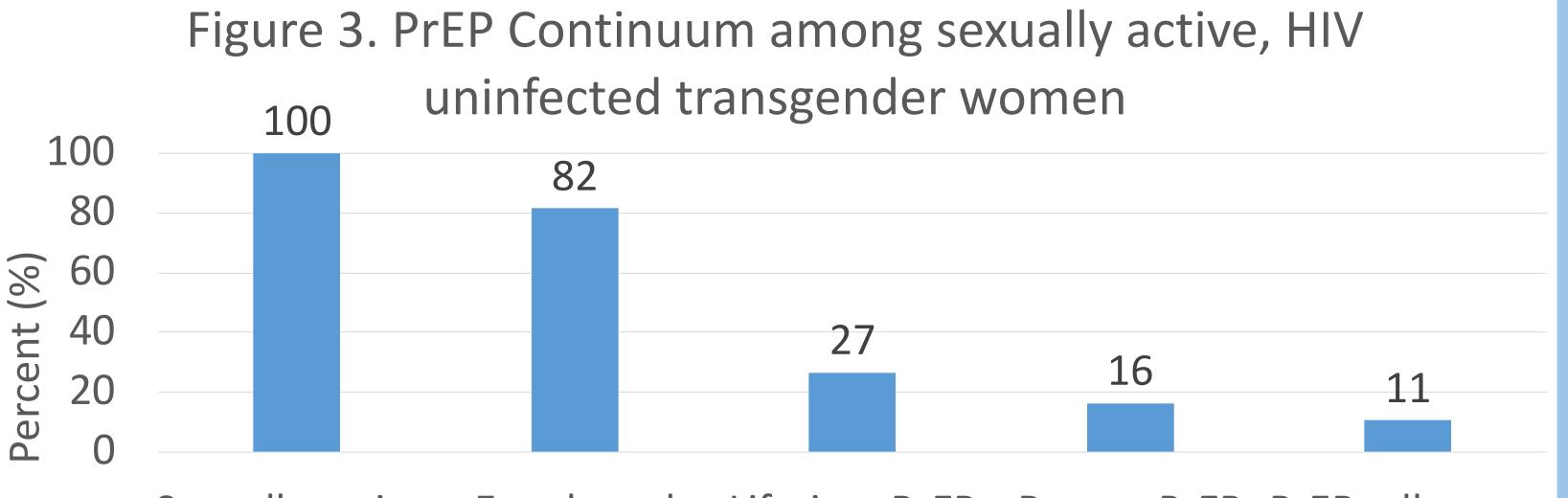
Introduction and Objectives

Figure 2. PrEP indication among HIV uninfected

- Transgender women (TGW) in the U.S. experience a disproportionate burden of HIV
- Effective and acceptable prevention interventions, including PrEP are warranted
- The LITE study is a multi-site cohort of TGW across eastern and southern U.S. cities assessing HIV acquisition
- This analysis aims to describe baseline patterns of PrEP use and experiences among TGW enrolled in the LITE cohort to-date.







Sexually active Ever heard Lifetime PrEP Recent PrEP PrEP adherent

Figure 1. LITE study sites (Blue: Boston, New York City, Baltimore, Washington DC, Atlanta, and Miami) and online cohort locations (purple)

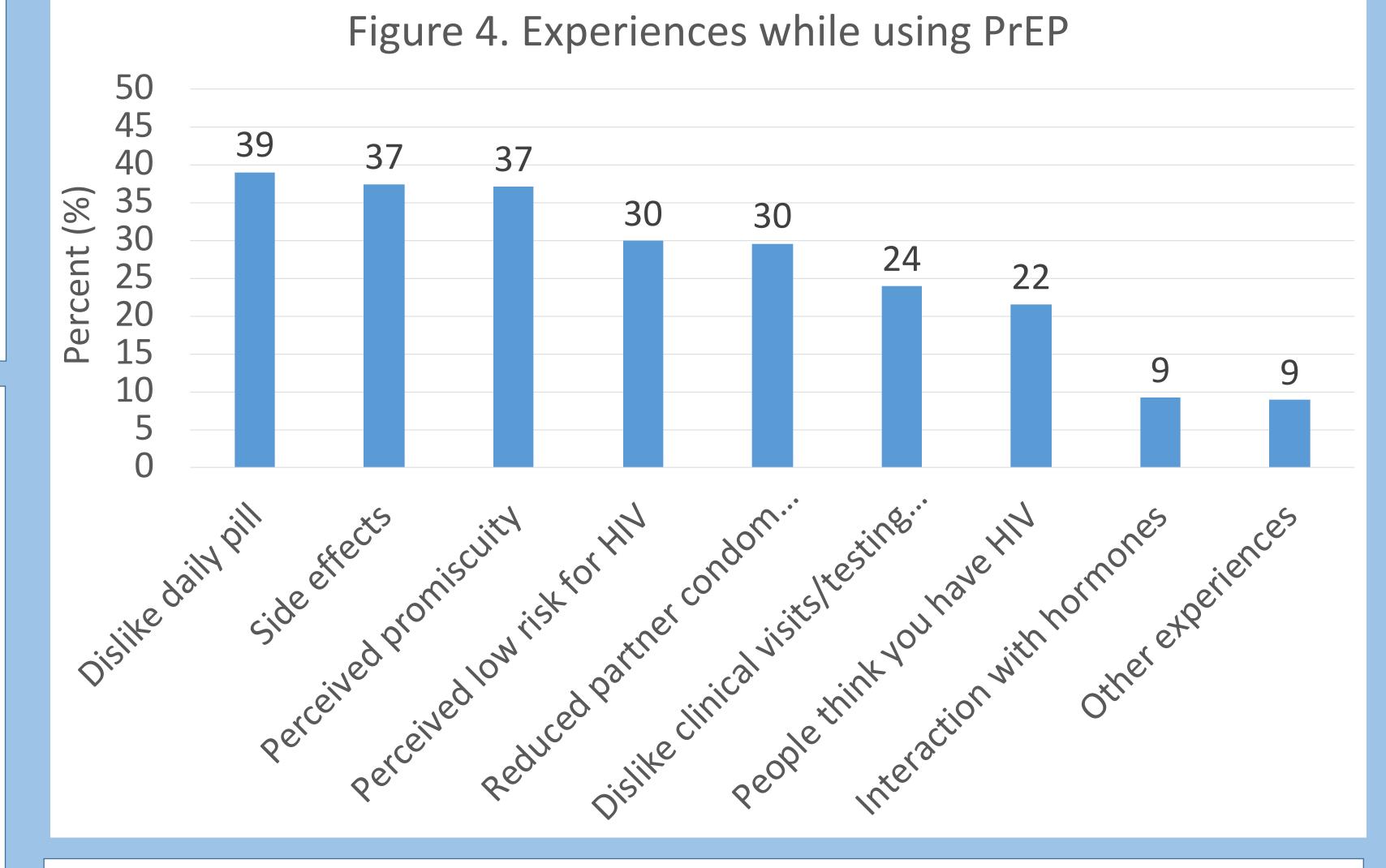
Methods:

- Adult TGW, regardless of HIV status, were recruited and enrolled into a baseline cohort screening visit.
- Candidate participants can participate in-person in six cities (Boston, New York City, Baltimore, Washington DC, Atlanta, and Miami) or online in over 50 eastern and southern cities.
- Participants completed a socio-behavioral survey (English or Spanish), oral HIV screening with confirmatory testing, and STI testing (Neisseria gonorrhea, Chlamydia trachomatis, syphilis).
- Participants with negative HIV test results are eligible to continue in the cohort, which includes surveys and HIV self-tests conducted every 3months and STI testing* every 12months for 24months.

in last 12mo. about PrEP use use (last 30 (7 pills/week) days)

Results:

 Controlling for in-person or online cohort status and Medicaid expansion, current PrEP use was more common among participants who were currently engaged in sex work (aOR: 2.3; 95%Cl: 1.4-3.7), and report substance misuse (DAST >3; aOR: 1.7; 95Cl: 1.1-2.8). Participants who were aged 18-24 were less likely to report PrEP use (aOR: 0.6; 95%Cl: 0.3-0.9)



Results:

- Enrollment for the in-person cohort launched in March 2018 and the online cohort launched in January 2019.
- As of June 2019, 1,125 TGW completed the baseline visit inperson (70%) or online (30%)
- Among HIV-uninfected participants, 41% met modified CDC indications for PrEP (Figure 2)
- Of those PrEP indicated, 24% reported using PrEP within the last 30 days (13% of all HIV-uninfected).
- 6% reported PEP use within the last 3 mo.
- 97% of current PrEP users reported exogenous hormone use.
- 65% of current PrEP users reported adherence based on zero missed doses in prior 7days.
- 18% of participants (any HIV status) reported lifetime PrEP use; experiences on PrEP varied (Figure 4)

Conclusions:

- Almost half of HIV-uninfected TGW in this study met clinical indication for PrEP use, but current use was low.
- Findings highlight the need to address concerns about PrEP and investigate innovations in demand generation and distribution
- Monitoring PrEP use over time among cohort participants will provide insight into PrEP use patterns and adherence among TGW in the U.S.



We would like to express our gratitude to the transgender women who take part in this study. This study would not be possible without their participation. Research reported in this publication was jointly supported by the National Institute Of Allergy And Infectious Diseases, the National Institute of Mental Health, and the National Institute of Child Health and Human Development of the National Institutes of Health under Award Number UG3AI133669 (Wirtz/Reisner). The LITE study is also appreciative of support from the Centers for AIDS Research (CFAR) at partner institutions including: Johns Hopkins University (P30AI094189), Emory University (P30AI050409), Harvard University (P30AI060354), DC CFAR (AI117970), and the University of Miami (P30AI073961).

