

## Background

Pre-Exposure Prophylaxis (PrEP) has changed the landscape of HIV prevention. We examined barriers to access and adherence experienced by patients in the PrEP program of a large urban clinic and the potential for tenofovir urine testing to promote adherence to PrEP.

## Methods

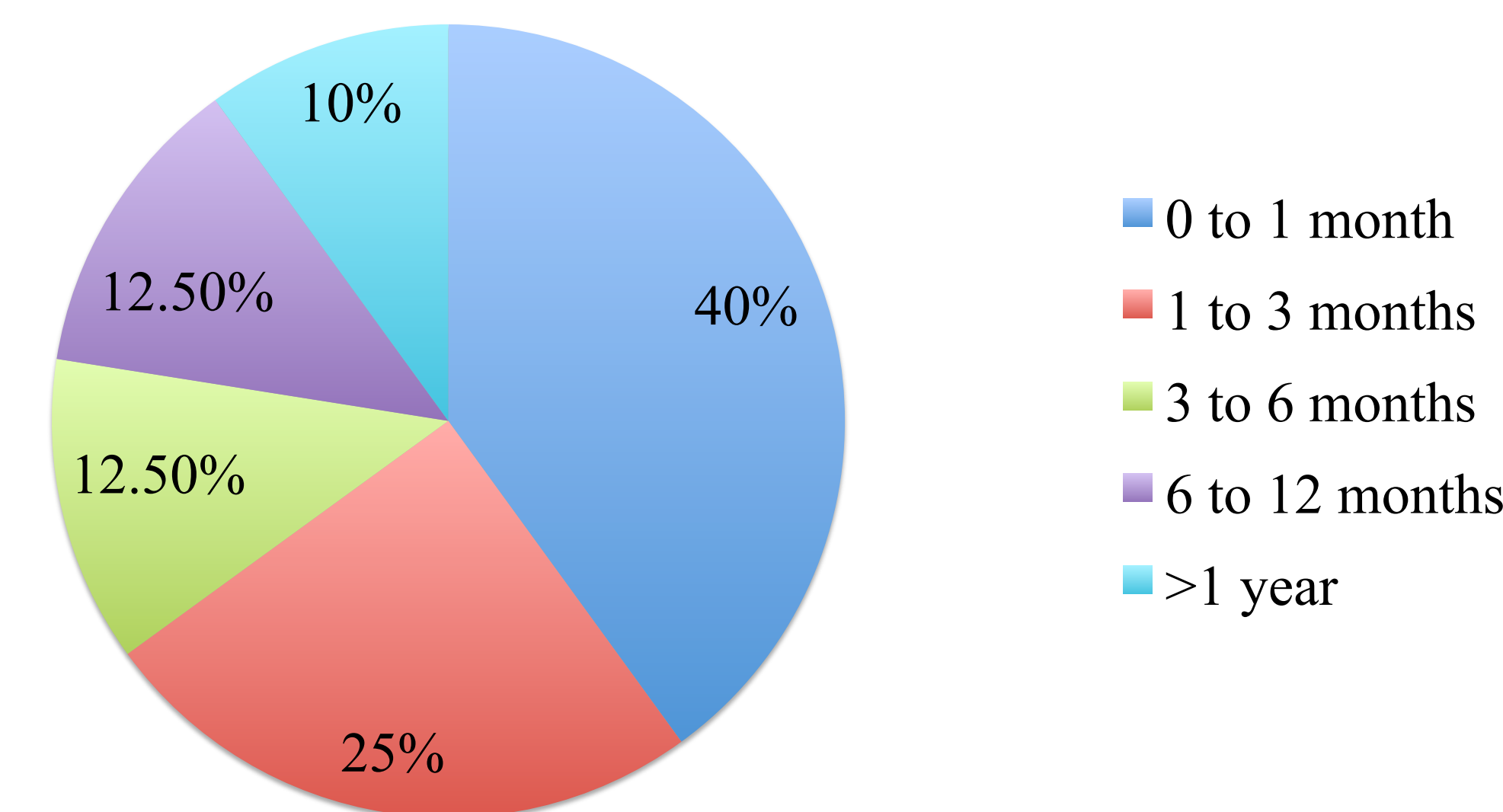
Subjects age 18+ and currently prescribed PrEP were recruited from an single urban health center's youth PrEP clinic and asked to complete an anonymous, unincentivized survey in-person or via Qualtrics. The total target population was approximately 250 individuals, and results were analyzed using t-tests, X<sup>2</sup> tests, and ANOVA.

## Demographics (n=40, mean age 22)

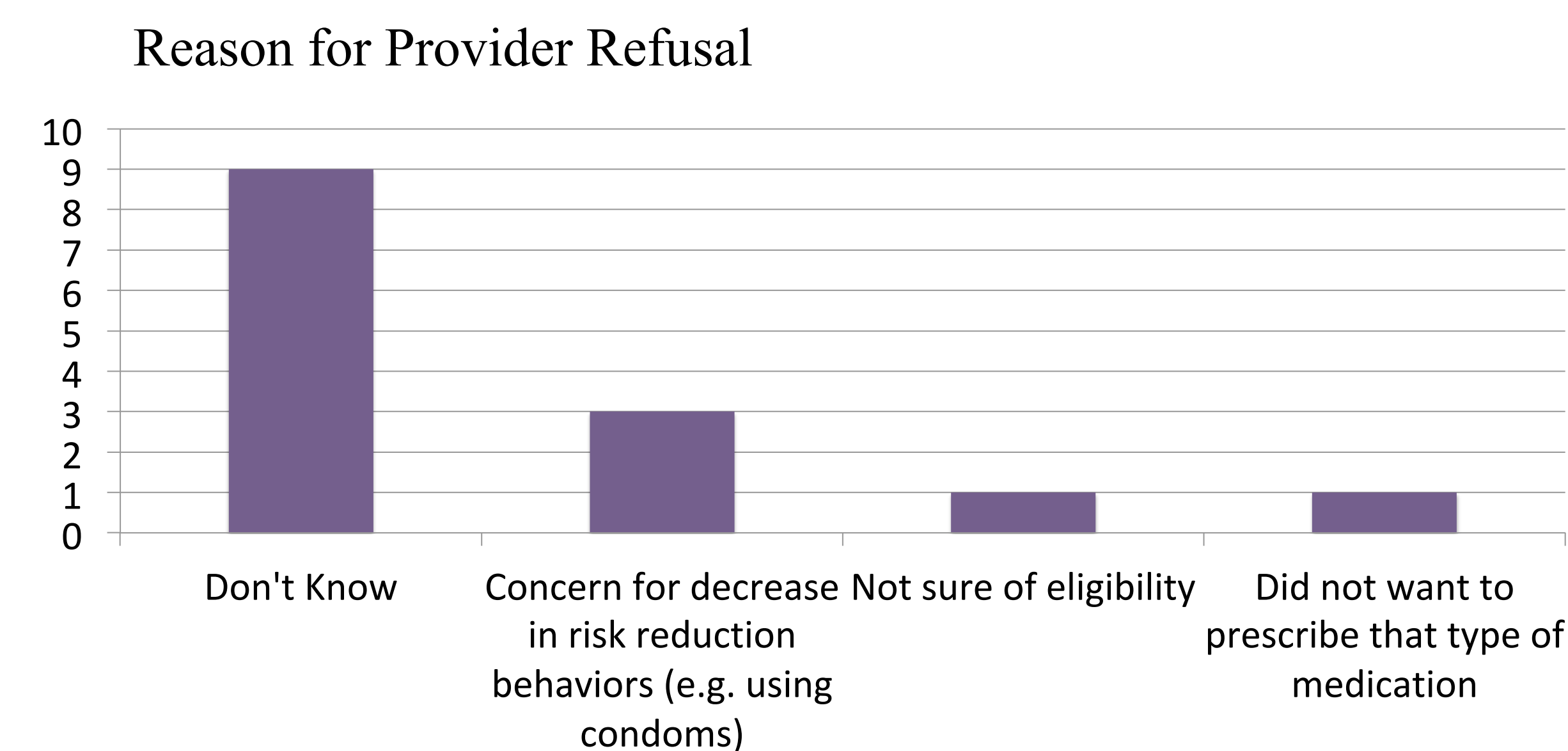
Race (Select all that apply)	
Black	26 (65%)
White	13 (32.5%)
Native American	2 (5%)
Other	2 (5%)
Ethnicity	
Hispanic/Latinx	10 (25%)
Sex assigned at birth	
Male	35 (87.5%)
Female	5 (12.5%)
Current Gender Identity Descriptors (Select all that apply)	
Male	32 (80%)
Female	5 (12.5%)
Genderqueer/Non-binary/Genderfluid or Transgender	3 (7.5%)
Sexual Behavior	
MSM	35 (87.5%)
Mean Number of Sexual Partners	5.9
Median Number of Sexual Partners	4

## Results

Time to PrEP Initiation



35% (n=14) of participants had a provider refuse to prescribe PrEP:



Access and Stigma	% Yes	95% CI
Did you experience any stigma or judgment from your provider in trying to get a PrEP prescription?	5.1	0 to 12.0
Did you feel comfortable telling your friends you were starting PrEP?	80.0	67.4 to 92.6
Did you feel comfortable telling your family that you were starting PrEP?	65.0	50.0 to 80.0
Did you feel that you had enough information and the right resources to figure out how to get a PrEP prescription?	92.5	84.2 to 100.0

- 44% of patients reported the most common barrier to taking PrEP was remembering
- Average of 0.87 missed doses of PrEP per week (95% CI: 0.61 to 1.13)
- Participants not comfortable telling friends they use PrEP reported missing more doses of PrEP weekly than those comfortable disclosing (1.44 vs .73,  $p=.0064$ )
- Black participants reported more missed doses than non-Blacks (1.15 compared to 0.31,  $p < .001$ )

Urine Tenofovir Testing Utility: Likert Means, 1= least 5 = greatest willingness/worry/likelihood	AVG	95% CI
How willing would you be to take a blood test (finger prick) every 3 months to see if you are taking PrEP correctly?	4.05	3.69 to 4.41
How willing would you be to take a blood test (drawn from your arm vein) every 3 months to see if you are taking PrEP correctly?	3.75	3.31 to 4.19
How willing would you be to take a hair test (submitting 50-100 pieces of hair from your head or pubic region) every 3 months to see if you are taking PrEP correctly?	3.10	2.57 to 3.63
How willing would you be to take a urine test (urinate in a cup) every 3 months to see if you are taking PrEP correctly?	4.42	4.12 to 4.72
How worried would you be that your urine would be drug tested when collected?	1.90	1.42 to 2.38
If you hadn't been taking your PrEP, how likely is it that you would start taking it within 24 hours of your lab appointment just to "pass the test"?	2.34	1.81 to 2.87

• Participants indicated greater willingness to undergo urine tenofovir testing compared to finger prick, phlebotomy, or hair testing ( $p < .001$ ,  $F=6.76 > F_{crit}=2.66$ ).

• 89.7% of subjects reported it would be helpful if a urine adherence test were included in routine PrEP testing, with the majority preferring to have the test monthly (31.4%) or every 3 months (45.7%) vs. more/less frequently

• Few participants reported significant concern about urine being drug tested (23.1%), but subjects age 18-22 reported more concern, compared to older participants.

• 60.5% of subjects reported being unlikely to resume taking their PrEP before their appointment to "pass the test," although subjects 18-22 were slightly more likely than older participants.

## Conclusions

Youth accessing PrEP at a major PrEP prescribing center report being able to start PrEP quickly, with the major barrier being remembering to take the medication. Urine adherence testing was preferred over other methods and was welcomed by participants as part of routine testing on PrEP.