



XVII INTERNATIONAL AIDS CONFERENCE

3-8 August 2008 | Mexico City

CD-ROM Publication

Track C - Pre-exposure prophylaxis

CDC0377 - Off label PrEP use is rare among New England MSM, but interest is high

M. Mimiaga¹, P. Case², C. Johnson², S. Safren¹, K. Mayer³

¹Harvard Medical School / Massachusetts General Hospital and The Fenway Institute, Boston, United States, ²The Fenway Institute, Boston, United States, ³Brown University and The Fenway Institute, Boston, United States

Background: Animal studies have documented that antiretroviral prophylaxis may protect against HIV transmission. Pre-exposure prophylaxis (PrEP) could protect individuals engaging in repeated high-risk behaviors from HIV infection, but benefits might be limited by risk compensation and suboptimal adherence. The extent of preventive antiretroviral use among MSM is limited, although informal reports suggest it is happening. Understanding the demographic and behavioral predictors of intentions to use PrEP may prove useful to identify trial participants.

Methods: In 2007, 227 HIV-uninfected MSM were recruited through modified respondent driven sampling to obtain a diverse profile of New England MSM. Participants completed an interviewer-administered survey regarding prior PrEP use, intentions to use PrEP, demographics, sexual-risk history, and drug/alcohol use. Bivariate and multivariable logistic regression procedures examined predictors of intent to use PrEP in the future.

Results: The mean age was 41 (SD=9.1); 54% were non-White. One participant reported prior PrEP use (medication obtained from his HIV-infected brother). Nineteen percent had previously heard of PrEP, while 74% intended to use PrEP after being educated about its potential. Significant bivariate predictors of intent to use PrEP included: not having previously heard of PrEP (OR=2.0; p=.05), not having to pay for PrEP (OR=3.7; p=.02), <10 male sex partners (OR=2.2; p=.01), marijuana use (OR=2.2; p=.01), less education (OR=10.6; p=.02), no STI history (OR=1.8; p=.06), being less optimistic about HIV management (OR=.94; p=.05), and not meeting sexual partners on the Internet (OR=2.0; p=.03). In a multivariable model, significant predictors of intent to use PrEP included: not having to pay for PrEP (OR=3.2; p=.05) and less education (OR=7.7; p=.02).

Conclusions: Many New England MSM indicated an interest in using PrEP after learning about its potential, particularly if they could obtain PrEP at no expense. Less educated MSM seemed most amenable to using PrEP, necessitating careful educational messages for future efficacy trials; higher-risk MSM may need to be specifically targeted.

Presenting author email: mmimiaga@partners.org