

MyPrEP DECISION SUPPORT TOOL INCREASES PREP PERSISTENCE IN ADOLESCENT GIRLS AND YOUNG WOMEN ATTENDING AN URBAN PRIMARY HEALTH CARE CLINIC IN SOUTH AFRICA

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Background

- Decision support tools (DST) improve patients' risk perception, knowledge of options, and facilitate informed decision-making¹
- DSTs may benefit busy clinical environments, and support integration of new services – e.g. PrEP provision in primary health clinics – by providing standardized information and reducing provider counseling time

Methods

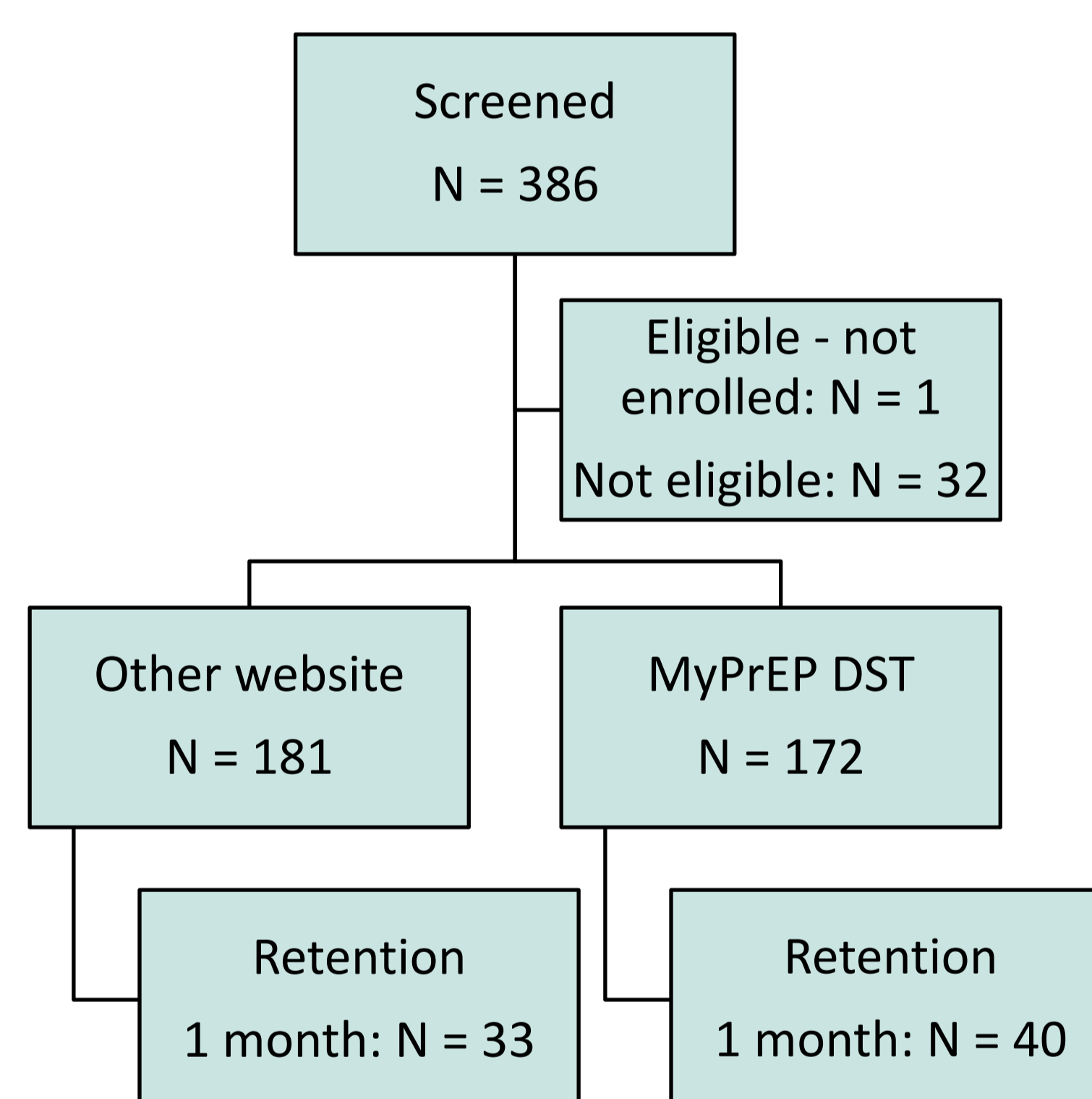
- Women ages 18-25, HIV-negative, presenting to a primary care clinic in Johannesburg South Africa in 2019-20, were randomized to a digital DST or a general health website
- MyPrEP DST: developed with significant end-user input; patient-facing & tablet-based, with youth-friendly images, young women's narratives about HIV prevention decision-making, and information about PrEP
- Study clinicians provided counseling and PrEP services consistent with national standards of care
- Participants completed surveys and STI testing
- PrEP initiation and persistence assessed at 1 month by review of pharmacy records



Results

Participants' reason for attending clinic the day they enrolled in MyPrEP evaluation:

- 57% for HIV testing
- 29% for family planning services



Characteristics of study participants by study arm

Characteristic	Overall (N = 353)	Other health website (N = 181)	DST (N = 172)
Age, years	21 (20, 23)	21 (19, 24)	21 (20,23)
Not married	344 (97%)	177 (98%)	167 (97%)
Any prior pregnancy	242 (69%)	126 (70%)	116 (67%)
Sexually active, past 3 months	353 (100%)	181 (100%)	172 (100%)
2+ sex partners	49 (14%)	21 (12%)	28 (16%)
Condom use			
Always	53 (15%)	22 (12%)	31 (18%)
Sometimes	214 (61%)	107 (59%)	107 (62%)
Never	85 (24%)	51 (28%)	34 (20%)
VOICE risk score (0-8)	6 (5,7)	6 (5,7)	6 (5,7)
Gonorrhea PCR positive at 1 st study visit	23 (7.9%)	12 (8.2%)	11 (7.6%)
Chlamydia PCR positive at 1 st study visit	99 (34%)	46 (32%)	53 (37%)

KEY RESULTS

- High PrEP initiation in both the DST and standard care groups; 97% DST vs. 94% control (p=0.2).
- At 1 month: PrEP persistence was 2 fold higher among women randomized to use of the DST compared to the control group (20% vs. 11%, OR 1.97, 95% CI 1.08-3.69, p=0.03).

Conclusions

- The MyPrEP DST resulted in two-fold higher PrEP persistence at 1 month among young women attending a South African primary health clinic.
- Study participants were generally not presenting for HIV prevention services, making findings notable.
- While overall PrEP persistence was low, findings suggest a brief, one-time intervention at PrEP initiation, such as a PrEP DST, may support young African women's informed decision-making about PrEP.
- MyPrEP should be evaluated with inclusion of newer PrEP options (dapivirine ring, injectable cabotegravir) and family planning methods.



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References: Stacey et al. Decision aids for people facing health treatment or screening decisions. *Cochrane Syst Rev.* 2014(1):Cd001431.