

2024 CHIPTS HIV NEXT GENERATION CONFERENCE

**Making the Switch: Impact of changing PrEP regimens
on Retention among Men who have Sex with Men in
Hanoi, Vietnam**

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Background

- Oral pre-exposure prophylaxis (PrEP) is a highly effective method for preventing HIV transmission
- **Daily PrEP:** One pill a day
- **Event-Driven PrEP (ED-PrEP):** Two pills 2-24 hours before sex, followed by one pill 24 hours and 48 hours later
- ED-PrEP is a cost-effective and convenient PrEP option for Men who have Sex with Men (MSM)
 - Recommended for individuals who engage in less frequent sex, can plan for sex in advance, or prefer not to take daily PrEP

Objective

- Prevalence of HIV among MSM in Vietnam continues to increase, despite low prevalence rates in the general population
- Daily PrEP has been offered in Vietnam since 2019; ED-PrEP was only recently approved in 2020
- This study examined how regimen switching between daily and event-driven PrEP (ED-PrEP) was associated with PrEP retention within a real-world PrEP program for MSM in Hanoi, Vietnam

Methods

Setting

- Sexual Health Promotion (SHP) clinic of Hanoi Medical University (HMU)
 - Largest PrEP clinic in Hanoi; has provided 4,425 clients with PrEP as of June 2023

Study Population

- PrEP clients (n=2909) between April 1, 2020, and February 21, 2023
- Analysis restricted to clients who were male at birth, identified as male, reported having sex with only men or both men and women, and returned for follow-up

Methods

Procedures

- Clients provided with PrEP counseling and prescribed either ED-PrEP or daily PrEP at enrollment (first visit)
 - Administered series of demographic and sexual behavioral questions
- Clients asked to return:



- At each visit, clients reported the type of PrEP used since their prior visit

Methods

Primary Analysis

- Clients grouped into 3 categories:
 1. Exclusive ED PrEP use (n=221)
 2. Exclusive Daily PrEP use (n=602)
 3. Switching between ED and Daily PrEP (n=602)
 - Switching refers to clients who switched PreP regimen at any point during follow-up
- Outcome: **First discontinuation** in the SHP PrEP program
 - Event in which clients did not return for a visit within 30 days of their next appointment date
 - A client was marked as “first discontinued” on the date of their last visit

Methods

Statistical Analysis

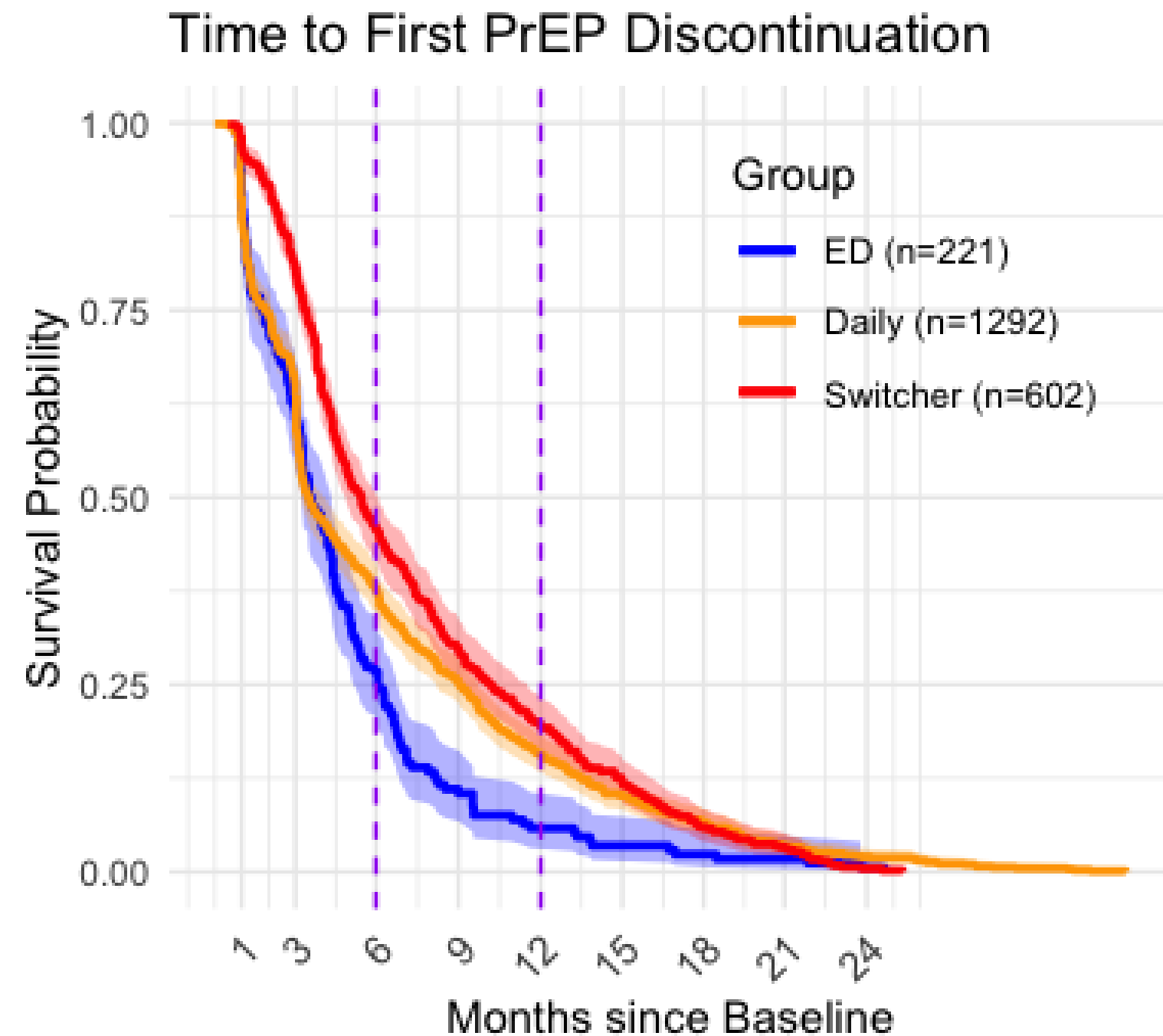
- Descriptive analysis to describe baseline characteristics and behaviors of clients
- Survival analyses using Kaplan-Meier curves to assess median time-to-first discontinuation within each PrEP group
 - Comparison of median survival among PrEP groups

Results

Baseline Characteristics by PrEP group

Baseline Characteristics	ED PrEP	Daily PrEP	Switched
Median Age (years)	23.1	24.64	23.7
Gender of Sex Partner			
Men	196 (88.7%)	1011 (78.3%)	508 (84.4%)
Men and Women	25 (11.3%)	281 (21.7%)	94 (15.6%)
# Sex partners (past 6 mo)			
1	79 (35.7%)	324 (25.1%)	161 (26.7%)
≥2	116 (52.5%)	917 (71.0%)	407 (67.6%)
Condomless sex with people having high HIV-related risks (past 6 mo)			
Yes	83(37.6%)	701 (54.3%)	313 (52.0%)
No	138 (62.4%)	591 (45.7%)	289 (48.0%)

Results



Kaplan-Meier Survival Curves by PrEP Group

Median Survival Times by PrEP Group

Group	Median Survival Time	Interquartile Range
ED Prep	105 days	80-204
Daily PrEP	104 days	119-411
Switched	136 days	123-386

- Median time-to-first discontinuation for those who Switched was longer than those who reported ED-PrEP and daily PrEP

Conclusions

- Switching between daily and ED-PrEP regimens was common, with more than 25% of clients in the HIV PrEP program switching their regimen
- Longer continuation of PrEP use among those who switched in comparison to those who continued with their original regimen
- Results support offering PrEP clients in global settings an option to switch regimens

Limitations and Future Directions

- Results not generalizable to all MSM in Vietnam
 - Developing strategies to include hard-to-reach populations who are at increased risk of acquiring HIV would greatly strengthen any future analyses
- Behavioral data collected by medical personnel as part of routine clinical care
 - Self-administered questionnaires may result in less underreporting of behaviors
- Analysis does not include instances of re-initiation of PrEP
 - Future studies could assess time-to-discontinuation among all initiation events

Questions?

Thank you!

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