

Bacterial STI Diagnoses as Missed Opportunities for HIV Pre-Exposure Prophylaxis

Archana Reddy, MD; Jorge Salazar, MD; Sarah Waldman, MD
UC Davis Health, Sacramento, CA, USA

BACKGROUND

- New HIV diagnoses in the United States have remained stagnant while the incidence has increased among certain groups;¹ additional efforts towards HIV prevention are needed.
- Most adults who could benefit from HIV Pre-Exposure Prophylaxis (PrEP) in the United States are not receiving it.^{2,3}
- Many of these individuals present for healthcare visits for bacterial sexually transmitted infection (STI)⁴, an indication for PrEP in both men who have sex with men (MSM) and heterosexual individuals⁵
- We sought to characterize healthcare visits for bacterial STIs at our institution and to identify missed opportunities for PrEP prescription.

METHODS

- A retrospective chart review was conducted for all healthcare encounters of adult patients newly diagnosed with a bacterial STI between January 1, 2017 and December 31, 2017 within the UC Davis Health electronic medical record.
- A bacterial STI was defined as a positive test result for gonorrhea, chlamydia, or syphilis.
- Patients were excluded if they had HIV, were pregnant or a prisoner, or if they were a woman or heterosexual man with a positive test result for chlamydia (not an indication for PrEP per CDC guidelines).
- Patient demographic, clinical, and visit-specific data were recorded; characteristics were described using frequencies for categorical variables, and median and quartiles for quantitative variables.

RESULTS

- 205 encounters for bacterial STI were identified as potential opportunities for PrEP.
- Figure 1: The majority of PrEP candidates presented to the emergency department for their STI (44%), while 40% and 16% of encounters occurred in outpatient and inpatient settings, respectively.
- Figure 2: The majority of PrEP candidates were not offered PrEP within 6 months of their encounter for STI (86%).
- Figure 3: Of the 28 PrEP candidates who were offered PrEP within 6 months of their STI diagnosis, the majority had presented to the outpatient setting for their STI (93%).

Figure 1: STI Visit Location

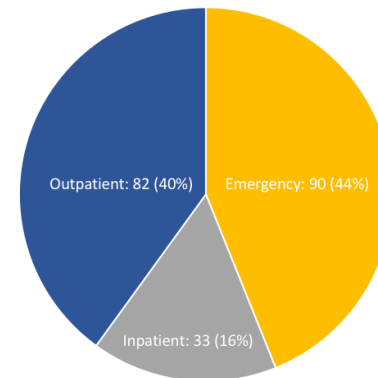


Figure 2: PrEP offered within 6 months of STI encounter?

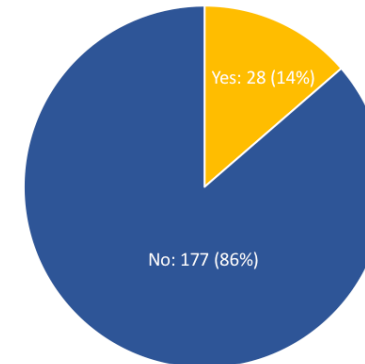
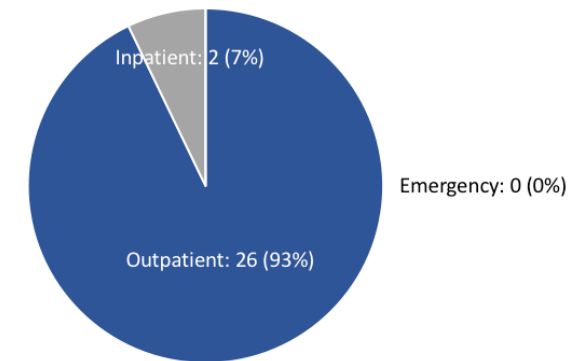


Figure 3: STI Visit Location of candidates who were offered PrEP



CONCLUSIONS

- Visits to the emergency department for bacterial STI represent a disproportionate number of missed opportunities for PrEP discussion and prescription.
- Future PrEP expansion efforts should address emergency department visits as opportunities for linkage to PrEP and/or PrEP prescription.

References:

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