

Pre-Exposure Prophylaxis (PrEP) Short-Term Retention Among Heavy Alcohol Users in Rural South Africa

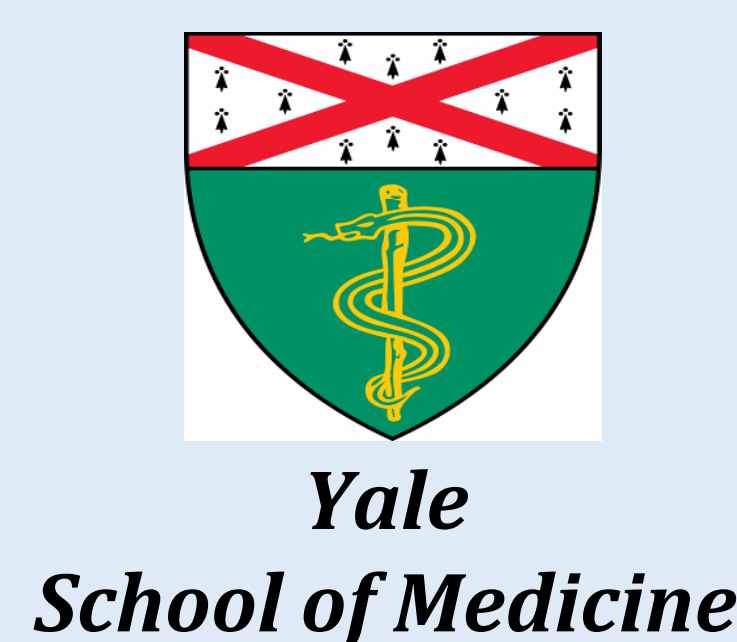
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Results

Table 1. Characteristics of PrEP Initiators (n=16)

Characteristic	n (%)
Male	15 (93.8)
Employed	5 (31.2)
Running water at home	9 (56.2)
Hazardous Alcohol Use	11(68.8)
Completed 1 mo follow-up visit	11 (68.8)

100%

Of sexually active participants retained in care reported inconsistent condom use

68.8%

PrEP initiators completing 1 month follow-up visit

63.7%

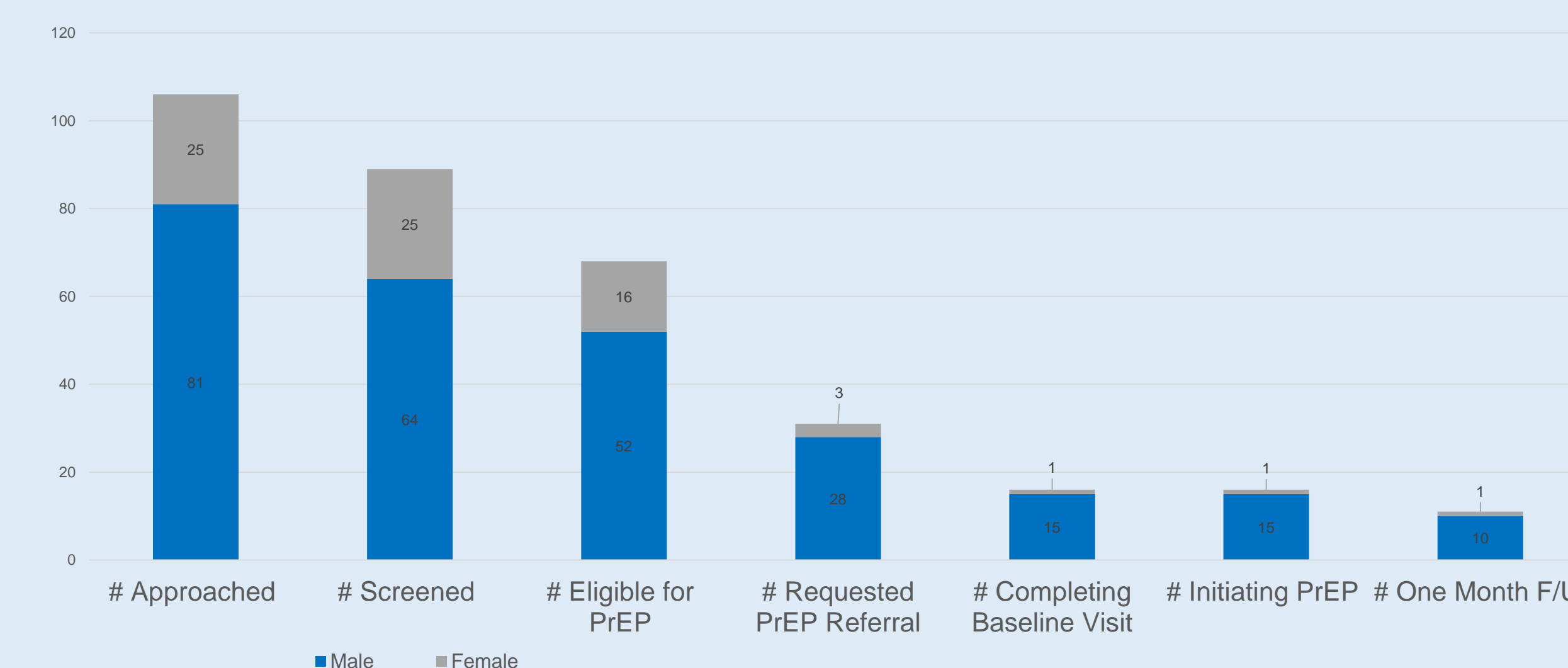
Percentage of participants who reported taking "all of my medication" (verified by pill count)



A majority of study participants met criteria for hazardous alcohol use

However, **alcohol use** did not correlate with lack of retention

PrEP Care Cascade Among Shebeen Patrons (n=108)



Conclusions & Future Directions

Young, heterosexual men engaging in risky behavior were interested and willing to engage in PrEP through a community based model.

The majority of participants were retained in care [& all reported good adherence] demonstrating the feasibility of a differentiated service delivery model to engage men in HIV prevention.

Hazardous alcohol use did not inhibit short-term retention in this small sample

Background



Despite widespread access to testing, young men remain difficult to engage in HIV services.



Alcohol use disorder, which has a 7% prevalence among men in South Africa, complicates engagement.



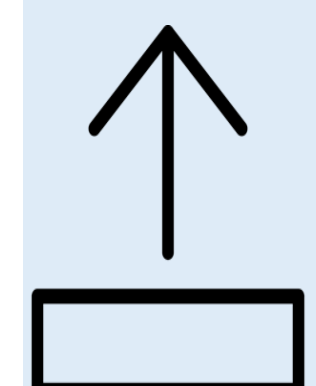
Congregate alcohol venues, known as *shebeens*, are an ideal place to engage with young men for testing, treatment & prevention.



There have been few successful interventions specifically targeting HIV prevention at alcohol venues



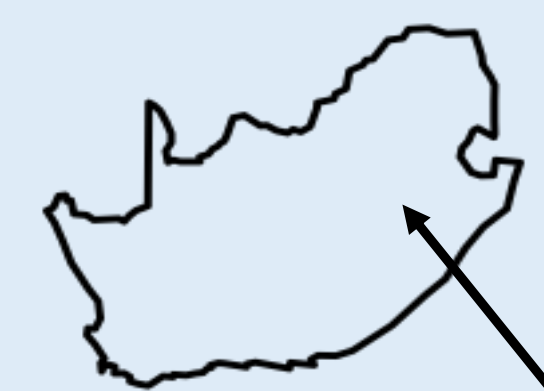
PrEP is a highly efficacious and safe biomedical option for HIV prevention



The biggest gap in the PrEP care cascade is uptake, especially for young, mobile individuals

Methods & Setting

All-male field team offered HIV testing at mobile clinics outside shebeens in rural Msinga sub-district of Kwazulu-Natal province.



Eligible patrons were offered enrollment into a community-based model of PrEP delivery



PrEP initiators completed AUDIT scale for hazardous alcohol use (defined as score >6 for women and >8 for men) and had dried blood spot analysis for an alcohol biomarker.



"Loss to follow-up" was defined as not attending 1 month follow up appointment, no response to 3 separate phone calls on 3 separate days, and unsuccessful tracing at least once at participant home address.



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