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1526. PrEP implementation in Houston, TX among high-risk heterosexuals and MSM

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Background. HIV pre-exposure prophylaxis (PrEP) has been proven to decrease risk of HIV transmission; however, demonstration of effectiveness in clinical settings is needed. A comprehensive HIV Prevention Clinic at Thomas Street Health Center (TSHC) in Houston, TX was established in July 2013, merging biomedical and behavioral prevention in a free-standing HIV clinic.

Methods. Patients ≥ 18 years old presenting for confidential walk-up rapid HIV testing at TSHC who tested negative, were assessed for high-risk and, if appropriate, were invited to participate in the HIV prevention clinic, which provides counseling, condoms, and PrEP as appropriate. Retrospective chart review of clinic data assessed

patient acceptance, successful linkage to care in prevention services, and retention in preventive services. Behavioral risk factors included sero-discordance, sexual orientation, injection drug use, or having multiple sex partners.

Results. Of the 477 HIV walk-up tests performed from July 2013 to May 2014, 52 patients (10.9%) were deemed at the highest risk by the HIV tester, and agreed to an appointment in the HIV prevention clinic. Over half the patients (52%) were women. Twenty-three patients (44.2%) had multiple partners. Forty-five patients (86.5%) were in a serodiscordant relationship, 10 patients (19.2%) were MSM, and zero patients reported injection drug use. Most patients (55.8%) relied on Harris Health System programs for subsidized cost of medical care and medication from pharmaceutical assistance programs. Nine patients (17.3%) had Medicaid and 4 patients (7.7%) had private insurance. Five patients (9.6%) eligible for PrEP declined the prescription. There were zero seroconversions. Two HIV positive patients were identified during baseline screening labs. Four patients were prescribed non occupational pre-exposure prophylaxis. In total, 36 patients (69%) attended their appointment, 19 patients (37%) completed at least one follow up appointment, and 12 patients (23%) started PrEP.

Conclusion. PrEP implementation for MSM and high risk heterosexuals in context of comprehensive preventive services is feasible in an urban HIV clinic. Like the treatment cascade, prevention efforts show a steep drop between patients initially deemed high-risk and those who are linked to and retained in care.

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