

PrEP Use Among Urban Canadian GBM for whom PrEP is Clinically Recommended:

Baseline Results from the Engage Cohort Study

WHY RESEARCH THIS TOPIC?

- Gay, bisexual, and other men who have sex with men (GBM) make up 2-3% of Canada's population, but represent almost half of all people living with HIV in the country.
- Pre-Exposure Prophylaxis (PrEP) – which involves an HIV-negative person taking HIV treatment to protect themselves from infection – is a highly effective strategy to reduce HIV transmission.
- Although PrEP is an important tool for eliminating HIV, barriers to GBM accessing PrEP remain.

HOW DID WE RESEARCH THIS?

- From 2017 to 2019, we recruited 2,449 GBM in Montreal, Toronto, and Vancouver, of which 1,159 participants met the clinical criteria to be recommended PrEP.
- Participation involved completing a questionnaire which measured the person's awareness, perception, and experiences with PrEP, followed by HIV/STBBI testing conducted by a research nurse.
- Although PrEP can be used periodically when needed, rather than taken every day, we considered overall PrEP use, making no distinction between continuous or “on demand” use.

WHAT DID WE LEARN?

- While half of the GBM in our study met clinical recommendations for PrEP, less than a quarter reported use. The majority were aware of PrEP, but only 39.2% (Montreal) to 56.1% (Toronto) perceived a need, indicating a substantial gap between PrEP awareness and use.
- The results of our study revealed that not using PrEP was associated with the following factors:
 - Barriers to health care (not having a health-care provider, comfort level with primary-care provider, not having medical insurance, cost)
 - Insufficient knowledge (not knowing enough about PrEP or where to get a prescription)
 - Perception of risk (in a relationship, not feeling at risk)
 - Concerns about taking medication (viewing PrEP as not completely effective, concerns about side effects)

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

- While the optimal target for PrEP use in the GBM population is unknown, our findings suggest sub-optimal use currently. The gulf between a participant's risk of HIV infection and perceived risk, as well as a participant's uncertainty around whether PrEP is appropriate and effective, outlines a need to enhance PrEP access and information.

- Improving access to PrEP should involve community information campaigns and peer-based programs to guide GBM regarding the scope of their HIV risk and the potential benefits of PrEP. This could affect PrEP motivations and create new prevention community norms.
- Removal of medication cost could also increase PrEP uptake.
- Work is needed to improve PrEP awareness among health-care providers and primary-care networks, including professional development programs on PrEP and general GBM sexual health.
- Despite high levels of PrEP awareness in the GBM population, a campaign that addresses perceptions and health system barriers is needed to scale-up PrEP access if Canada aims to eliminate HIV as a public health threat by 2030.

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