Projeto PrEP1519

PIs

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Representative PI-
Unitaid and WHO

PrEP1519 is a demonstration cohort study, co-funded by Unitaid and the Brazilian Public Health System, and implemented in three large capital cities: Salvador, Belo Horizonte and São Paulo.

Assesses effective and cost-effective ways to provide HIV PrEP and STI care for adolescent MSM and transgender adolescent girls 15-19 years old.

How can we create demand of PrEP and STI services in this complex context?

- Through peer educators (online and offline): LGBTQIA+ parties, mingling areas, bars, venues.
- Recruitment in schools: workshops; sexual education promotions.
- Referrals from NHS-Brazilian SUS services.
- Referrals from NGOs.
- Dating apps: Grindr, Tinder etc.
- By the indication of participants who are in PrEP;
- Amanda Selfie – Transgender chat bot
- Network invitation through Respondent Sampling Driven technique

QR code for accessing the paper
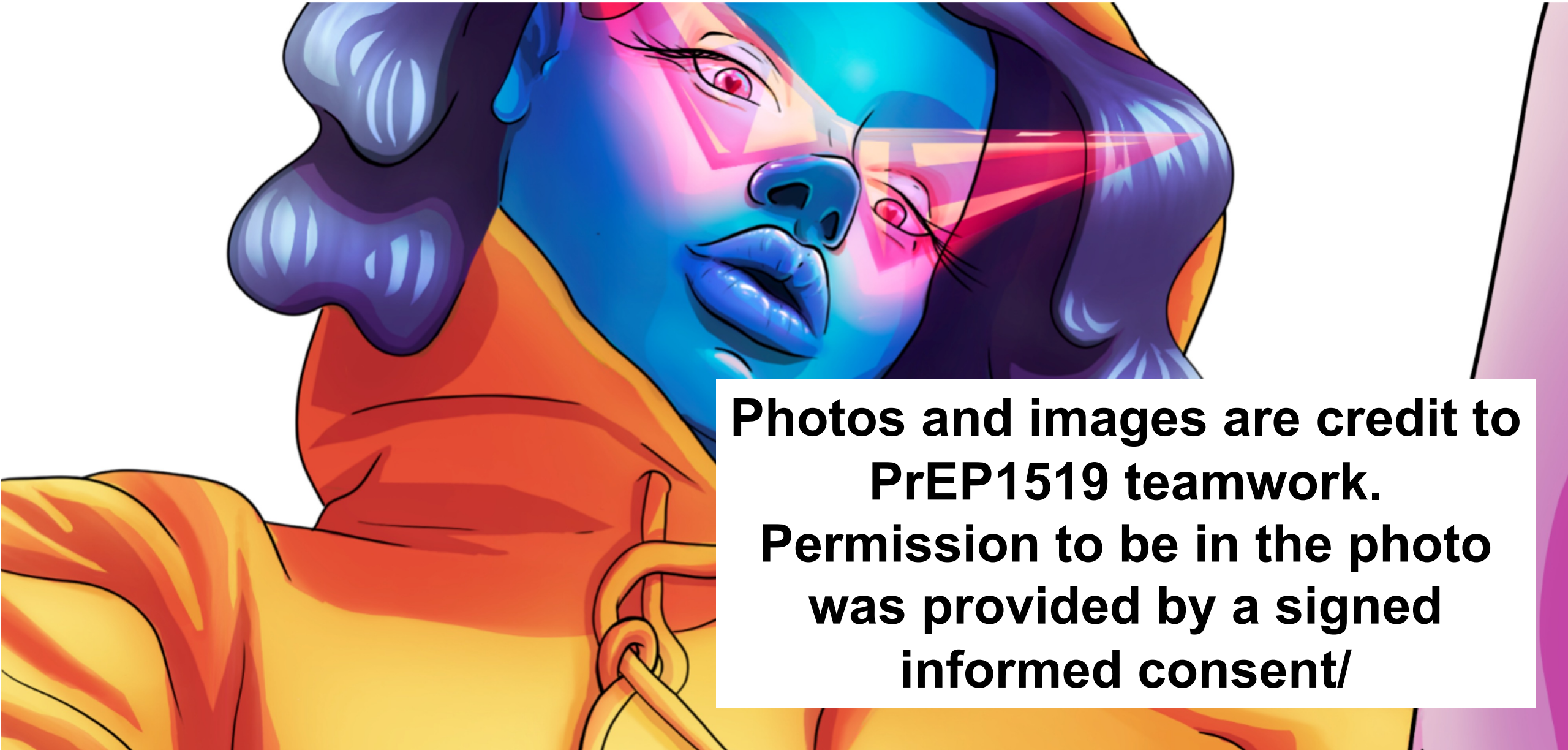
Photos and images are credit to PrEP1519 teamwork.
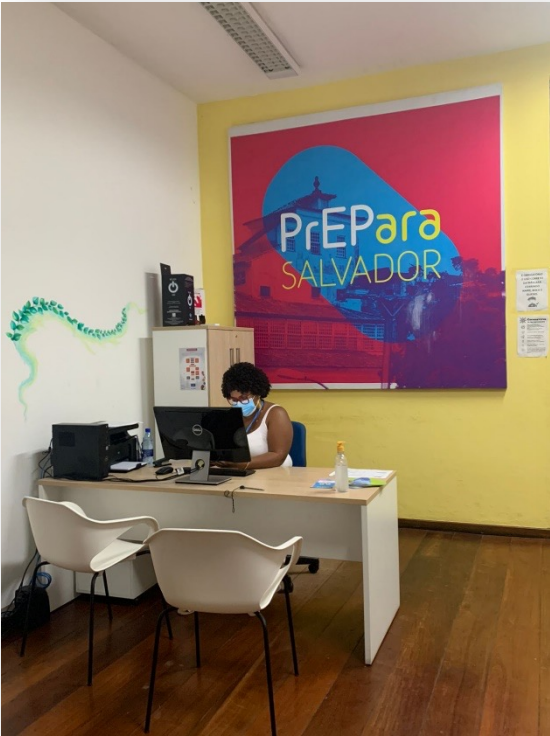Permission to be in the photo was provided by a signed informed consent/

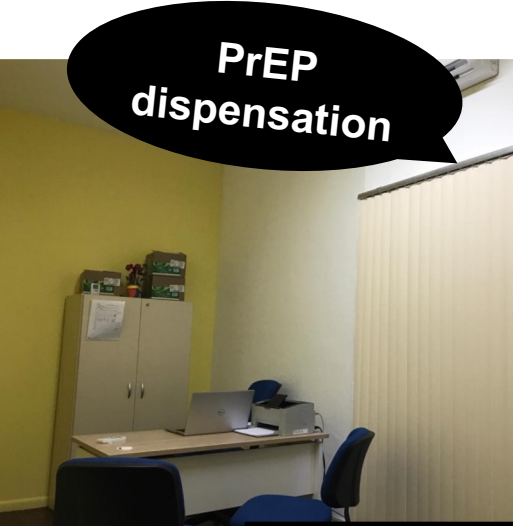# Environment matters!

St Cher Chapel

PrEPOs

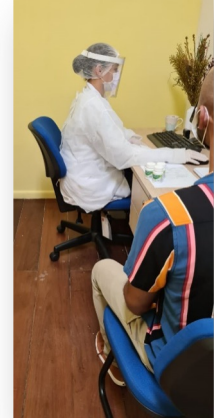Peer educators

A PrEP clinic beyond the clinical care

PrEP1519 Implementation Model: recruiting, enrolling and linking adolescents MSM and TGW to PrEP

Off-line

Peer educators –PE- working at youth venues
Schools
Community Mobilization
National Health System

HOW

On-line

Peer educators working in online platforms, hook-up apps; WhatsApp
Amanda Selfie- a chatbot
Boosting social media
Digital influencers

Reaching and engaging adolescents in PrEP and HIV testing

WHO

Demand Creation

- Communication material (cards, posters, PrEP emoji's, PrEPO mascot, Comics, Road Map
- Boosting on social media
- Kits for influencers.

PrEP Clinics

WHERE

Face-to-face services

- HIV (RT 4th generation) and STI testing;
- Linkage to care and treatment if screen positive for HIV
- Counselling and screen for mental health
- Psychological support;
- Medical, nursing care, and social work support;
- PrEP + condom dispensation;
- Post-exposure prophylaxis- PEP
- STI diagnoses and treatment POC (for syphilis)
- Referrals to vaccination to NHS

Telehealth services

- Telehealth by health providers;
- Clinical, laboratory and behavioral questionnaires – online interview;
- PrEP + condom + HIV self-testing sent to their preferred address;
- Online consultations to inform STI diagnosis and offer care; and to monitor PrEP continuation and adherence;

Mixed model of services delivery

WHAT

Proportion of MSM and TGW adolescents enrolled in PrEP and other prevention methods by the total population recruited in each demand creation strategy. PrEP1519, Feb.2019-Feb2021.

Paper

Strategy	% de inscritos em PrEP	% de inscritos em outra estratégia
Online	9,8	2,8
Presencial	20,7	5,2
Referência dos serviços	61,5	22,0
Referência de ONGs	10,4	5,9

■ % de inscritos em PrEP   ■ % de inscritos em outra estratégia
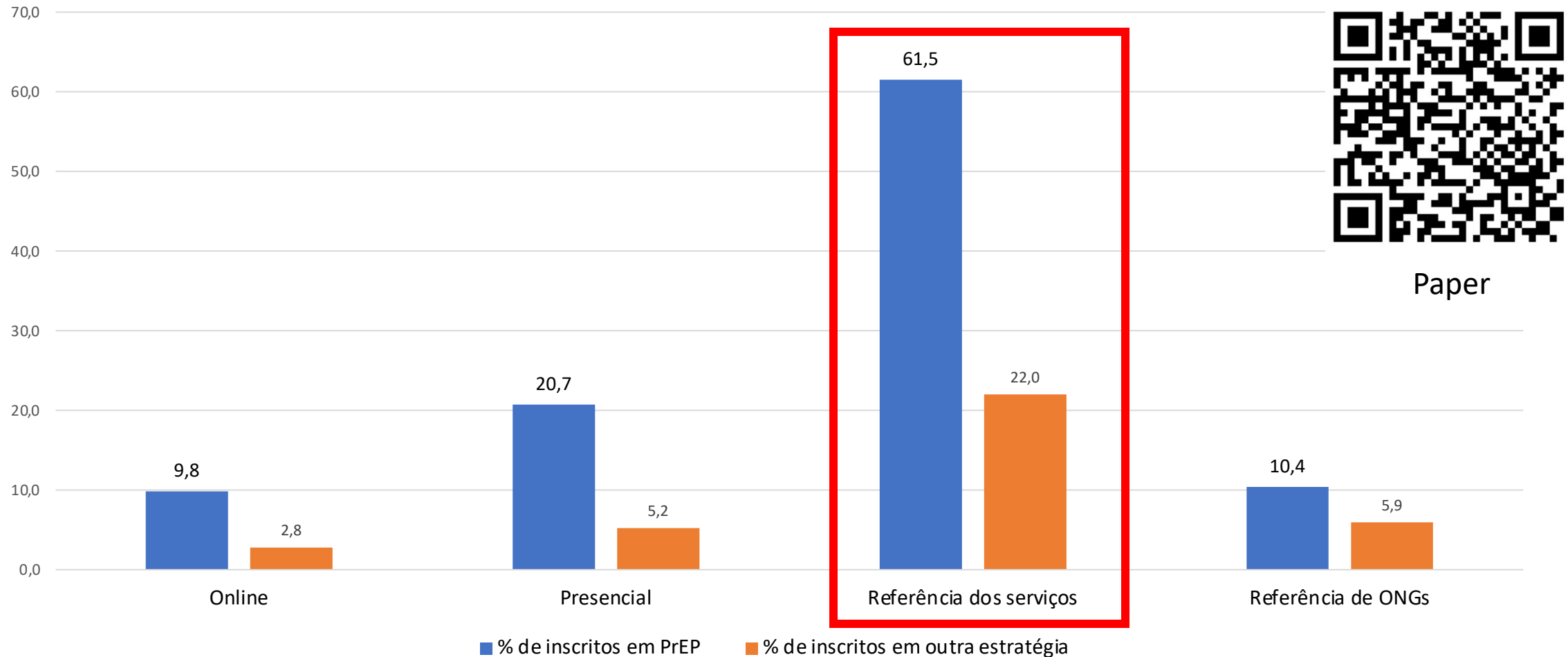
Care flow for STI diagnosis and treatment. PrEP1519 clinics, Brazil

Clinical Evaluation: Syndromic and Etiological

Rapid test for syphilis; Swab collection to CT and NG; Blood collection for laboratory tests

If the diagnosis is made at the time of care, treatment is offered immediately (Point of Care)

When the diagnosis is made using laboratory tests, the clinical team makes contact for guidance and offers treatment at the PrEP clinic

Rapid tests and treatments are offered to the sexual partners of cohort participants. After treatment, monitoring is in place to ensure completeness of treatment and cure
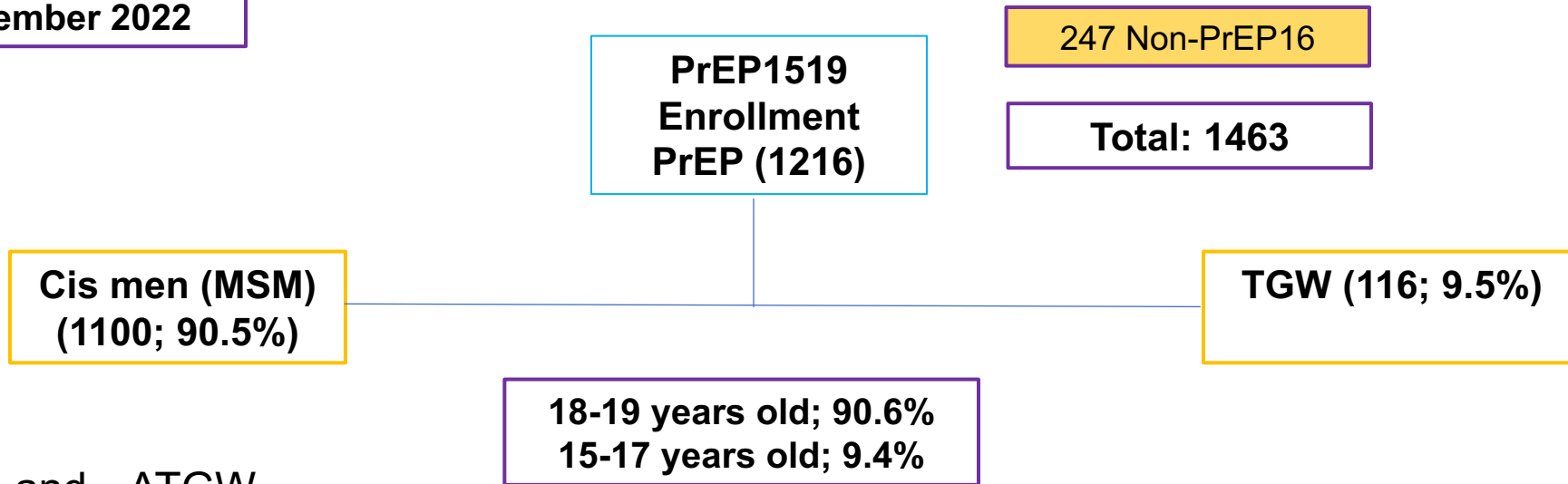
STI tests

- Serology for hepatitis A, B, and C.
- Participants with an indication were referred for hepatitis vaccination.
- Rapid tests (RT) for syphilis, and non-treponemal VDRL tests among those who tested positive in the RT.
- Oral, rectal, and urethral swabs or urine samples were used for nucleic acid amplification testing for Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) at baseline, at every 6 months, and as clinically indicated at other intercurrence visits.
- The GC and CT prevalence was estimated considering infection in any of the three anatomic sites.

PrEP1519 reached adolescents from KPOPs, how about engaging in PrEP/STI services?

March 2019-December 2022

PrEP1519 Enrollment PrEP (1216)

247 Non-PrEP16

Total: 1463

Cis men (MSM) (1100; 90.5%)

TGW (116; 9.5%)

18-19 years old; 90.6%
15-17 years old; 9.4%

8,169 AMSM and ATGW were reached by the DCS

18% enrolled in the PrEP cohort,

Need to reach out and create demand for HIV/STI prevention for a large and diverse adolescents MSM and TGW;

Most adolescents recruited by peer educators (PE) activities in online strategies (70.7%);
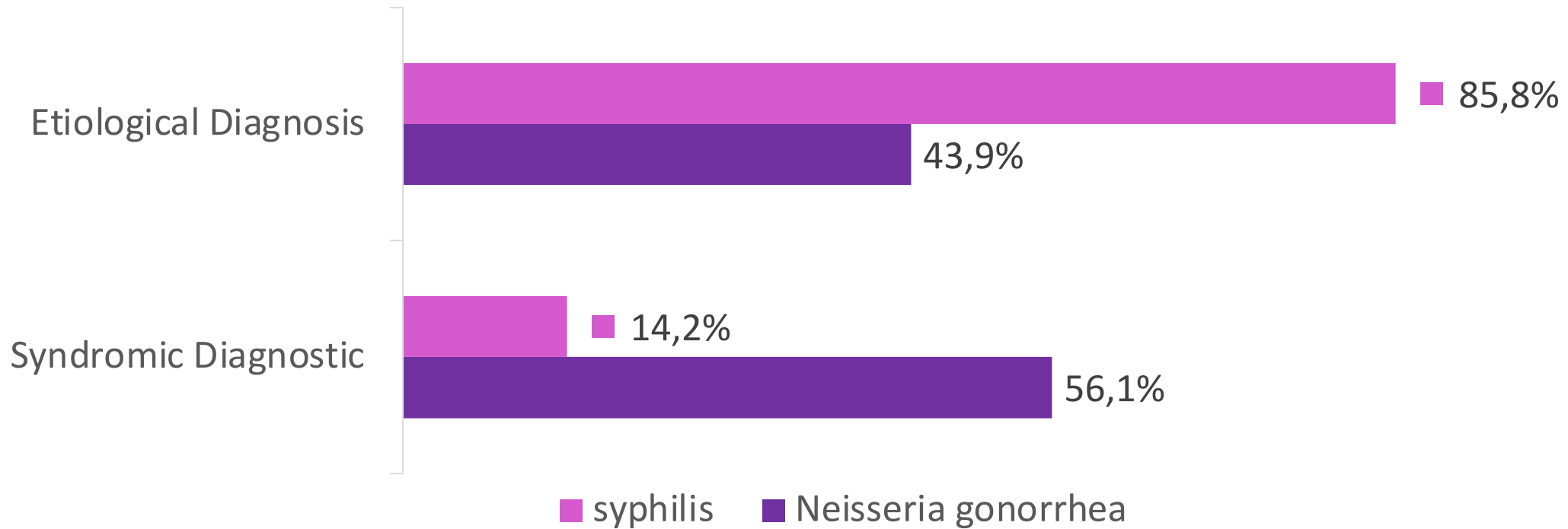
PE in face-to-face contact (16.5%),

then direct referrals from health services and NGO (12.8%);

HIV prevalence at baseline
66/1463= 5%

Baseline Prevalence

Syphilis: 16.2%
GN: 18.4%
CT: 9.4

Proportion of STI diagnosis according to etiological and syndromic approach. PrEP1519 Study, Salvador site, 2019-2022

Etiological Diagnosis — syphilis: 85,8% — Neisseria gonorrhea: 43,9%

Syndromic Diagnostic — syphilis: 14,2% — Neisseria gonorrhea: 56,1%

■ syphilis   ■ Neisseria gonorrhea

The importance of access to rapid tests

The PrEP program is an excellent opportunity to treat and care STIs!

STI	N	Incident cases	Sum of PY	Incidence rate per 100 person-years	(95% CI)
N. gonorrhoeae	132	19	219.2	8.7	(5.5-13.6)
C. trachomatis	132	22	246.5	8.9	(5.9-13.6)
M. genitalium	137	11	240.5	4.6	(2.5-8.3)
M. hominis	133	19	224.3	8.5	(5.4-13.3)
U. urealyticum	128	43	186.3	23.1	(17.1-31.1)
U. parvum	137	10	253.9	3.9	(2.1-7.3)

High STI incidence rates

Lessons learned
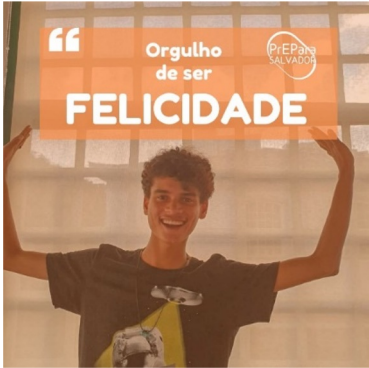
Gay adolescent – peer educator

Pride to be fight

TGM -peer navigator

Pride to be LOVE

Transgender man – navigator care

Pride to be joy

Pride to be hope

TGW-young peer educator

Pride to be happy

Bissexual nurse

Pride to be affection

Gay psychologist

❖ Developing comprehensive demand creation strategies, which include social media and digital platforms have the ability to reach young people with information and can provide linkage to services;

❖ Understanding young people's values and preferences for service delivery ensures that appropriate service delivery choices are made available.

❖ Adolescents, especially the most vulnerable, may need more support to remain in service and PrEP use than adults. Navigators, flexible appointment schedules, financial and emotional support, reminders, and approaches through online social networks are strategies that can help in this regard.

❖ Young people needing prevention usually need other services, so providing PrEP as part of a comprehensive package is important. For example, rates of STIs and unmet needs for prevention are high.

❖ In addition, young people may require services for gender-based violence and mental health.

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