

Introduction

- HIV pre-exposure prophylaxis (PrEP) is highly effective in reducing HIV incidence. In Uganda, PrEP was rolled out by the Ministry of Health in 2017 for specific persons considered at high-risk for HIV.
- Community pharmacies (CPs) are non-clinical settings that are often the first point of healthcare contact in Africa.
- We assessed willingness to use HIV PrEP in CP clients including those seeking sexually transmitted infections (STI) syndromic treatment in Kampala, Uganda.

Methods

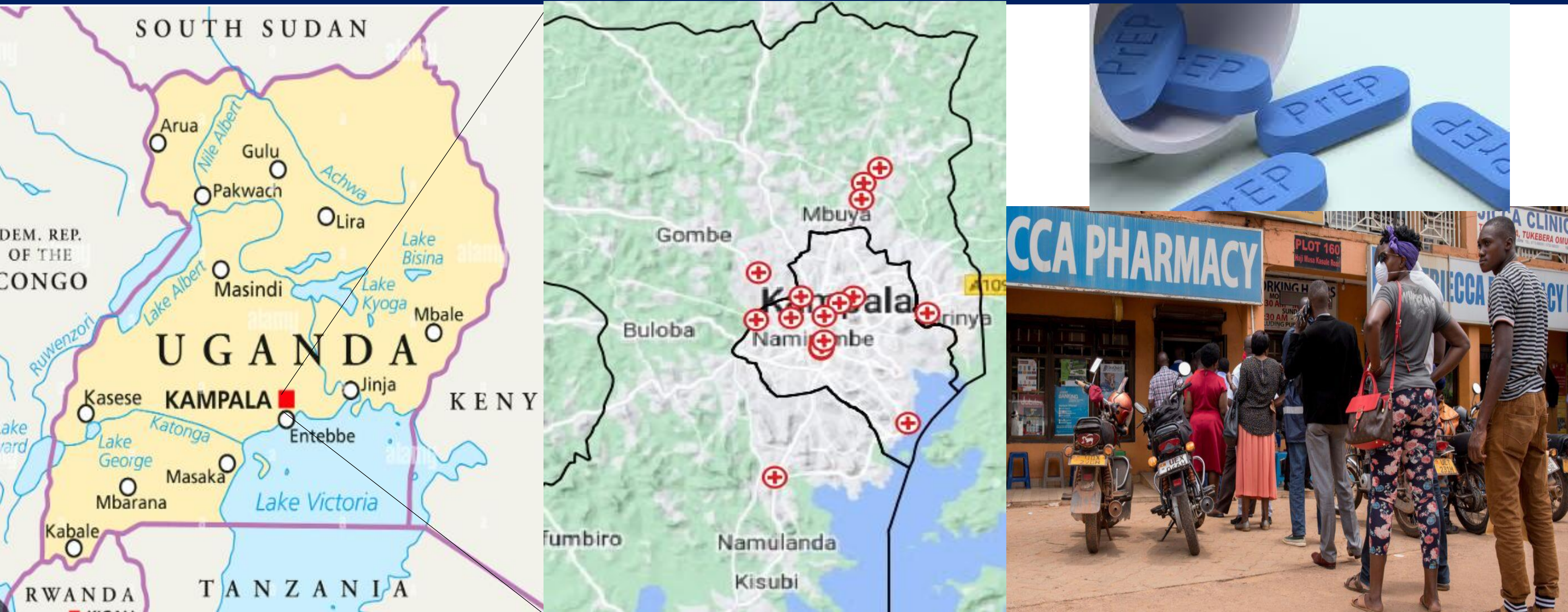


Figure 1. Study sites in Uganda

- Between May 2021 and June 2022, 450 participants attending CPs were enrolled, 236 (52.4%) were symptomatic (seeking STI treatment) and 214 (47.6%) were asymptomatic (seeking emergency contraception (n=84 (39.3%)) or other non-STI related treatments (n=130 (60.7%)).
- STI knowledge and willingness to use HIV PrEP was assessed through structured questionnaires
- Chlamydia and gonorrhea tests were performed using the Cepheid GeneXpert® (Sunnyvale, CA, USA); trichomoniasis by OSOM lateral flow assay (Burlington, MA, USA); HIV/syphilis antibodies using Abbott Bio-line Duo (Princeton, NJ, USA).
- STI symptoms included: (Urethral discharge, Abnormal vaginal discharge, Genital swelling, Genital growth, Lower abdominal pain, Genital itching).
- Chi-square tests were used to compare the proportions of factors associated with willingness to take HIV PrEP

Results

HIV and STI prevalence

- HIV prevalence was 5.8% (26/450). Of 424 not living with HIV or with unknown status, 266 (62.7%) were female.
- 102 of 424 (24.1%) participants had a curable STI;
 - Syphilis (11.8%), gonorrhea (43.1%), chlamydia (37.3%), trichomoniasis (women only) (43.8%), 11.8% had more than 1 STI.
- 11 of 26 (42.3%) HIV-positive participants had a curable STI;
 - Syphilis (2), gonorrhea (6), chlamydia (1), trichomoniasis (women only) (4), more than 1 STI (2).

Willingness to use HIV PrEP

- Most participants, 268 (69.6%) were not aware of PrEP prior to study, of these 156 (58.2%) had low or no STI knowledge; 93/102 with a laboratory-confirmed STI were willing to use PrEP.
- Overall, willingness to use PrEP was high at 90.8% (Figure 1 & Table 1).
- There were no associations between willingness to use PrEP and condom use, age, symptoms, alcohol or drug use, or involvement in transactional sex.

Results

Figure 1: Willingness to use HIV PrEP by participant characteristics I

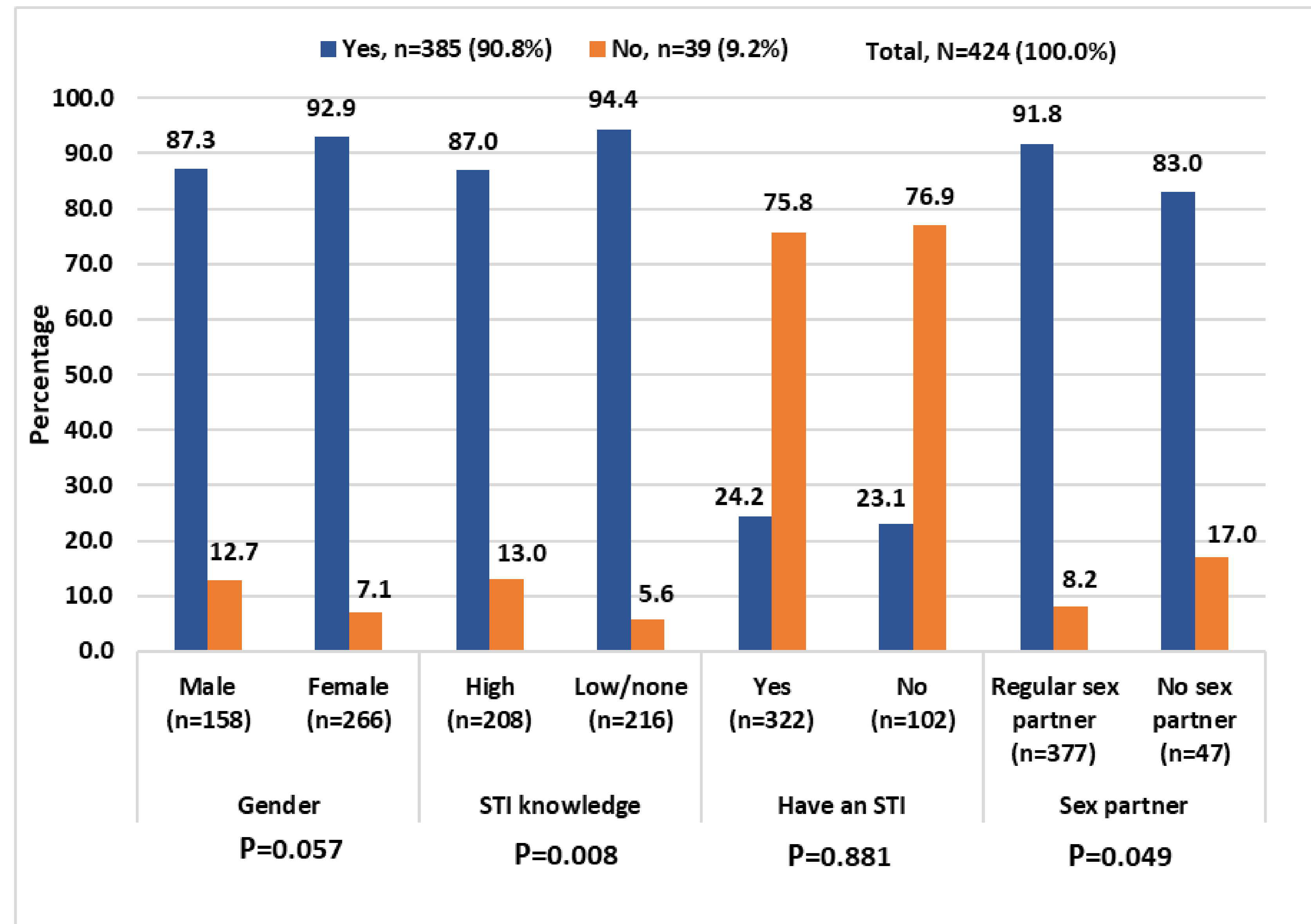


Table 1: Willingness to use HIV PrEP by participant characteristics II

Variable	Total N=424 n (col %)	Willingness to use PrEP		P-Value
		Yes N=385 (90.8) n (row %)	No N=39 (9.2) n (row %)	
Age (years)				0.888
≤24	126 (29.7)	115 (91.3)	11 (8.7)	
25-34	192 (45.3)	175 (91.2)	17 (8.9)	
≥35	106 (25.0)	95 (89.6)	11 (10.4)	
Education level				0.003
Above Primary level	312 (73.6)	291 (93.3)	21 (6.7)	
Primary and below	112 (26.4)	94 (83.9)	18 (16.1)	
Employment status				0.033
Formally employed	189 (44.6)	179 (94.7)	10 (5.3)	
Self employed	166 (39.2)	144 (86.8)	22 (13.3)	
Non-employed	69 (16.3)	62 (89.9)	7 (10.1)	
Sex partners in previous six months				0.118
None	5 (1.2)	4 (80.0)	1 (20.0)	
1 partner	323 (76.2)	298 (92.3)	25 (7.7)	
2 or more partners	96 (22.6)	83 (86.5)	13 (13.5)	
Sexual behaviours				0.095
Heterosexual	366 (86.3)	331 (90.4)	35 (9.6)	
Homosexual	55 (13.0)	52 (94.5)	3 (5.5)	
Bisexual	1 (0.2)	-	1 (100.0)	
Unknown	2 (0.5)	2 (100.0)	-	
STI symptom present				0.066
Yes	229 (54.0)	203 (88.7)	26 (11.4)	
No	195 (46.0)	182 (93.3)	13 (6.7)	

Conclusion

- Community pharmacies serve persons with STIs who may be eligible for PrEP.
- Overall 90.8% of CP clients were willing to use PrEP.
- More work to understand the inverse relationship between willingness to use PrEP and STI knowledge.
- CPs should be leveraged to sensitize users on PrEP and to screen for curable STIs which, if positive, would allow rapid initiation of PrEP.

References:

- Witte, Susan S., et al. "PrEP acceptability and initiation among women engaged in sex work in Uganda: Implications for HIV prevention." *Eclinicalmedicine* 44 (2022): 101278.
- Manabe, Y. C., Namale, G., Nalintya, E., Sempa, J., Ratanshi, R. P., Pakker, N., & Katabira, E. (2015). Integration of antenatal syphilis screening in an urban HIV clinic: a feasibility study. *BMC infectious diseases*, 15, 1-6.
- Parkes-Ratanshi, Rosalind, et al. "Low male partner attendance after syphilis screening in pregnant women leads to worse birth outcomes: the Syphilis Treatment of Partners (STOP) randomised control trial." *Sexual health* 17.3 (2020): 214-222.