

Abstract 773. Performance of Community Centers Led by Non-Governmental Organizations to offer HIV Prevention Combination Services in Western Mexico: an analysis of the first 2 years of the Mexican PrEP Program.

A.E. Campos Loza¹, J.M. Salcedo Alfaro¹, A. Piñeirua Menéndez², S. Bautista Arredondo³

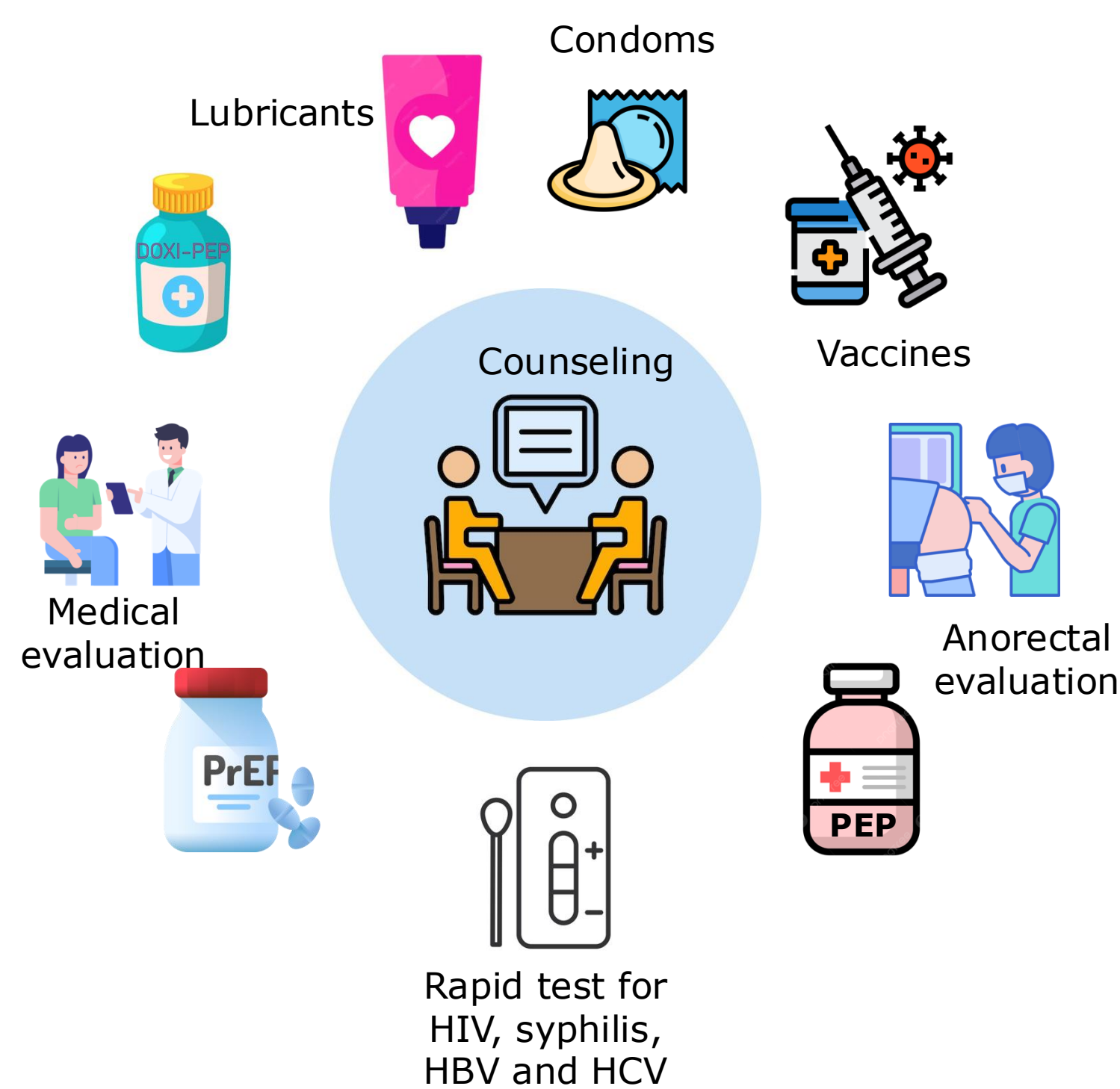
1, Meson AC, Guadalajara, Mexico. 2, Research Consortium on HIV/AIDS and TB, Cuernavaca, Mexico. 3, National Institute of Public Health, Division of Health Economics and Health Systems Innovations, Cuernavaca, Mexico.

Background

Oral Pre-exposure Prophylaxis (PrEP) has been included as a universal HIV preventive tool in Mexico since 2021.

In addition to public health facilities, some community centers (CC) led by non-governmental organizations added oral pre-exposure prophylaxis (PrEP) to their HIV prevention package free of charge for vulnerable people, including including Men who have Sex with Men (MSM), Female Sex Workers (FSW), Serodiscordant Couples (SDC), Transgender Women (TGW), People who Inject Drugs (PWID), Adolescents/Young Adults (AYA), migrants, indigenous and homeless people.

Beside PrEP, HIV combination prevention services commonly offered by CC included counseling, rapid tests for HIV and STI, condoms, lubricants, medical evaluation, post-exposure prophylaxis for HIV / STI and vaccines.



However, information about the real life performance of these community centers in the outreach of key populations in Mexico is scarce.

The aim of this study is to describe the main findings of four CC located in two cities of western Mexico, Guadalajara and Puerto Vallarta during the first two years of implementation of PrEP as a public policy to prevent HIV in Mexico.



Facility of the Community Center Mesón AC located at Guadalajara's downtown.

Methods

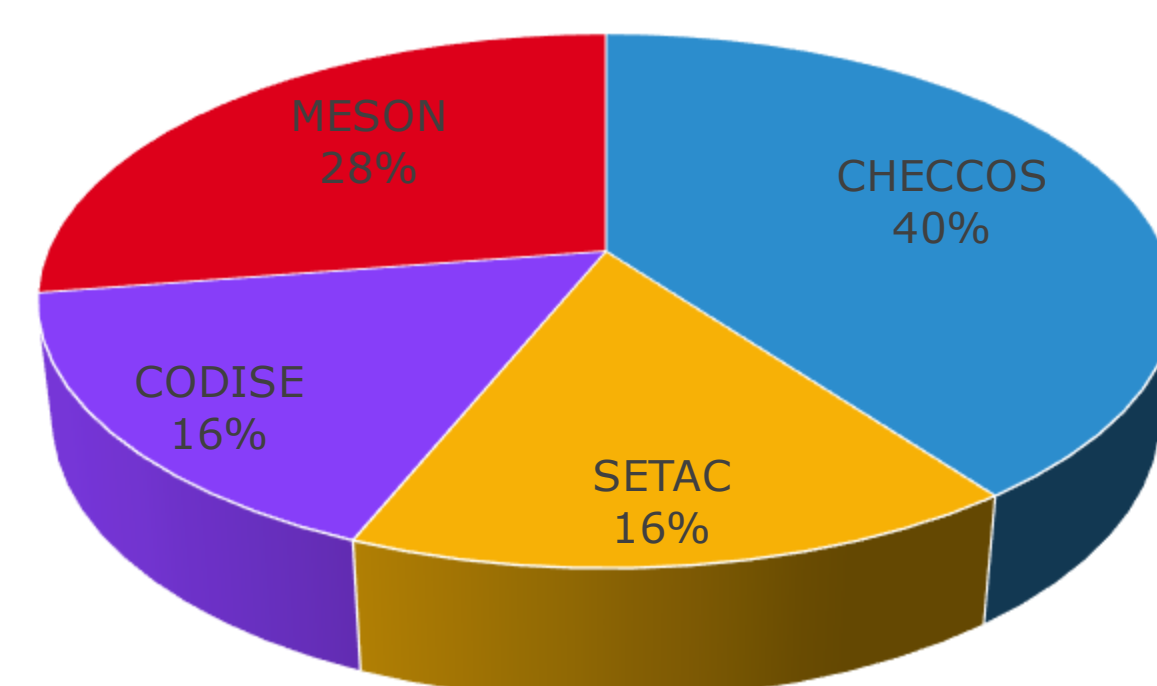
Epidemiologic information related to the HIV risk behavior (sex without condom, number of partners in the last six months, sexually transmitted infections, chemsex) and outcomes of the users of four community centers (Mesón, CODISE, CHECCOS and SETAC) were prospectively obtained in a database previously designed by the National Institute of Public Health.

A subanalysis of the main causes of medical evaluation was made in a single CC.

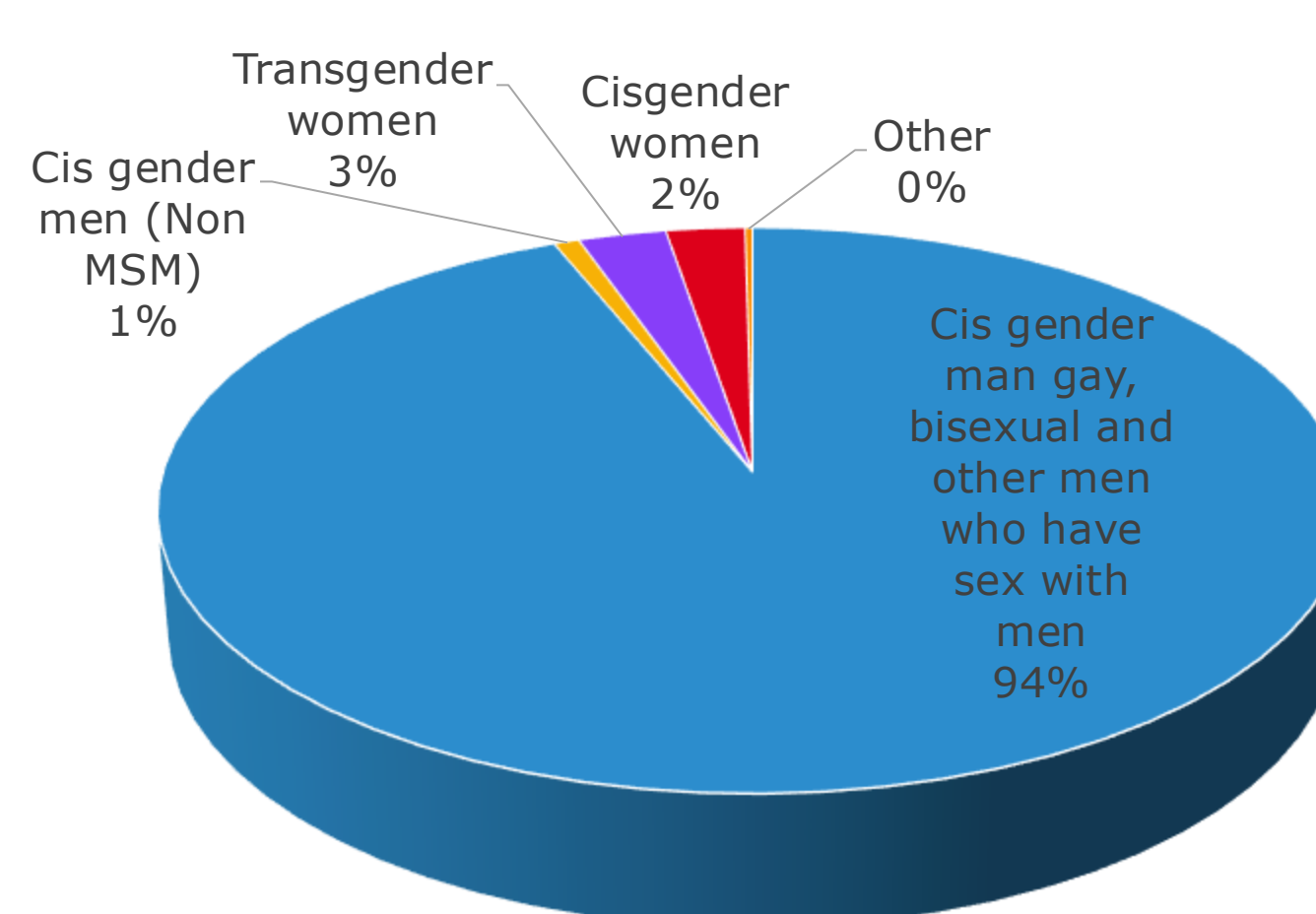
Results

From June 2021 to October 2023, a total of 2,178 services were given in 4 CC. Mean age at evaluation was 32.47 (SD 8.43) mainly male sex assigned at birth (n=2,119).

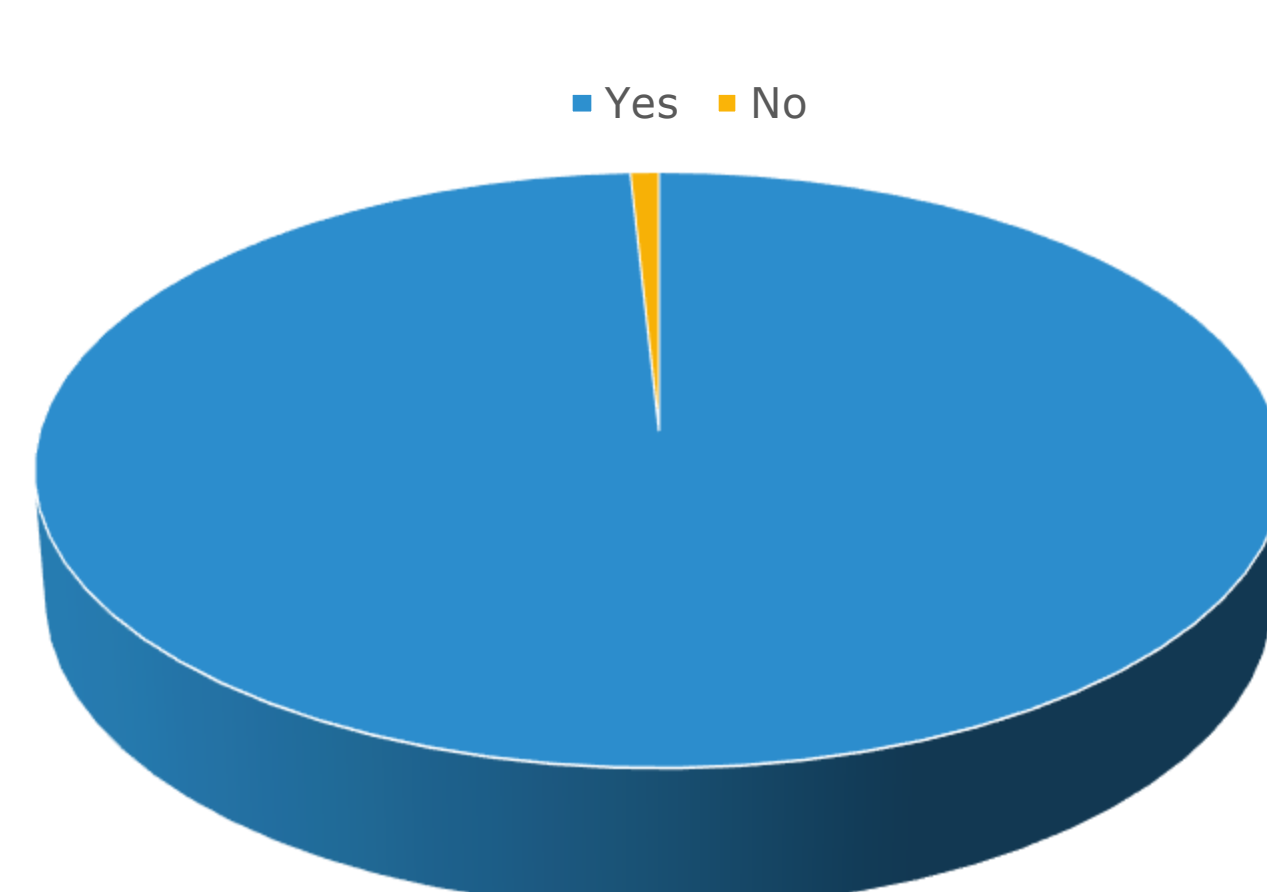
User distribution by community center (n= 2,167 users)



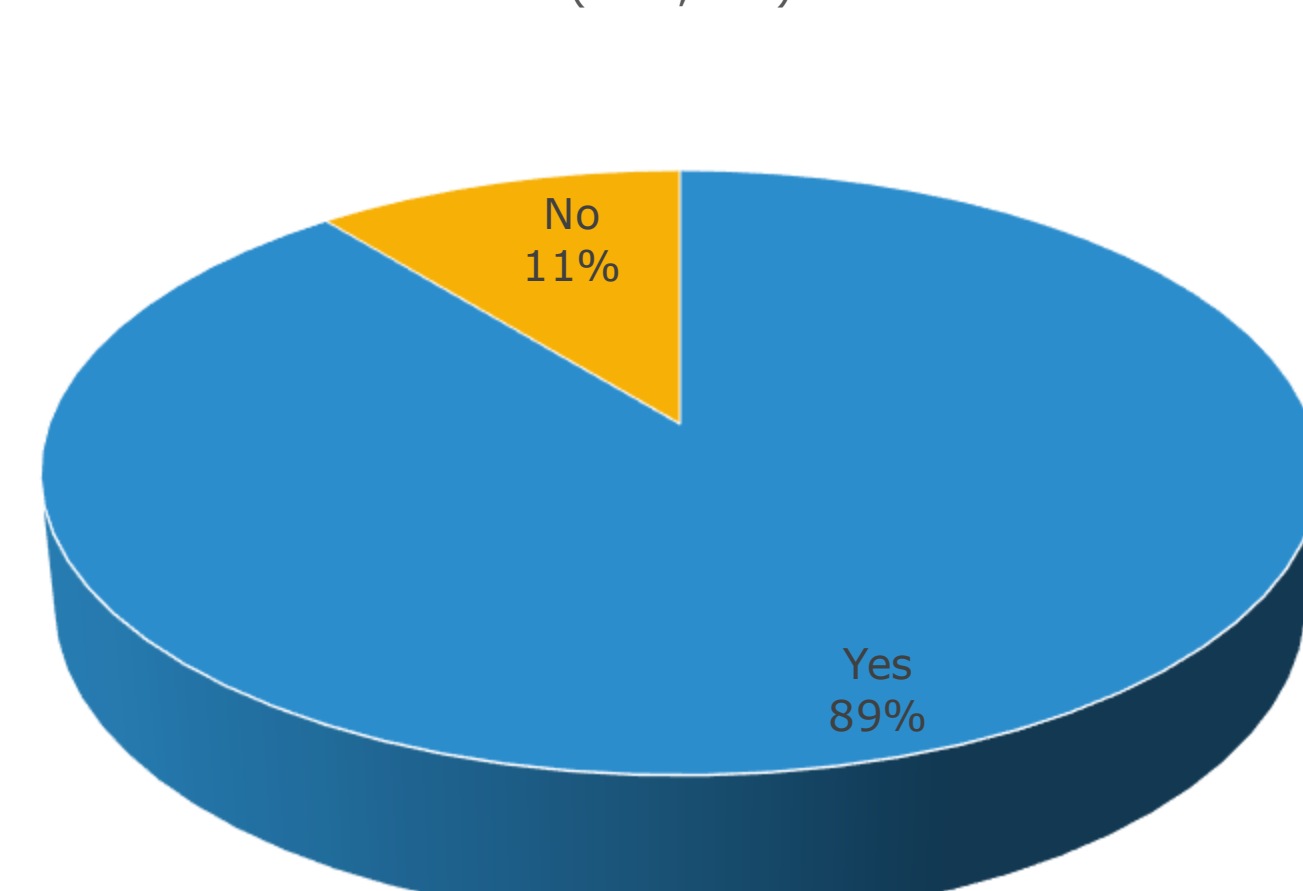
Key populations evaluated (n=2,167)



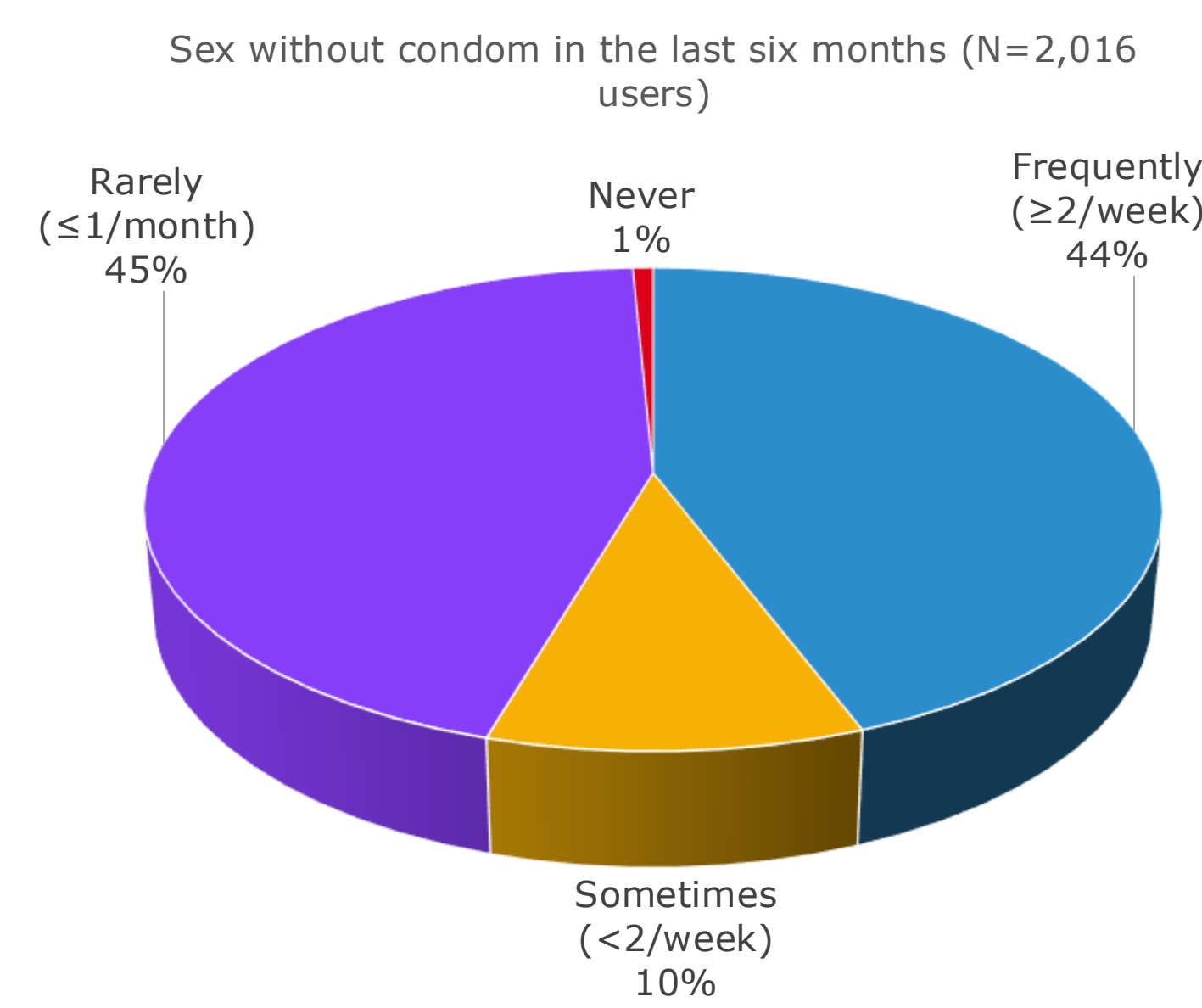
Sex in the last six months (n=2,033)



Two or more sex partners in the last six months (n=2,033)

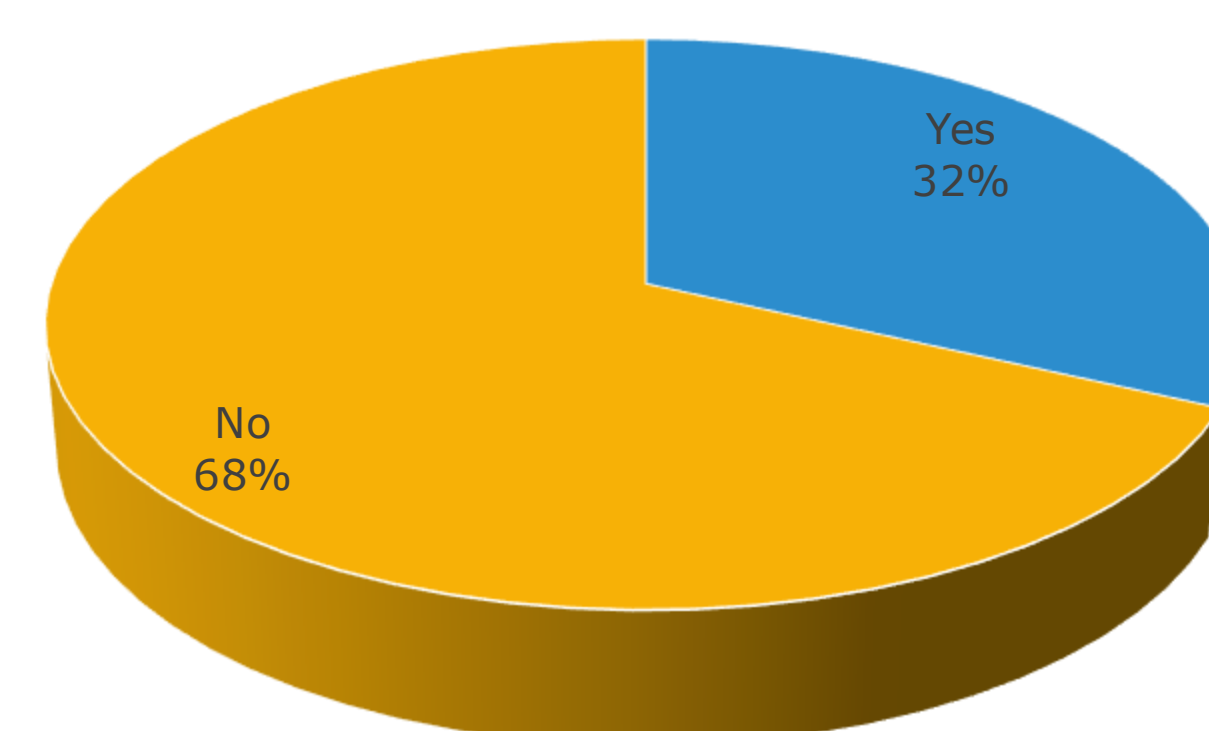


Results (continuation)

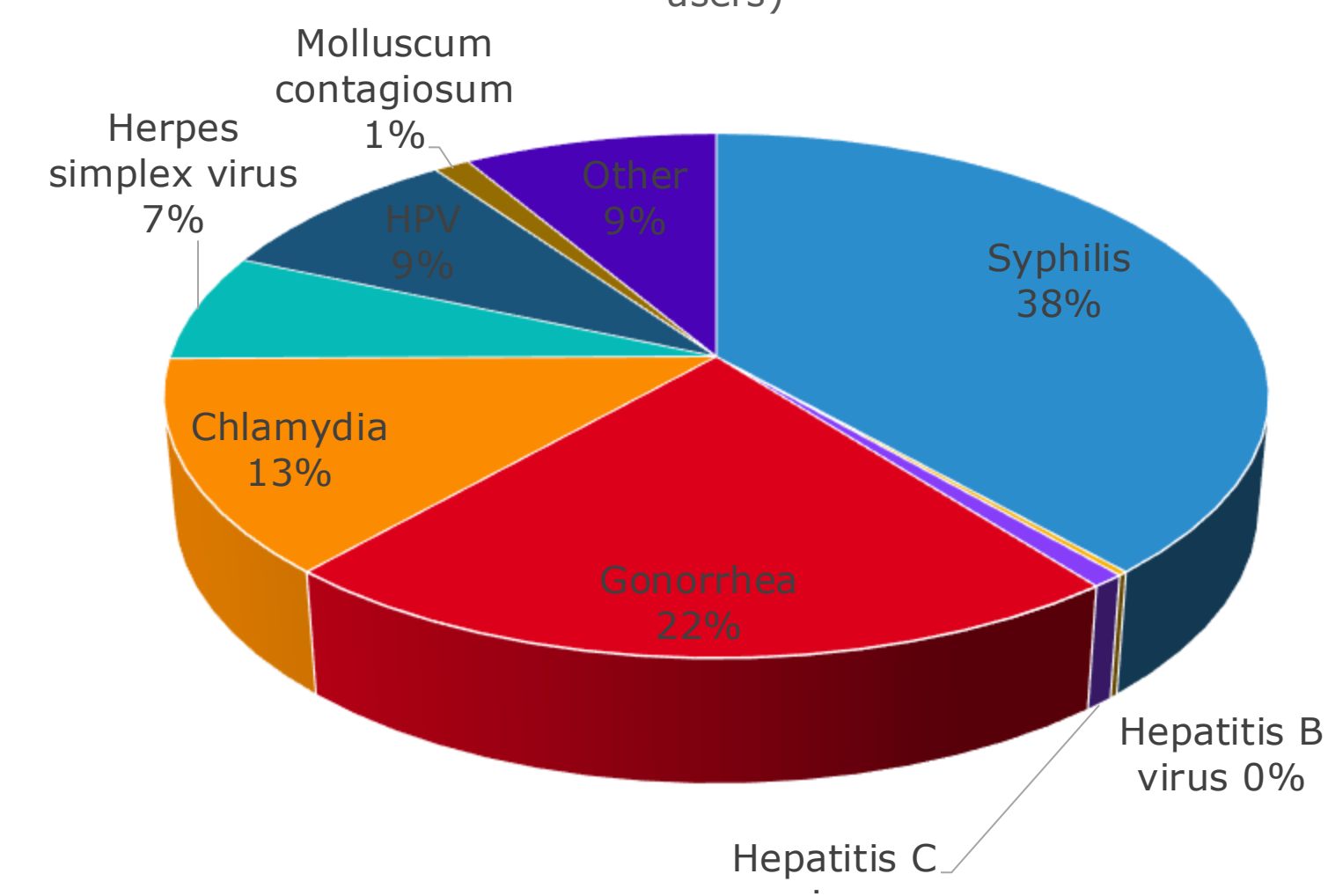


Vulnerable populations included sex workers (cis/trans male and female n= 219) and serodiscordant couples (92/5.2%). Another priority populations included migrants (68/3.8%), TGW (48/2.7%), PWID (10/0.6%) and AYA (1/0.1%). No indigenous nor homeless people were evaluated.

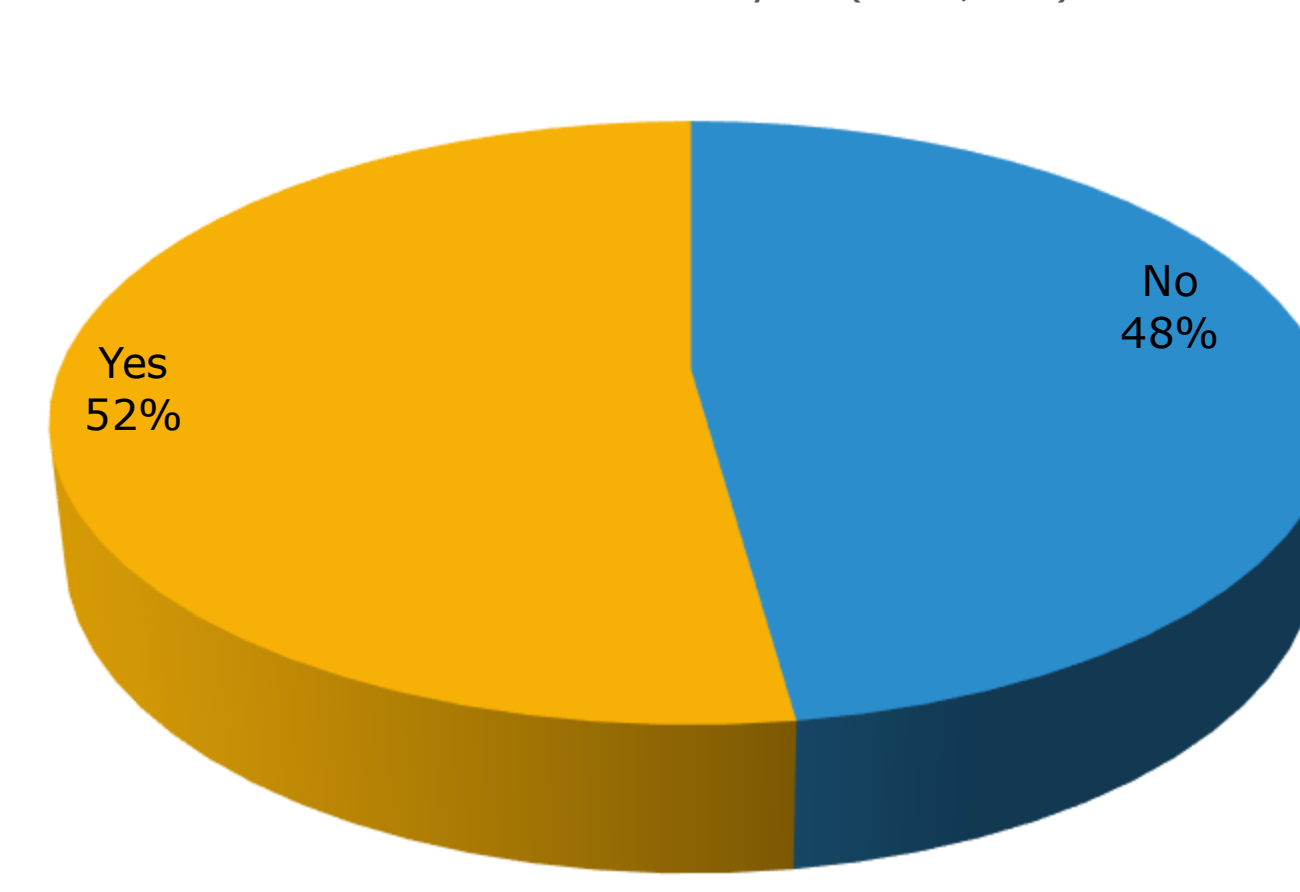
Self-reported sexually transmitted infections in the last six months (N=648 users)



Self-reported specific STI in the last six months (N=828 users)



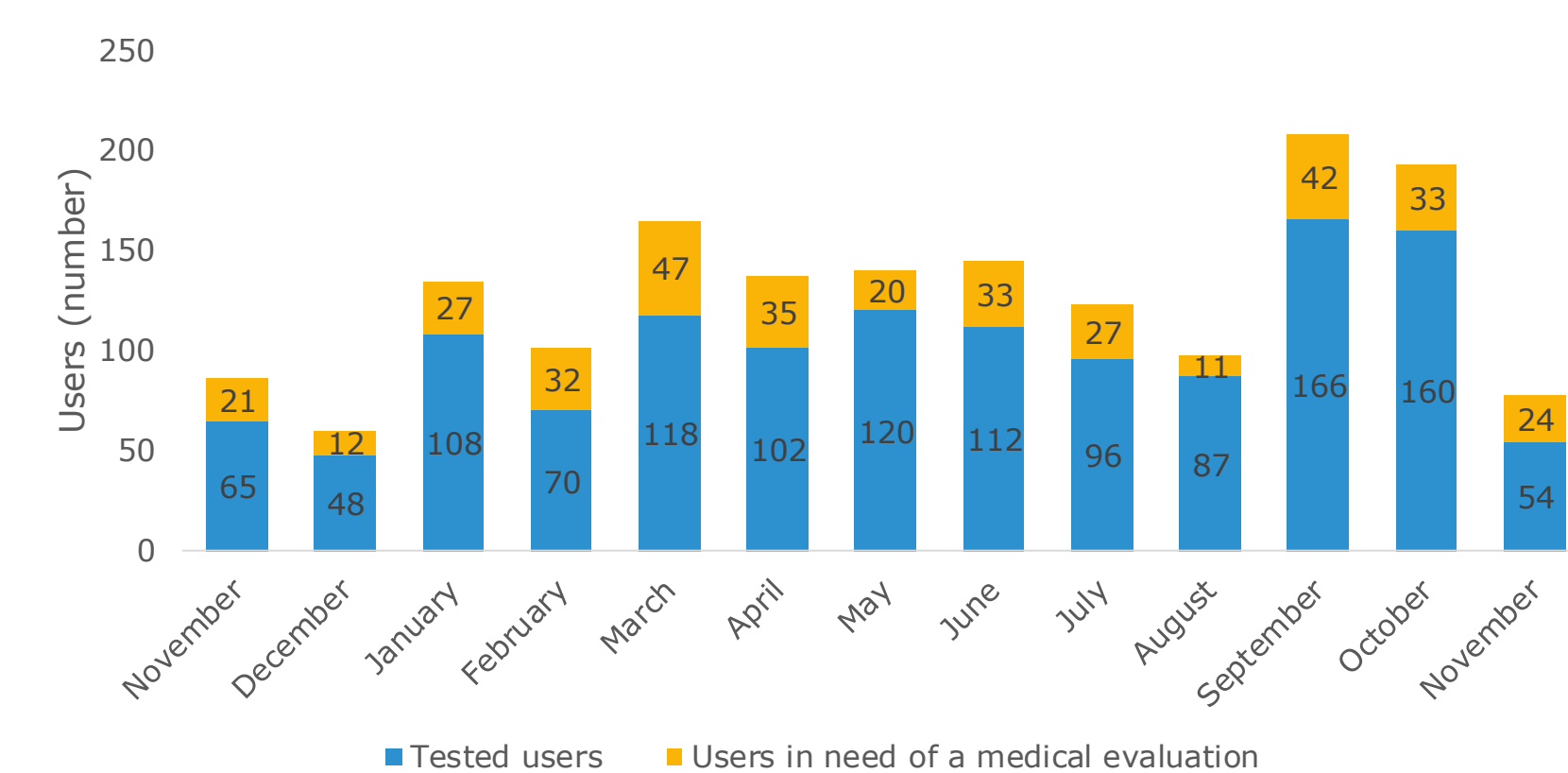
Chemsex in the last year (N=2,027)



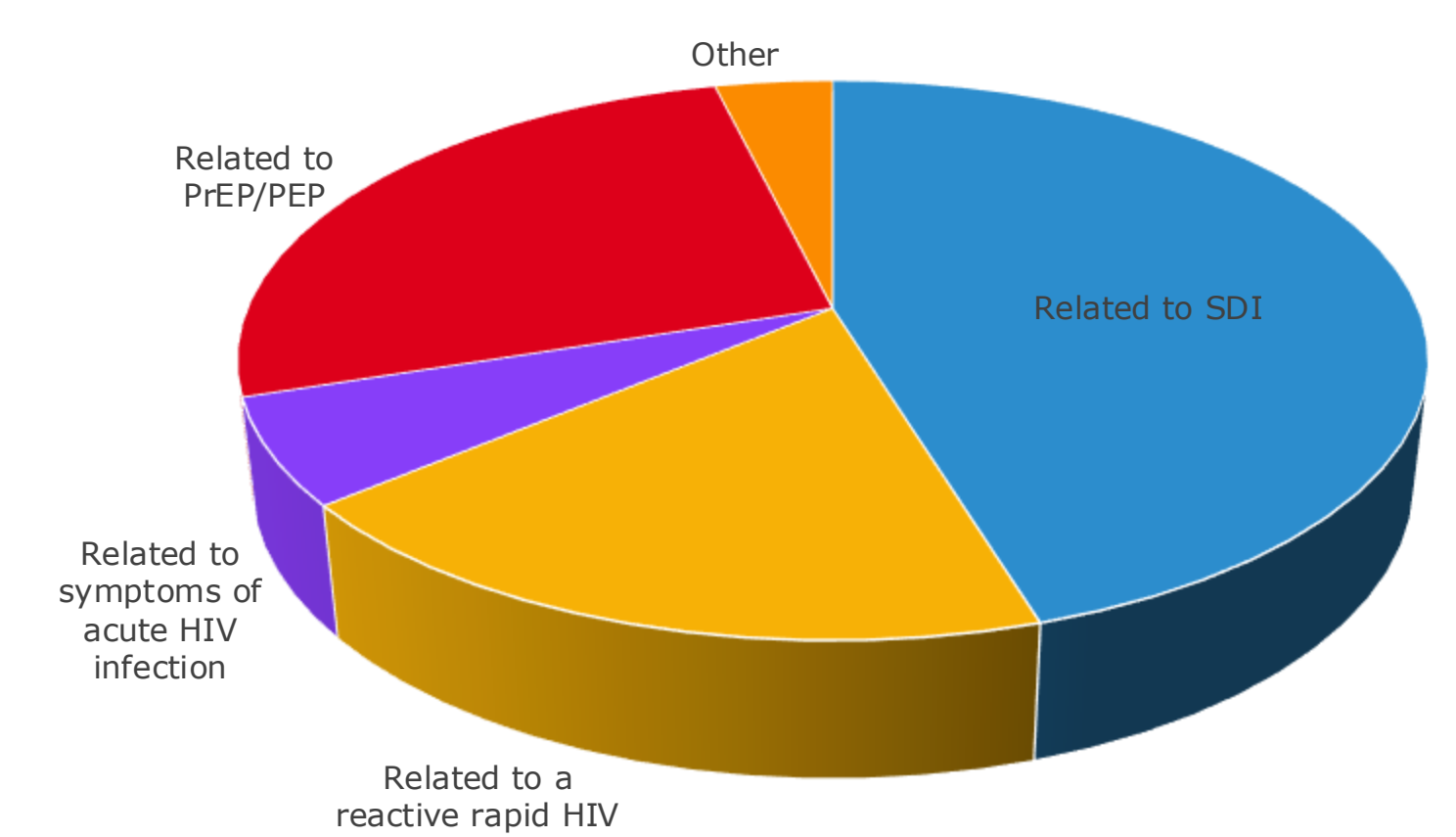
A total of 1392/63.9% evaluations resulted in same day PrEP (Daily PrEP 1,320/94.8%; ED-PrEP 72/5.2%), PEP (242/11.1%), deferred PrEP initiation (196/8.9%); finally, 116 PrEP candidates (5.3%) were sent to other centers.

Results (continuation)

A sub analysis made between November 2021 – November 2022 about medical evaluations in one center (Meson n=364) revealed that 1 per every 3.5 persons was in need of a medical evaluation.



The main diagnosis were STI (178/45%), PrEP/PEP evaluation (103/26%), a reactive HIV test (73/19%), suspicion of AHI (24/6%) and other causes (15/4%).



Main STI by specific etiology (n=158) were syphilis (138/88%), M-pox (7/4%), HBV (6/4%), HCV (6/4%) and Chlamydia (1/0.6%); main STD by the syndromic approach (n=30) included urethral/vaginal/rectal discharge syndrome (9/30%), GUD (9/30%), genital warts (7/23.3%), inguinal adenopathy (2/6%); orchitis, pharyngitis and PID were counted by 1 (3.3%) each.

Conclusions

CC led by NGOs are excellent tools to offer HIV prevention combination services for MSM, FSW and SDC in western Mexico. However, seems necessary to design better approaches for the less outreached key populations including TGW, AYA, PWID, indigenous and homeless people.

