Current and Prior PrEP Use and Associated Factors among Sexual and Gender Minorities (SGM) from Brazil, Mexico and Peru

K. Konda^{1,2}, <u>T.S. Torres</u>^{3*}, H. Vega-Ramirez⁴, J. Qquellón², C.F. Cáceres², P. Luz³, B. Hoagland³, C. Pimenta³, R. Robles-Garcia⁴, M. Benedetti,³ V. Veloso³, B. Grinsztejn³

¹Keck School of Medicine, University of Southern California, Department of Population and Public Health Sciences, Los Angeles, United States,

²Universidad Peruana Cayetano Heredia, Center for Interdisciplinary Research in Sexuality, AIDS and Society, Lima, Peru,

³Instituto Nacional de Infectologia Evandro Chagas, Fundação Oswaldo Cruz (INI-Fiocruz), Rio de Janeiro, Brazil,

⁴Instituto Nacional de Psiquiatría Ramon de la Fuente Muñiz, Mexico City, Mexico

Background

- Oral HIV PrEP is being scaled-up in Latin America, but uptake remains low (1,2).
- Herein we assessed the frequency of and factors associated with PrEP use among sexual and gender minorities (SGM) in Brazil, Mexico and Peru.

Methods

- We conducted an online survey from August-November 2024 among SGM aged 18+ years, excluding people living with HIV (PLHIV) to ask about current and prior PrEP use.
- Herein we include age, country of residence, education, income, race/ethnicity, depression (PHQ-9), homonegativity, self-perceived HIV risk, HIV knowledge, number of sex partners, chemsex, and sex with PLHIV/unknown HIV-status partners in two multivariate logistic regression models exploring associations with:
 - 1) current PrEP use (versus never)
 - 2) prior PrEP use (versus current)
- Regression models included socio-demographics a priori, removing other non-significant variables.

Results

- Among 9257 non-PLHIV (Brazil: 65.5%; Mexico: 24.6%;
 Peru: 9.9%), 2380 (25.9%) were current, 649 (7.1%) were prior PrEP users and 6145 (67%) had never used PrEP.
- Current use varied significantly by country (Brazil: 32.1%; México: 19.0%; Peru: 21.7%).
- Model 1: current PrEP use was associated with Brazilian residence, post-secondary education, higher income, lower homonegativity, lower self-perceived HIV-risk, higher HIVknowledge, more sex partners, sex with PLHIV/unknown HIV-status, and recent chemsex.
- Model 2: prior PrEP use was associated with ≤secondary education, higher self-perceived HIV-risk, fewer sex partners, and fewer sex partners with PLHIV/unknown HIVstatus
- All aORs and 95%CIs in Table 1.

Table 1. Adjusted regression models for current PrEP use and prior PrEP use in Brazil, Mexico and Peru (2024).

	Model 1: Current PrEP use (Ref. Never use)			Model 2: Prior PrEP use (Ref. Never use)		
	aOR	aOR 95%		aOR	95%CI	
Age (Ref. 18-24 years)						
>25 years	1.18	0.91	1.54	1.00	0.99	1.01
Country (Ref. Brazil)						
Mexico	0.38	0.32	0.45	0.99	0.74	1.32
Peru	0.78	0.62	0.99	1.25	0.88	1.76
Education (Ref. secondary)						
Post-secondary	1.46	1.21	1.77	0.54	0.41	0.71
Monthly income (Ref. ≤1 MW)¹						
>1 to 2 MW	1.02	0.82	1.27	0.90	0.65	1.26
>2 to 6 MW	1.21	0.99	1.46	0.84	0.62	1.12
>6 MW	1.35	1.09	1.67	0.81	0.58	1.14
Race (Ref. Mix-race)						
White	1.05	0.91	1.20	0.76	0.60	0.95
Indigenous	1.22	0.72	2.08	1.01	0.43	2.35
Black or other	0.93	0.76	1.13	0.76	0.55	1.05
Internalized homophobia	0.97	0.96	0.98			
HIV Knowledge	1.28	1.21	1.35			
HIV perceived risk	0.90	0.89	0.91	1.12	1.10	1.14
Chemsex ^{2,3}	1.56	1.37	1.78			
Sex partners (Ref. 0-1) ²						
2 to 5	3.54	2.78	4.51	0.33	0.23	0.46
6+	9.92	7.77	12.66	0.16	0.11	0.22
Sex with PLHIV (Ref. No) ²						
Only one	3.36	2.79	4.05	0.60	0.46	0.79
2+	4.69	3.41	6.45	0.33	0.18	0.59
I don't know	1.81	1.56	2.09	0.64	0.50	0.81

¹MW: minimum wage. Brazil: USD 270; Mexico: USD 408; Peru: USD 277; ²past 6 months; ³illicit drug use before/during sex

Conclusions

- Current PrEP use was highest in Brazil where oral PrEP has been publicly available since 2018.
- The association of PrEP use with higher education and income, despite free availability, points to the need for increased public health communication and intervention.
- Behavior associations with current PrEP use point to PrEP knowledge and understanding of HIV-risk, such as a reduction in self-perceived risk and sex with PLHIV/unknown HIV-status.
- Differentiated PrEP services, such as mobile units and including the option of long-acting modalities, should be implemented in Latin America to increase PrEP persistence, especially among SGM with socio-economic vulnerabilities.

References

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*Contact: thiago.torres@ini.fiocruz.br



















