

Leveraging Community to Provide PrEP to Key Population in China: Results From a PrEP Clinical Trial

Zhuoheng Yin¹, Yifan Dai², Chengxin Fan³, Chunyan Li⁴, Songjie Wu⁵, Quanmin Li⁶, Joseph D. Tucker⁷, Jonathan Lio⁸, Haojie Huang⁹, Ke Liang⁵, Linghua Li⁶, Aniruddha Hazra⁸, Renslow Sherer⁸, Weiming Tang¹⁰

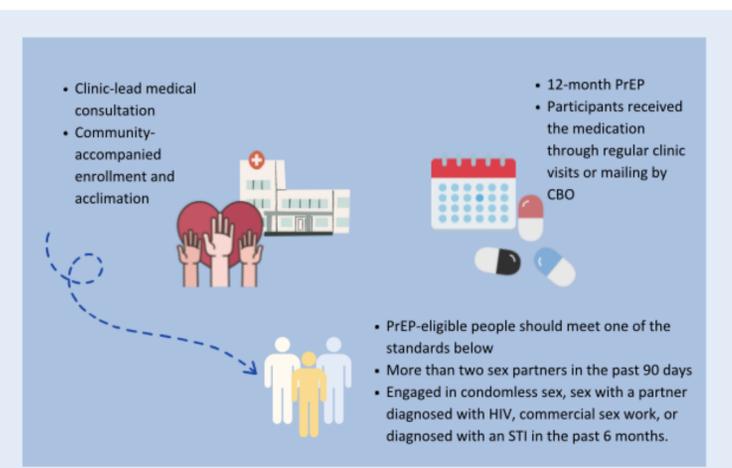
¹UNC Project China, Guangzhou, China, ²Dermatology Hospital of Southern Medical University, Guangzhou, China, ³Nanjing Medical University, Nanjing, China, ⁴University of Tokyo, Tokyo, Japan, ⁵Zhongnan Hospital of Wuhan University, Wuhan, China, ⁶Guangzhou Eighth People's Hospital, Guangzhou, China, ⁷London School of Hygiene and Tropical Medicine, London, UK, ⁸University of Chicago, Chicago, IL, USA, ⁹Wuhan Tongxing LGBT Center, Wuhan, China, ¹⁰University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

BACKGROUND

Data on PrEP uptake, persistence, discontinuation, adverse events, and HIV incidence among people who would benefit from PrEP in China is limited.

METHODS

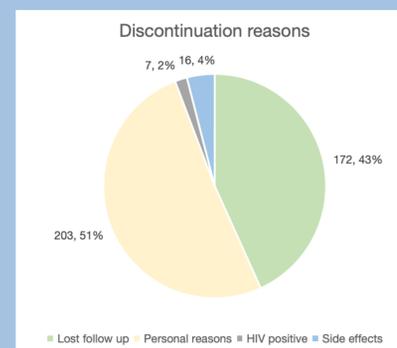
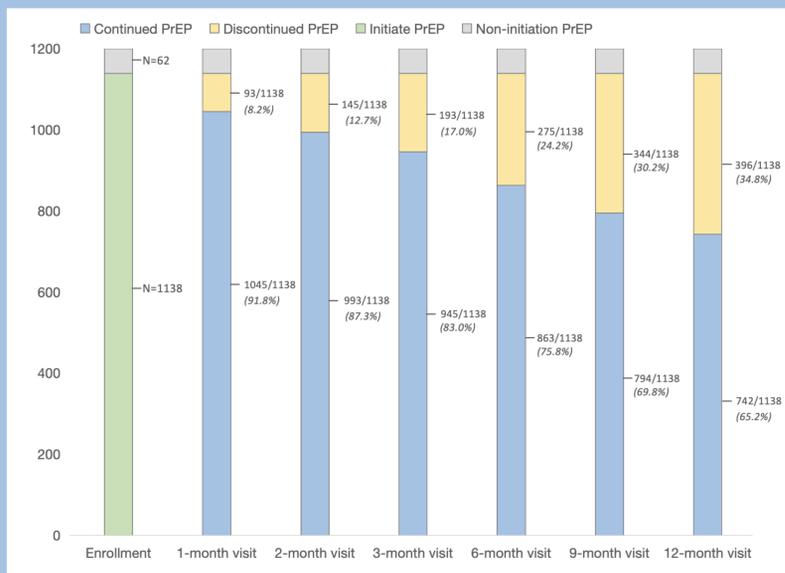
A community and clinic hybrid delivery model (CCHDM) for recruitment, participant engagement, and PrEP delivery in Wuhan and Guangzhou, China, from 2021 to 2024.



RESULTS (September 2021 to September 2024)

3649 were screened, 1200 were enrolled, and 1138 participants started oral PrEP, with a median age of 29.1(SD=5.9).

- 93.7% gay or bisexual (1066/1138)
- 99.6% were cis-gender men (1134/1138)
- 77.1% gained a bachelor's or higher educational background (877/1138)
- 62.9% of participants had a monthly income of over 5000 RMB (694.5 USD)



Three hundred ninety-six participants discontinued from the study. Early-stage discontinuation (48.7%) The top personal reasons:
 • No time, and it is hard to stick to the hospital visits and follow-up
 • Residential change
 • Low perceived risk
 • Busy work

Figure 1 & 2 PrEP Persistence and PrEP Discontinuation reasons

Figure 3 PrEP Regimen during the study

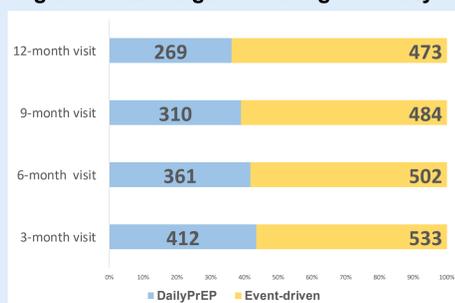
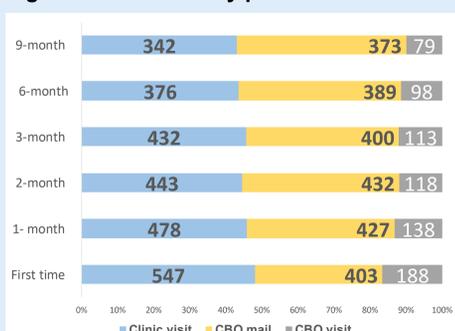


Figure 4 PrEP delivery preference



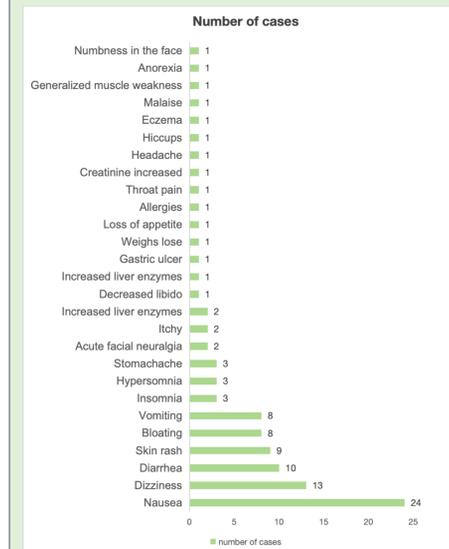
Month	Daily users		Event-driven users		Total		p-value
	n	%	n	%	n	%	
Month 3							
Optimal adherence	391	94.9	349	65.5	740	78.3	<0.001**
Non-opt adherence	21	5.1	184	34.5	205	21.7	
Month 6							
Optimal adherence	343	95.0	332	66.1	675	78.2	<0.001**
Non-opt adherence	18	5.0	170	33.9	188	21.8	
Month 9							
Optimal adherence	297	95.8	305	63.0	602	75.8	<0.001**
Non-opt adherence	13	4.3	179	37.0	192	24.2	
Month 12							
Optimal adherence	255	94.8	309	65.3	564	76.0	<0.001**
Non-opt adherence	14	5.2	164	34.7	178	24.0	

Participants self-reporting optimal adherence to PrEP throughout the study course (N=1138)

Note: (1) Definition of 'Optimal adherence': Daily-PrEP users: taking at least 6 pills in the past 7 days; Event-driven PrEP users: strictly following the 2-1-1 rules during sex events in the past 30 days

The results from mixed-effects regression model indicated that Participants from Wuhan site (aOR=0.65, 95%CI=1.47-0.89), less frequent condom use during sex (using condoms at 50% time, aOR=0.54, 95%CI=0.37-0.80; 25% time, aOR=0.50, 95%CI=0.33-0.77; never using condoms, aOR=0.45, 95%CI=0.27-0.76), and having 6 or more sex partners in the past 3 months (aOR=0.47, 95%CI=0.31-0.73) were less likely to achieve optimal adherence. Conversely, participants with a monthly income of 5K-10K RMB/month (715-1430 USD) were more likely to report optimal adherence (aOR=1.74, 95%CI=1.14-2.65). Event-driven users were less likely to report optimal adherence compared to daily users (aOR=0.06, 95%CI=0.04-0.09).

Figure 5 Adverse Events



SEVEN participants were seroconverted

The HIV incidence rate is 0.80 per 100 person-years.

Order	Quit timepoint	Regimen
SiteA 1	1 month	On-demand
SiteA 2	1 month	Daily
SiteA 3	3 month	On-demand
SiteB 1	2 month	Daily
SiteB 2	3 month	Daily
SiteB 3	6 month	On-demand
SiteB 4	9 month	On-demand

Overall Summary of Adverse Events

	Overall group (N = 1138)
Participants experiencing any AE	62(5.45%)
Grade 3 or 4 AEs	4(0.35%)
Grade 2, 3, or 4 AEs	5(0.43%)
AEs leading to permanent study discontinuation	16 (1.41%)
Deaths	0(0%)

CONCLUSIONS

- The hybrid CBO and clinic-based model proved feasible for reaching and dispensing PrEP among people who would benefit from PrEP
- PrEP is a safe and well-tolerated intervention for reducing HIV risk in a real-world setting among Chinese MSM
- On-demand PrEP use and CBO-facilitated PrEP dispense were popular alternatives.
- Long-term PrEP persistence and optimal adherence continuously decreased among Chinese users during the 12 months.

For further information, please contact Zhuoheng Yin (zhuohengyin@gmail.com) Weiming Tang (weiming_tang@med.unc.edu) Renslow Sherer, Jr. (rsherer@uchicago.edu)

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Baseline	1 M	2 M	3 M	S	6 M	S	9 M	S	12 M	S
Lab & Initiation	F&R	F&R	F&R		F&R		F&R		F	

• F-follow-up, R-medicine refill (0-2 months 30 tablets; 3-9 months 90 tablets), S-survey

Demographics, enrollment, PrEP persistence, adherence, discontinuation, and adverse events were descriptively summarized.

