# Willingness to use long-acting injectable PrEP among key populations at a large HIV prevention clinic in Kampala, Uganda

J. D. Lukubuya<sup>1</sup>, M. Baguma<sup>1</sup>, A. Kaguta<sup>1</sup>, W. Nambatya<sup>1</sup>, P. Kyambadde<sup>2</sup>, E. Katana<sup>3</sup>, T. R. Muwonge<sup>4</sup>, E. A. Laker Odongpiny<sup>4,5</sup>

**RESULT** 

1. School of Pharmacy, Makerere University, 2. Most At Risk Populations Initiative (MARPI), 3. Clinical Epidemiology Unit, College of Health Sciences, Makerere University, 4. Infectious Diseases Institute, Makerere University, 5. Division of Infection and Global Health, School of Medicine, University of St Andrews, United Kingdom

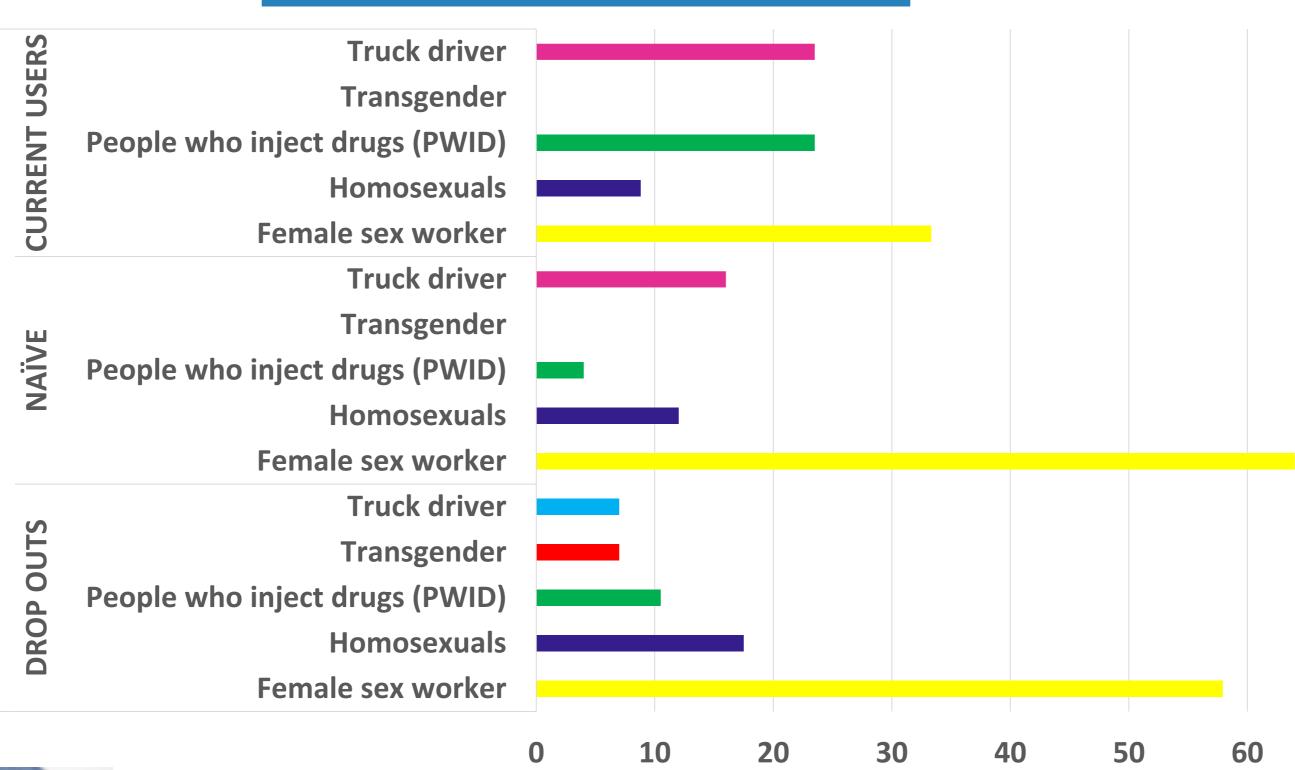
#### **BACKGROUND**

- HIV prevention programs have been very successful however there have been high drops in some settings (1).
- This is partly attributable to challenges with use of daily oral PrEP formulations (2).
- FDA and WHO recently approved long acting injectable formulations of PrEP (LAI-PrEP) that is Cabotegravir ® injection (3).
- LAI-PrEP is discreet hence causing less stigma and negates need for daily oral PrEP intake (4).
- We determined the acceptability of use of LAI-PrEP among key populations (KPs) attending Most at Risk Populations Initiatives-HIV prevention clinic in Kampala, Uganda.

### **METHODS**

- A cross-sectional study between November and December 2021 using interviewer-administered semi-structured questionnaires
- We conveniently sampled participants ≥18 years through community and facility HIV prevention activities for KPs.
- We determined knowledge on and level of willingness (yes, not sure, no) to use LAI-PrEP when it becomes available and performed multinomial regression analysis to determine associated factors.
- Preferences for location of administration were also determined.

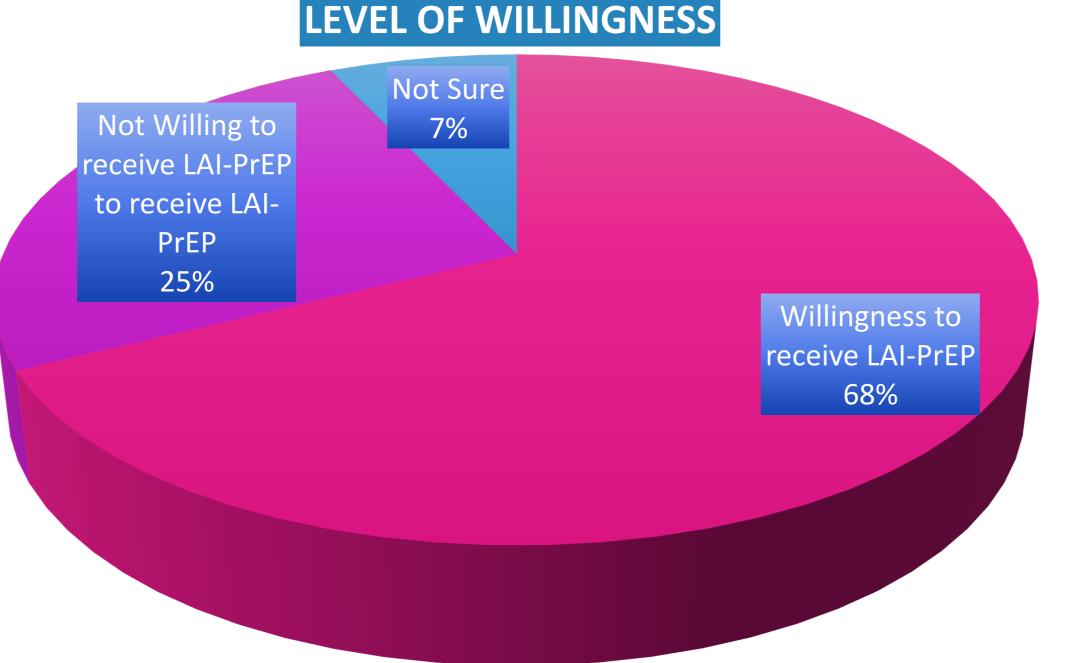
Characteristic	Previously on oral PrEP but	At risk but are naï	ve Currently on oral	Total (n=234)
	discontinued use (n=57)	about PrEP (n=75)	PrEP (n=102)	
Gender	Frequency (percentage)		•	•
Female	35 (61.4)	48 (64.0)	52 (51.0)	135 (56.7)
Male	22 (38.6)	27 (36.0)	50 (49.0)	99 (42.3)
Education*				
None	9 (16.1)	6 (8.0)	2 (2.0)	17 (7.3)
Primary	25 (44.6)	33 (44.0)	34 (33.3)	92 (39.5)
Secondary	22 (39.3)	36 (48.0)	23 (22.6)	81 (34.7)
University/graduate	0	0	43 (42.2)	43 (18.5)
Marital Status				
Single	24 (42.1)	21 (28.0)	16 (15.7)	61 (26.1)
Cohabiting	7 (12.3)	2 (2.7)	27 (26.5)	36 (15.4)
Married (Polygamous)	3 (5.3)	10 (13.3)	31 (30.4)	44 (18.8)
Divorced/separated	21 (36.8)	42 (56.0)	23 (22.6)	86 (36.8)
Widowed	2 (3.5)	0	5 (4.9)	7 (3.0)
Number of sex partners				
previous month				
None	0	0	3 (2.9)	3 (1.3)
One	0	0	23 (22.6)	23 (9.8)
Two	2 (3.5)	0	29 (28.4)	31 (13.3)
More than two	55 (96.5)	75 (100)	47 (46.1)	177 (75.6)
Had unprotected sex in				
the last 3 months				
No	4 (7.0)	0	22 (21.6)	26 (11.1)
Yes	53 (93.0)	75 (100)	61 (59.8)	189 (80.8)
Not sure	0	0	19 (18.6)	19 (8.1)
Used illicit drug before				
sex in past 6 months*				
Yes	0	15 (20.3)	41 (40.2)	56 (24.0)
Sometimes	34 (59.7)	0	0	34 (25.6)
Very frequently	23 (40.4)	0	0	23 (9.8)
No	0	32 (43.2)	49 (48.0)	81 (34.8)
Not sure	0	27 (36.5)	12 (11.8)	39 (16.7)
Use condoms				
All the time	0	0	15 (14.7)	15 (6.4)
Sometimes	0	22 (29.3)	51 (50.0)	73 (31.2)
Very frequently	0	53 (70.7)	23 (22.6)	76 (32.5)
Yes	51 (89.5)	0	0	51 (21.8)
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6 (10.5)

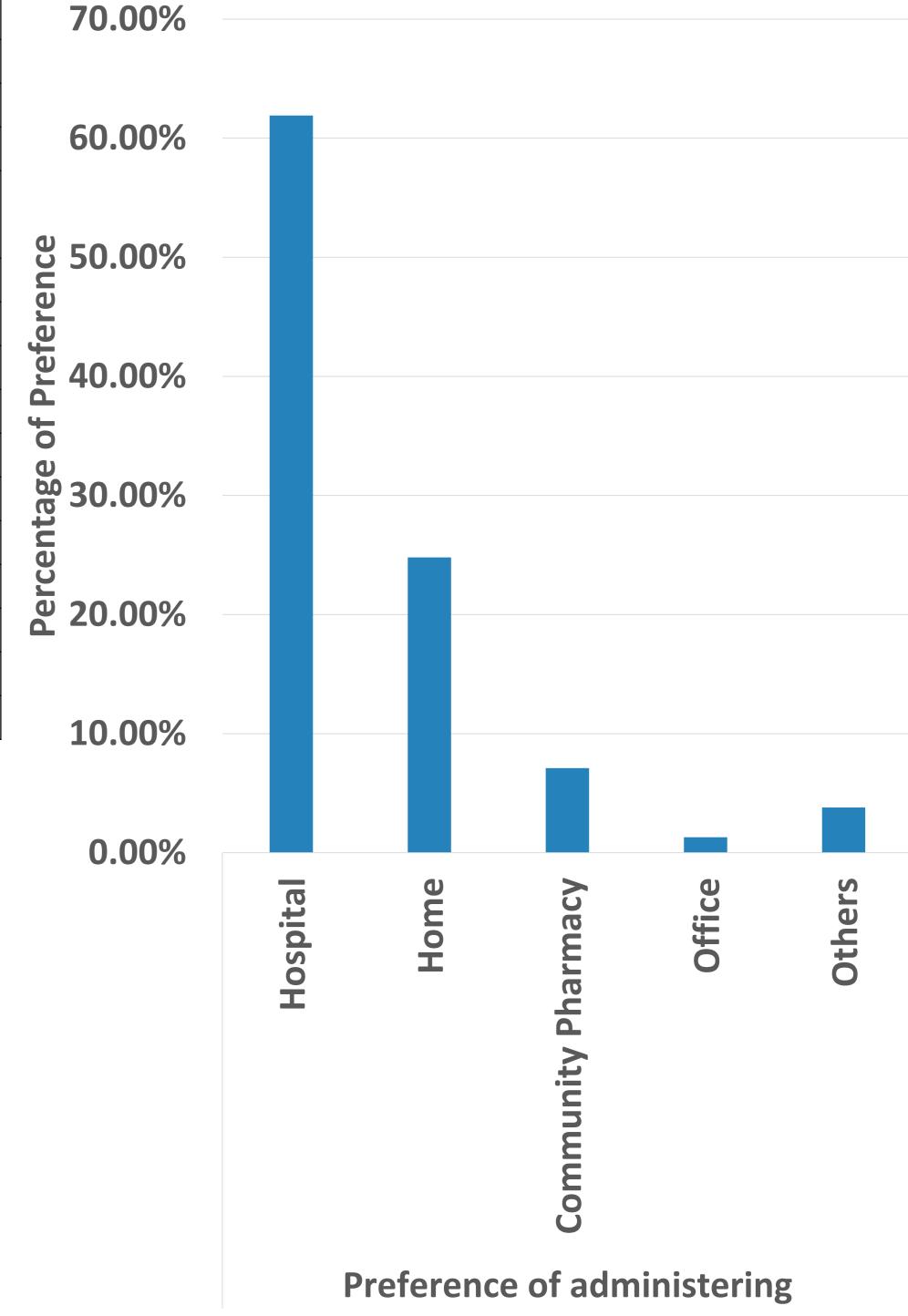
13 (12.8)

19 (8.1)



- Majority were female 135 (56.7%)
   (Fig 1)
- Unemployment rates were low at 5.6% (13) and use of illicit drug use before sex was moderate (59.4%)
- There was a high awareness of PrEP (82.5%)
- Preferred site of administration was in the hospital.
- Disengaged users (OR=3.13, CI: 1.33 7.39) and those at risk but had never initiated oral PrEP (OR=3.99, CI: 1.63 9.79) were more willing to receive LAI-PrEP compared to those currently on oral PrEP.

SITE OF PREFERRED ADMINISTRATION



### CONCLUSION

•There is high willingness by key

70 populations to use LAI-PrEP including among those who have previously disengaged. Efforts to accelerate the availability of LAI-PrEP will meet this need.

## REFERENCES

- Shrestha et al; Exploring the Use of Pre-exposure Prophylaxis (PrEP) for HIV Prevention Among High-Risk People Who Use Drugs in Treatment. 2018
- Liu et al; Early Experiences Implementing Pre-exposure Prophylaxis (PrEP) for HIV Prevention in San Francisco. 2014
- 8. WHO. The US FDA approved cabotegravir extended-release the first long-acting injectable option for HIV pre-exposure prophylaxis. 2022.
- 4. Malati et al. Long-Acting, Injectable Antiretroviral Therapy for the Management of HIV Infection: An Update on a Potential Game-Changer. 2015





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