

P016: Low uptake of Mpox and HPV vaccination among PrEP users in Switzerland

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Background

Comprehensive PrEP programs offer opportunities to promote uptake of key vaccinations in at-risk populations. The SwissPrEPared program and observational study started in April 2019 with the overall aim to improve medical care for people asking for PrEP. In Switzerland Vaccination against hepatitis B virus (HBV) is recommended for the whole population, with a focus on people at risk such as men who have sex with men (MSM). Vaccination against hepatitis A virus (HAV) is recommended for all MSM. Vaccination against human papillomavirus (HPV) is recommended for all people under the age of 27. Vaccination against mpox is recommended for MSM and trans people with multiple sexual partners, who were not diagnosed with a mpox infection in the past. Vaccination against mpox started in November 2022 in Switzerland.

Within the SwissPrEPared online consultation tool Health Care Professionals (HCP) are reminded to check for vaccination status at every PrEP visit. In this study we evaluate vaccination uptake within the SwissPrEPared study population for HAV, HBV and mpox for all participants and for HPV for all participants under the age of 27 at enrolment.

Methods

Within the SwissPrEPared program participants fill out an online questionnaire prior to their visit on health questions which are relevant for the consultation. HCPs receive a summary of the answers, helping them structure their visit. After the visit, HCPs are asked to give information in a second questionnaire about further information, such as lab results or sexually transmitted infection (STI) treatment. Information on vaccination is usually given by the HCP. However, as vaccination was only offered at certain centers, participants were also asked about their mpox vaccination status as it might be otherwise missed by the HCP in the SwissPrEPared centers where the vaccine was not offered. We analyzed data on vaccination status at baseline and after 5 and 8 visits for HAV, HBV and HPV. Baseline was defined as the second visit, as information on vaccination status was often not available on the first visit. Visits were performed according to the SwissPrEPared recommendations every 3-6 months. We analyzed mpox vaccination uptake for the 18 months after introduction of the mpox vaccine in Switzerland in November 2022.

Results

Between April 2019 and May 2025 7'530 people were enrolled in the study, of which 6'456 had at least 2 visits (baseline). At baseline 96% were MSM (cis and transgender) and 3% were trans women and nonbinary people assigned male at birth. The median age at baseline was 36 years. 4'065 completed at least 5 visits and 2'609 completed 8 visits. According to the HCP questionnaire, the rate of participants with a complete HAV vaccination status increased from 54% (3'502) at baseline to 65% (2'901) at visit 5 and 83% (2'092) at visit 8. The rate of participants with a complete HBV vaccination status increased from 65% (4'179) at baseline to 82% (3'331) at visit 5 and 88% (2'285) at visit 8.

918 (14%) participants were under the age of 27 at baseline, 456 (11%) at visit 5, and 230 (9%) at visit 8. The rate of participants under the age of 27 at baseline with a complete HPV vaccination status increased from 26% (242) at baseline to 47% (214) and 57% (132) at visit 8.

Since the introduction of the mpox vaccine in November 2022 5'878 participants had at least one visit and were never diagnosed with mpox, 2'972 (51%) took at least one mpox vaccine according to the participants' questionnaire.

Vaccination against HBV and HAV over time

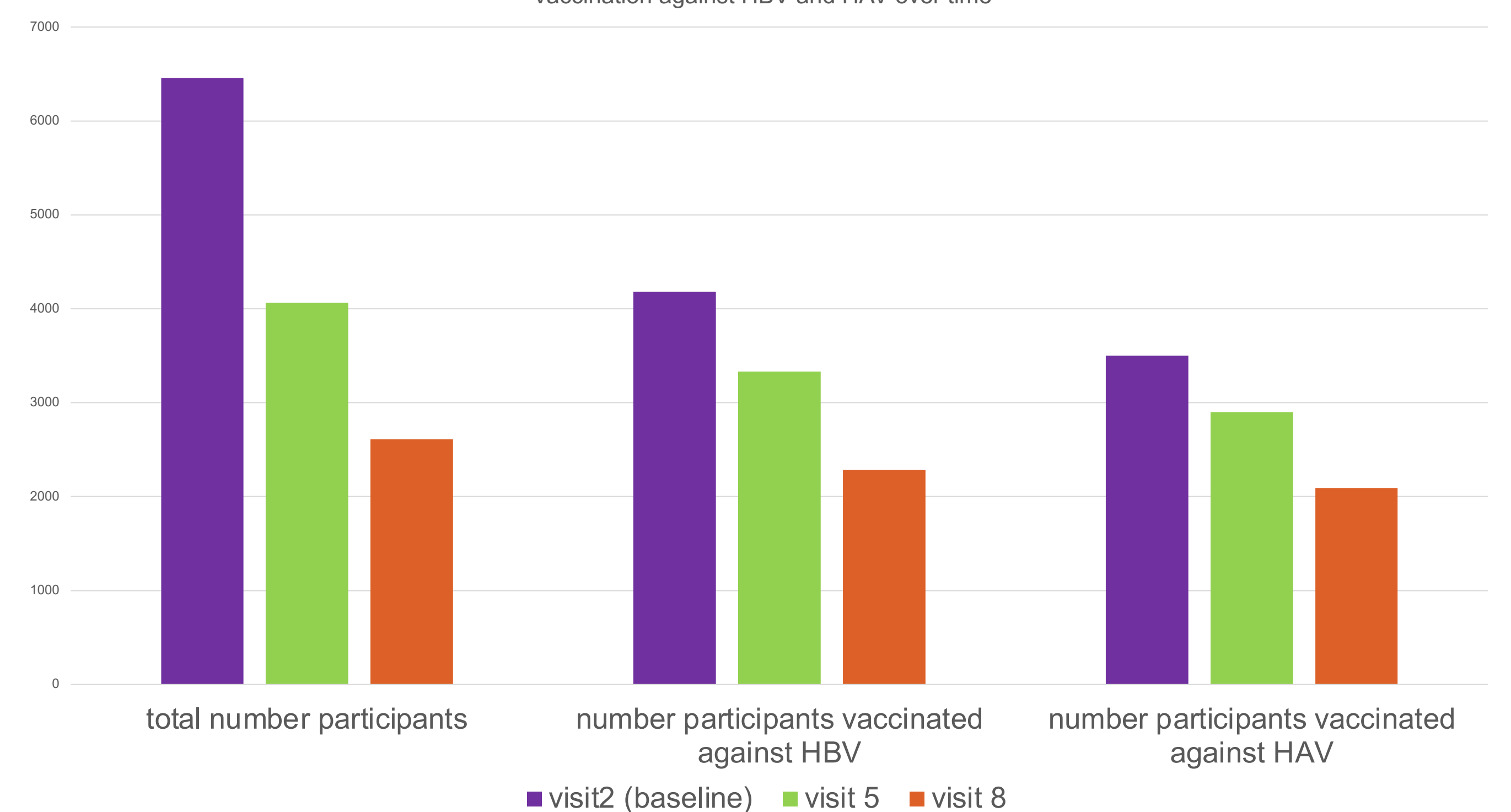


Figure 1: Number of participants vaccinated against Hepatitis B and A over time
HBV= hepatitis B virus; HAV= hepatitis A virus

Vaccination against HPV among participants <27years old over time

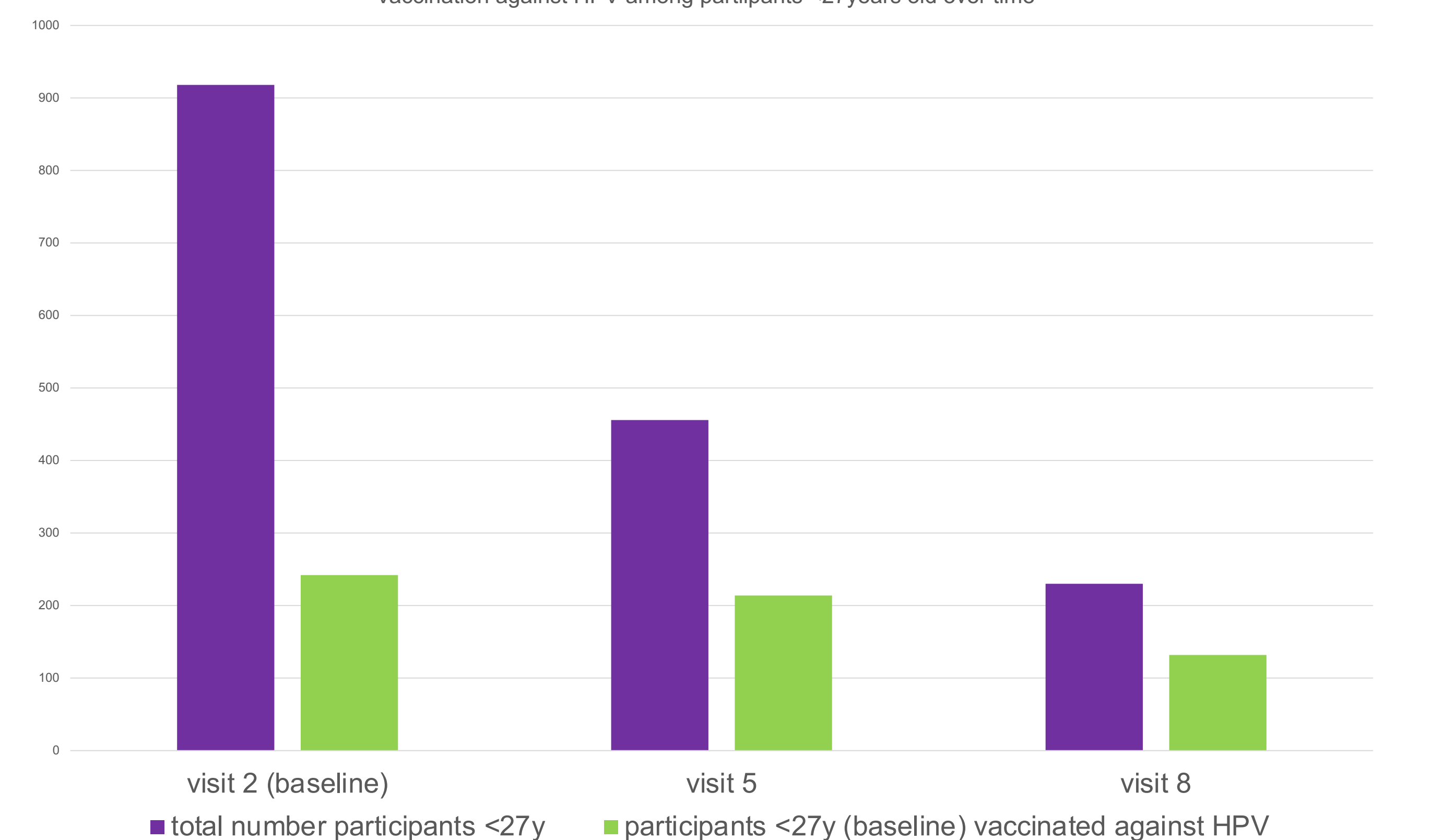


Figure 2: Number of participants reported to be vaccinated against HPV over time
HPV= Human Papillomavirus

Conclusions

- All vaccine rates increased over time in this comprehensive PrEP program, however remained low for HPV and mpox.
- As HBV vaccination titer controls are recommended for PrEP users in Switzerland, the number of underreported HBV vaccines is considered low, might however be higher for HAV and HPV, as people might not remember, if they are vaccinated or lost their vaccination certificate. HCPs might have also just not asked the participants.
- The low number of mpox vaccination might be due to the fact that vaccination started very late in Switzerland, when numbers of new infections were already low globally thanks to several prevention measures.
- Considering that people who take PrEP are generally open for medical preventive measures, more research is needed to understand how to increase vaccination coverage among this population.