

# Importance of the Primary Care Physician in HIV PrEP Adherence During a Pandemic

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## Background & Introduction

- September 2015: CDC approves emtricitabine-tenofovir (PrEP) as a daily pre-exposure prophylactic medication for preventing HIV infections for the following patients: Men who have sex with men (MSM), persons at high risk through heterosexual contact, and persons who inject drugs.
- 2017: WHO declares PrEP to be an essential medicine, gaining widespread acceptance for outpatient care.
- 2020: The COVID-19 pandemic vastly disrupts the healthcare system, with several studies showing lower rates of PrEP prescriptions during the pandemic, particularly among Black and Latinx groups.
- At Rutgers New Jersey Medical School (NJMS), the Infectious Diseases Practice (IDP) provides primary care for all trans-identifying individuals (TI). The division of youth and adolescent medicine (DAYAM) provides primary care for most adolescents and young adults (AYA) ages 18-24. Internal medicine (IM) and Family medicine (FM) provide primary care to all patients they see
- In this analysis we attempt to ascertain if a distinct correlation existed between the effect of the SARS CoV-2 pandemic on adherence to HIV PrEP at NJMS in Newark, NJ.

## Materials & Methods

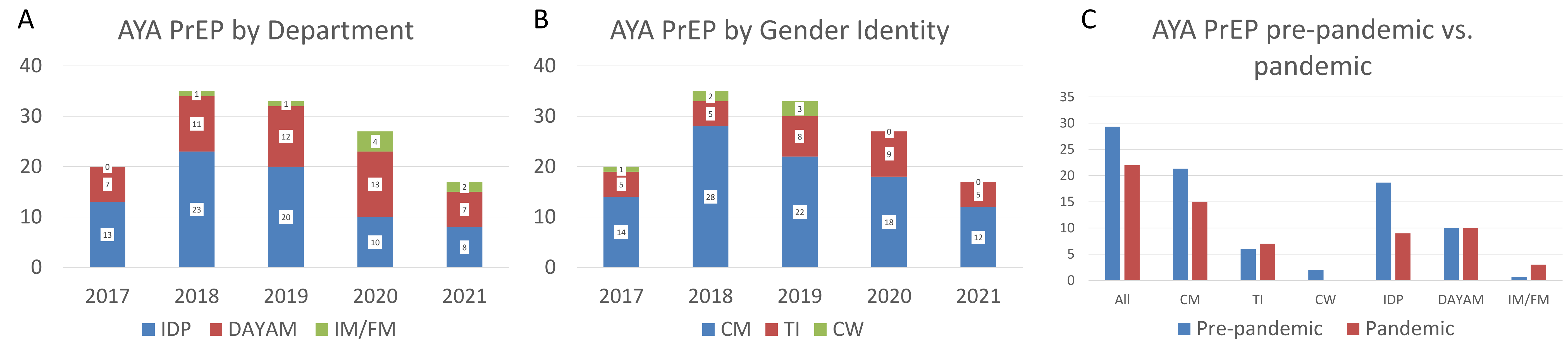
- Medical records at Rutgers NJMS were queried for PrEP prescriptions from 2017-2021. All duplicate entries, and all patients prescribed emtricitabine and tenofovir for HIV or HEP B treatment were removed.
- Years 2017-2019 were defined as “pre-pandemic” and years 2020-2021 were defined as “pandemic.” At University Hospital DAYAM served as primary care for AYAs and IDP served as primary care for TIs. IM/FM served as primary care for all their patients.
- Descriptive statistical analysis was performed using 2-tailed parametric T test

## References

- Impact of COVID-19 on HIV preexposure prophylaxis care at a Boston community health care center. Douglas Kralkower et al. 2020. IAC
- Characterizing the impact of COVID-19 on Pre-Exposure Prophylaxis (PrEP) Care. Brook Rogers et al. 2021. AIDS Behavior 3754-3757
- [www.cdc.gov/hiv/basics/prep.html](http://www.cdc.gov/hiv/basics/prep.html)
- [www.who.int/tools/prep-implementation-tool](http://www.who.int/tools/prep-implementation-tool)

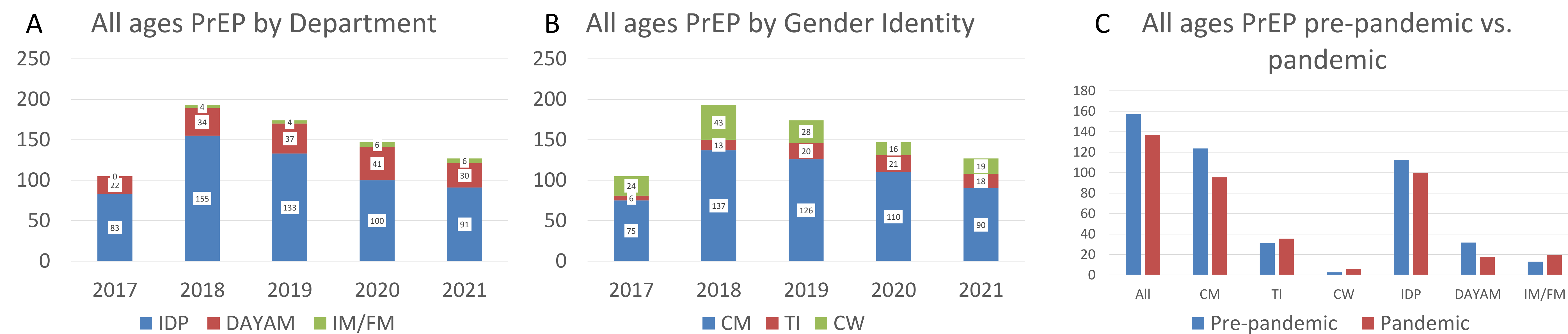
## Results

Figure 1



Average annual PrEP prescriptions for AYAs overall declined by 25% ( $p = 0.38$ ) pre-pandemic to pandemic but the average annual PrEP prescriptions for AYAs from DAYAM remained the same pre-pandemic to pandemic

Figure 2



Average annual PrEP prescriptions for all individuals at NJMS experienced a non-statistically significant decline of 13% ( $p = 0.53$ ) pre-pandemic to pandemic but the average annual PrEP prescriptions for TIs experienced a non-statistically significant increase 15% ( $p = 0.58$ ) and average annual PrEP prescriptions by IM/FM experienced a non-statistically significant increase during the pandemic

CM = cis-male, CW = cis-woman, TI = Trans-identifying individual, IDP = Infectious diseases practice, DAYAM = division of adolescents and young adults, IM/FM = internal medicine and family medicine. Error bars shown are 1 standard deviation of the average annual PrEP prescriptions in each category.

## Conclusions

- Overall, Rutgers NJMS experienced a small, non-statistically significant decrease in PrEP prescriptions during the pandemic despite serving a majority Black and Latinx population.
  - Patient subgroups at NJMS who primarily received PrEP from their primary care provider (AYAs from DAYAM, TIs from IDP, and IM/FM patients) did not experience a decline in average annual PrEP prescriptions during the pandemic.
  - Primary care physicians prescribing their own patient’s PrEP plays a key role in PrEP continuity during a pandemic.
- Limitations to the study are as follows: Small sample size limited to one medical center study; retrospective; overall decrease in PrEP prescriptions may partially be due to decreased risky sexual activity during the pandemic; decrease in in-person visits, the role of telemedicine and potential patient limitation to technology.