

P436 BARRIERS TO ADHERENCE TO HIV TREATMENT AMONG ADOLESCENTS AND YOUTH ENROLLED IN ARV IN TWO DISTRICT HOSPITALS IN RURAL RWANDA

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Background Rwanda provides free HIV treatment to all HIV positive person. Adolescents and youth have poorer treatment adherence and experience higher treatment failure than adults. This study aimed at exploring the barriers to adherence among adolescents and youth in two district hospitals in rural Rwanda.

Methods Adolescents and youth within the age of 10 to 24 years who have been on HIV treatment for at least one year in the two hospitals and their appointment adherence were identified through electronic medical records. Questionnaires were completed by consented participants or their parents and were used to measure treatment adherence in the previous 30 days and in the previous 3 days. In-depth interviews were also conducted to explore the factors associated with poor adherence and outcomes.

Results Among the 139 adolescents enrolled for treatment, 58% had good appointment keeping. Out of the 72 questionnaires completed, 87% reported adhering to at least 95% of treatment in the previous 30 days and 47% reported poor adherence in the previous 3 days. Reported factors causing poor adherence included poverty, stigma, and lack of parents.

Conclusion The level of adherence to HIV treatment was low among adolescents and youth in rural Rwanda. Creation of projects that can improve social economic status to Adolescent who are on HIV treatment as well as provision of family care to orphanage HIV adolescent patients would improve their treatment adherence.

Disclosure No significant relationships.

P438 GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN PREFER SEXUAL HEALTH CLINIC NURSES OVER FAMILY PHYSICIANS FOR PREP DELIVERY

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Background More providers are needed to deliver PrEP at scale. We examined intentions to seek PrEP from family physicians (FPs) and sexual health clinic nurses (RNs) within an implementation science study on decentralizing PrEP delivery to gay, bisexual and other men who have sex with men (gbMSM).

Methods Strategy A was a knowledge dissemination intervention in which community organizations distributed info-cards

to gbMSM considering PrEP. Men used the cards to view an online module and meet with their FPs, who could use the card to complete an accredited e-module about PrEP. Strategy B was an implementation intervention in which gbMSM could instead access PrEP from sexual health RNs. Participants completed an optional survey at baseline and 6 months. We used descriptive statistics to characterize the sample and logistic regression to identify characteristics associated with intentions to seek PrEP from FPs vs RNs.

Results From 3013 cards distributed, 339 men accessed the module; 179 completed the baseline survey and are included in this analysis. Median (IQR) age was 31 (26,40) years, 97.7% were cisgender males and 46.4% had a prior bacterial STI. Most (n=119, 66.5%) had a FP, of which only 59.5% were 'out' to them. Of 97 respondents with a FP and wanting to start PrEP, 35.1% vs 65.0% intended to use Strategy A vs B respectively (p=0.003). In univariable analyses, characteristics associated with intent to approach FPs included being 'out' to that doctor (OR=10.67, 95%CI=3.35, 33.96), very good/excellent physician skills in general communication (OR=3.42, 95%CI=1.38, 8.48) and participatory decision-making (OR=3.33, 95%CI=1.14, 9.79). In multivariable analysis, being 'out' was the only significant predictor (aOR=14.35, 95%CI=1.59, 129.83).

Conclusion Among gbMSM with a FP, sexual health clinic RNs were preferred over FPs for PrEP by most. Multiple strategies are needed to increase numbers of PrEP providers, including interventions to help gbMSM feel comfortable disclosing sexual orientation.

Disclosure No significant relationships.

P439 INSURANCE COVERAGE, FINANCIAL STRAIN, AND ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS AMONG GAY/BISEXUAL MEN IN THE UNITED STATES

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Background Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV infection, but many at-risk patients have difficulty adhering to the drug over time. Past studies suggest that financial factors, including health insurance coverage, high out-of-pocket expenses, and more general financial strain, may be key factors in PrEP care utilization particularly in the United States, where PrEP is not covered by all insurance plans. However, to date, few studies have explored whether these factors co-occur with disruptions in adherence that are long enough to reduce PrEP's effectiveness.

Methods We recruited 40 PrEP-experienced patients from a sexual health clinic in the northeastern US and instructed them to dispense their PrEP from an internet-connected pill bottle over a 6-month study period. During the study period, participants were also asked to complete monthly surveys assessing insurance coverage, type, and financial strain.

Results GEE models showed that the odds of having a lapse in PrEP adherence of 3+ days were also nearly three times higher in months when participants had incomplete insurance coverage (OR=2.94, p<0.001) and the rate of lapse days was five times higher (IRR=5.00, p < 0.001). Participants also had significantly higher percent adherent days ($\beta=0.23$, p=0.003) and lapse days occurred nearly four times less often