RESEARCH LETTER

Does providing laboratory confirmed STI results impact uptake of HIV pre-exposure prophylaxis (PrEP) uptake among Kenyan adolescents girls and young women? A descriptive analysis

In 2018, one-third of incident adult HIV infections in Kenya occurred among adolescent girls and young women (AGYW) aged 15–24 years.^{1 2} Pre-exposure prophylaxis (PrEP) is approved as part of the national HIV prevention interventions.^{3 4} AGYW have the lowest uptake of PrEP coupled with high discontinuation rates.^{5–7}

Sexually transmitted infections are known to increase the risk of HIV acquisition.⁸ Prevalence of STIs in sexually active AGYW is high.⁹ This drives health seeking behaviour in this population and is a good opportunity to provide PrEP at point of care.

We hypothesised that availing STI results would augment PrEP uptake among AGYW.

Participants were followed quarterly with STI testing for *Neisseria gonorrhoeae*, *Chlamydia trachomatis* and *Trichomonas vaginalis*. From January 2018 to December 2018, we screened for PrEP eligibility with a validated HIV risk assessment tool (figure 1) which asks seven questions to assess risk and recommends PrEP for any 'Yes' answers. PrEP uptake was defined as the number of girls initiating PrEP among those offered PrEP.¹⁰ χ^2 testing was used to compare PrEP uptake with other variables.

Overall, 220 participants were assessed. PrEP knowledge was high, 179 AGYW (81.4%) reported having heard of PrEP but only 15/220 (6.8%) reported ever considering using PrEP. One hundred and sixty-seven girls (76%) reported sexual debut and were assessed for HIV risk. Of 167 sexually active participants, 119 (71.3%) reported inconsistent condom use and 20 (12%) had a confirmed STI. All at-risk participants were offered PrEP on site; 9 (5.4%) accepted. Regardless of high HIV risk, 158 (94.6%) participants did not perceive themselves at risk and declined PrEP; 90 (57%) of the PrEP decliners reported inconsistent condom use in the 3 months prior to HIV risk assessment.

MINISTRY OF HEALTH NATIONAL AIDS & STIs CONTROL PROGRAM

PrEP Rapid Assessment Screening Tool (RAST)

Age: _____ Sex: _____ Date: _____

1. What is your HIV status? (if response is positive discontinue assessment else administer all questions)

☐ Negative ☐ Positive ☐ Unknown ☐ Unwilling to disclose

2. What is the HIV status of your sexual partner(s)?

☐ Negative ☐ Positive ☐ Unknown

In the past 6 months

3. Have you had sex without a condom with a partner(s) of unknown or positive HIV status?

☐ No ☐ Yes

4. Have you engaged in sex in exchange of money or other favors?

☐ No ☐ Yes

5. Have you been diagnosed with or treated for an STI?

☐ No ☐ Yes

6. Have you shared needles while engaging in intravenous drug use?

☐ No ☐ Yes

7. Have you been forced to have sex against your will or physically assaulted including assault by your sexual partner(s)?

☐ No ☐ Yes

8. Have you used post exposure prophylaxis (PEP) two times or more?

☐ No ☐ Yes

Refer the client for further PrEP assessment at the health facility if:

HIV status of the sexual partner(s) is Positive or Unknown

Any Yes to the screening questions

Remarks

Figure 1 NASCOP PrEP Rapid Assessment Screening Tool.

A higher proportion of AGYW with an STI diagnosis accepted PrEP 4/20 (20%) compared with AGYW who were eligible for PrEP but without an STI diagnosis 5/147 (3.4%).

There is a studied effort to evaluate PrEP delivery to AGYW in sub-Saharan Africa with ongoing demonstration projects: daily adherence reminders (m-health option), conditional cash transfers, bundling with reproductive healthcare and use of real-time electronic monitoring. Stigma remains a challenge, as many are not willing to admit that they may be at risk of HIV. Our work had some limitations. PrEP rollout was quite new at the time of this study, and AGYW may not have felt comfortable as early initiators. Participants took HIV tests quarterly and at this point most had received multiple negative HIV tests, which may have reinforced their self-perception of being low risk for HIV. Finally, the routine STI testing offered is unavailable in most settings, which may have limited understanding of

the implication of an STI. In conclusion, we observed improved PrEP uptake in a group of AGYW when an STI diagnosis was made. Concrete evidence of risk, in the form of an STI diagnosis, might be an important factor in improving PrEP uptake.

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