

Title:

HIV pre-exposure prophylaxis (PrEP) prescription rates among adolescents and young adults (AYAs) at an urban academic medical center in Newark, NJ from 2017-2019: A quality assessment of HIV prevention for high-risk youth within the epicenter of the NJ HIV epidemic

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Background:

In 2017, 21% of new HIV diagnoses occurred in AYAs (13-24), disproportionately among black and Hispanic men who have sex with men (MSM). However, only 0.1-1.5% and 9.5-15.4% of national PrEP prescriptions have been provided to AYAs under 18 and 24, respectively, with a white male majority. In 2018, PrEP was approved for use in adolescents weighing >35kg. However, limited studies on AYA provider attitudes suggest lack of familiarity of PrEP and concerns about adherence, safety, confidentiality, and cost have led to a slow uptake among AYAs. Here we describe the AYA PrEP prescription rates at NJMS in the Infectious Disease Practice (IDP) and Division of Adolescent and Young Adult Medicine (DAYAM).

Methods:

Medical records were queried for patients prescribed Truvada PrEP at NJMS from 2017-2019 to assess specialty-specific prescription rates and demographics of AYAs on PrEP.

Results:

Of the 273 PrEP patients, 2.2% (n=6) and 20.5% (n=56) were under 18 and 24, respectively. IDP and DAYAM respectively prescribed PrEP to 62.5% (n=35) and 33.9% (n=19) of AYAs. Among AYAs on PrEP, 71.4% were black, 21.4% Hispanic, 19.6% transgender women (TGW), and 85.7% MSM/TGW who have sex with men. Most (73.7%) AYAs at DAYAM received PrEP from their PCPs compared to 5.7% at IDP.

Conclusion:

AYA PrEP prescription rates at NJMS exceeded national estimates, driven by IDP/DAYAM, in contrast to national data identifying emergency, family and internal medicine providers as common AYA PrEP prescribers. Compared to national data, our AYAs on PrEP better reflected national PrEP indications by race and HIV risk factor. IDP/DAYAM routinely identify high-risk AYAs, assess PrEP eligibility using detailed, nonjudgmental sexual histories, and prescribe PrEP to AYAs. Primary care should be integrated into subspecialty clinics to include PrEP in routine sexual/reproductive health services. PCPs in other fields should expand AYA PrEP prescriptions to further engage youth in HIV prevention.

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