

# Assessing Adherence, Follow up, and Effectiveness of HIV Pre-Exposure Prophylaxis in the Hamilton-Niagara Region

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Conflict of Interest Disclosure: We have no conflicts of interest.

## Introduction

The objective of this chart review is to assess the **experience of patients accessing PrEP** at the Hamilton PrEP Clinic

- Patient populations using PrEP in Canada merit specific review because the circumstances of health care delivery, patient referral, drug coverage, and sociopolitical climate are varied from those in other countries where research has been completed.
- Patients outside major urban centres have different experiences in accessing specialized health services

## Methods

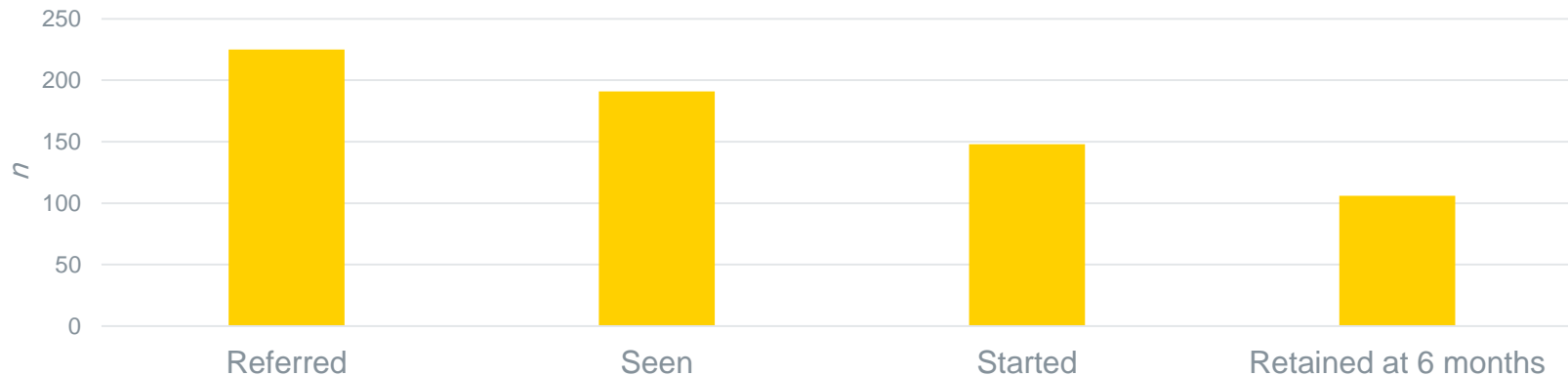
Retrospective chart review of patients at the Hamilton PrEP clinic from 2015-2019.

Data points collected in October 2019: number and method of referral, reasons for not starting PrEP, STI diagnoses, and kidney function over time.

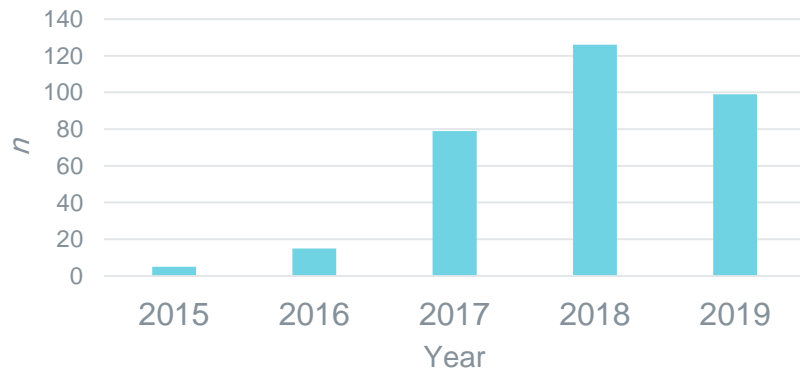
Patient data anonymized and entered using Research Electronic Data Capture (REDCap)

# Results

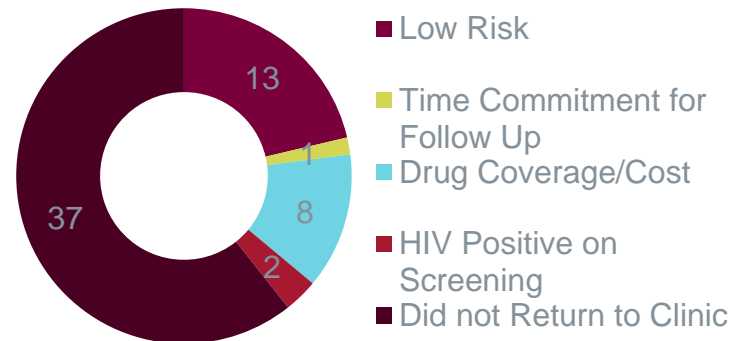
## Figure 1 PrEP Cascade



## Figure 2 Number of Referrals

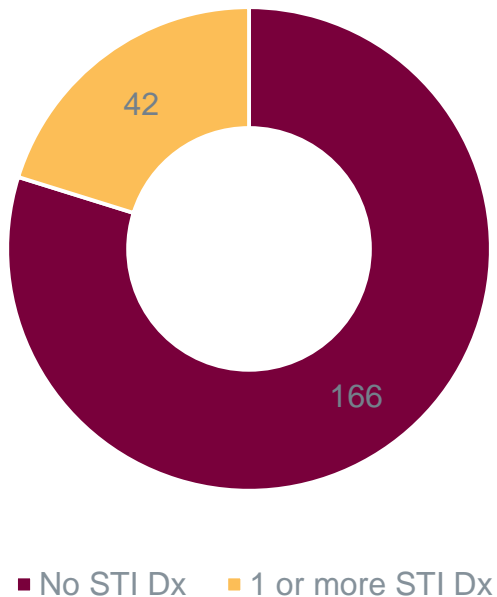


## Figure 3 Barriers to Starting PrEP (n)

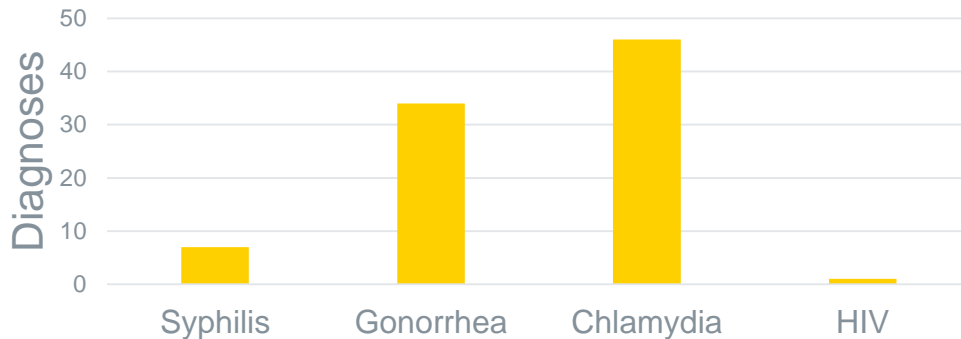


# Results

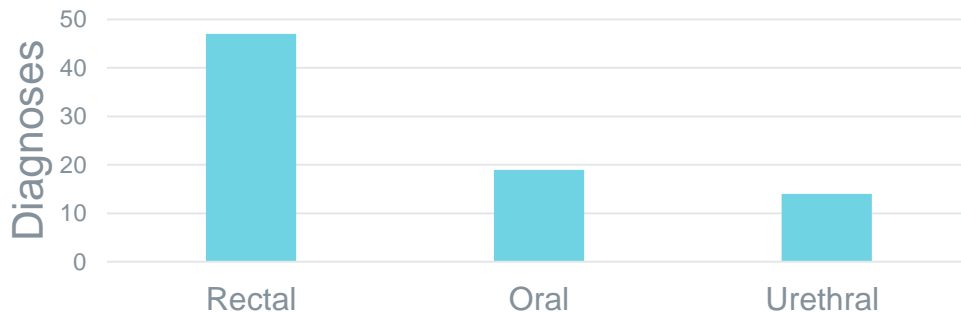
**Figure 4** Number of Study Participants with STI Diagnoses



**Figure 5** Number of STI Diagnoses



**Figure 6** Site of STI Diagnoses



# Discussion and Conclusions

Family physicians and public health agencies should continue to increase access to meet this demand.

Increasing referrals demonstrate increased awareness and demand for PrEP in the community

The most common reason for not starting PrEP was not returning to clinic (61%). This may be alleviated by increased access to PrEP in the community, as well as follow-up by allied health professionals.

13% did not start for financial concerns. Many patients are not covered by OHIP+

No seroconversions during the study period, despite continued condomless anal sex evidenced by rectal STIs.