Left Your PrEP Appointment Without a Prescription? HIV Risk May Double

Disparities in who gets a PrEP prescription and who doesn't show up even among those with access to care.

August 31, 2021 By Heather Boerner

If you're not white, male and older than 25, the health care system needs to do a whole lot better to enable you take and stay on HIV pre-exposure prophylaxis (PrEP), according to a study published in JAMA Network Open.

The study reviewed the continuum of PrEP care at Kaiser Permanente Northern California between July 2012 and March 2019. The continuum of care is the process through which the health system identifies a person's need for or supports a person's desire for HIV prevention, links that person to a PrEP provider and gets them a prescription. Then it follows whether the person actually takes the pills, for how long and whether they acquire HIV.

Previous research shows that the health care system repeatedly fails to refer people of color, the partners of trans people, women, young people and other people who could benefit from the HIV prevention pill to someone who can prescribe it to them. Even public health systems funded specifically to do that have come up short.

During the study period, 13,906 people receiving care at Kaiser Permanente Northern California were linked to a PrEP provider. They were a median of 33 years old, and almost all (95%) were men. Nearly half (49%) were white, 7% were Black and 22% were Latino. Just 4% received PrEP through public insurance, such as Medicaid.

While one in five of those people linked to PrEP care were in the especially vulnerable 18 to 25 age group, the vast majority were over 25. But that's only among people who were linked to a PrEP provider, not those who actually took PrEP. For instance, 88% of all those linked to a PrEP prescriber received a prescription.

Who was left out?

- Women were 44% less likely than men to receive a prescription;
- Young people were 33% less likely than 26- to 35-year-olds and 41% less likely than 36- to 45-

year-olds to receive a prescription;

- People in the lowest income bracket were 28% less likely to receive a prescription than those in the highest income bracket;
- Black adults were 26% less likely than white people to receive a prescription;
- Latinos were 11% less likely than white people to be prescribed PrEP.

HIV acquisition was low in the study: Just 136 people received an HIV diagnosis while in PrEP care, a rate of 0.35 new cases per 100 person-years. But the rate was nearly two and a half times that of those who spoke to a clinician but did not receive a PrEP prescription (for example, because they were deemed to be at low risk for HIV or because they weren't ready to start on it immediately). And the rate was especially high—three times the average—for people who discontinued PrEP and did not reinitiate it.

Click here to read the full study.

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