

Evaluation of an adaptative, multidisciplinary, reach-out program, facilitating HIV pre-exposure prophylaxis (PrEP) prescription and retention, in a group of trans women (TW) at high risk of HIV infection.

Preliminary results from the PrEP à porter study

Valentina Isernia¹, Françoise Ouvrard², Frezzia Peralta³, Minerva Cervantes¹, Aïssatou Faye⁴, Luis Sagaon-Teyssier⁴, Gabriel Girard⁴, André Deprez¹, Sylvie Le Gac², Aïda Benalycherif⁶, Roland Landman⁶, Bruno Spire⁴, Laszlo Blanquart³, Jade Ghosn^{1,2}

1. Infectious Diseases Department, Hôpital Bichat - Claude Bernard, Paris France, 2. CoReSS Ile-De-France Nord-Ouest, Paris, France, 3. ACCEPTESS-T, Paris, France. 4. Aix Marseille Univ, Inserm, IRD, SESSTIM, Sciences Economiques & Sociales de la Santé & Traitement de l'Information Médicale, Marseille, France. 5. IMEA, Paris, France

PURPOSE :

The main objective of the PrEP à porter study was to assess new strategies to increase PrEP retention in care among transgender women (TW).

METHOD :

This was a single arm, single center, holistic operational research cohort (minimum 48 weeks of follow-up) consisting of a multidisciplinary hospital-community reach-out program for TW followed-up for PrEP. This program involved (IMAGE 1) **peer mediator assessment for social issues, sexual transmitted infections testing, PrEP clinics provided by a Spanish-speaking physician from Bichat Hospital, mental health space, legal support for transphobia related crimes.** TW participating in the cohort were invited to actively participate in the conceptualization of the service via **focus groups (FG)** in order to identify PrEP obstacles and to co-create tailored solutions.

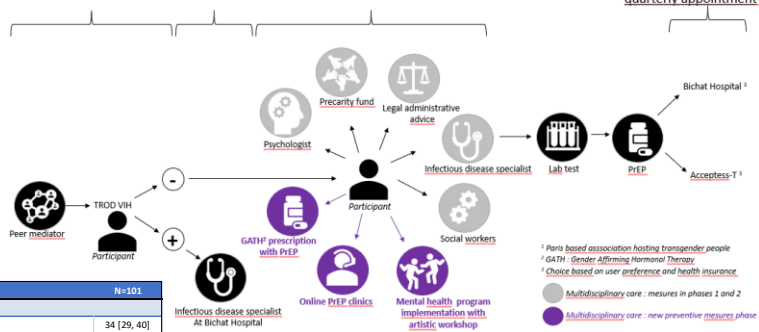
RESULTS :

Between October 2022 and January 2025, a total of 101 TW were included in the study. Median age was 34 years and most of participants originated from South America (88%, 89/101). Ninety one percent (92/101) were on sex work and 50% (51/101) had regular health insurance. Baseline EPICES score** was >30 in (85/86) 99% of cases. TABLE 1

Group	Retained in care W48 N=67 (%)	Not Retained in care W48 N=34 (%)	Total N (%)	p-value [†]
on PrEP at baseline, n	48 (72%)	12 (35%)	60 (59%)	<.0001
not on PrEP at baseline, n	19 (28%)	22 (65%)	41 (41%)	
Health insurance				0.079
Yes	38 (57%)	13 (38%)	51 (50%)	
No	29 (43%)	21 (62%)	50 (50%)	
Vaccination				
Hepatitis A				0.11
yes complete	23 (34%)	6 (18%)	29 (29%)	
yes incomplete	0 (0%)	0 (0%)	0 (0%)	
no	2 (3.0%)	1 (2.9%)	3 (3.0%)	
unknown	11 (16%)	12 (35%)	23 (23%)	
not indicated (if patient already immunized)	31 (46%)	15 (44%)	46 (46%)	0.060
Hepatitis B				
yes complete	25 (37%)	8 (24%)	33 (33%)	
yes incomplete	9 (13%)	1 (2.9%)	10 (9.9%)	
no	3 (4.5%)	2 (5.9%)	5 (5.0%)	
unknown	8 (12%)	11 (32%)	19 (19%)	
not indicated (if patient already immunized)	22 (33%)	12 (35%)	34 (34%)	0.086
HPV				
yes complete	5 (7.5%)	0 (0%)	5 (5.0%)	
yes incomplete	1 (1.5%)	1 (2.9%)	2 (2.0%)	
no	19 (28%)	4 (12%)	23 (23%)	
unknown	32 (48%)	19 (56%)	51 (51%)	
not indicated (if patient already immunized)	10 (15%)	9 (27%)	19 (19%)	0.009
Place of follow-up				
Acceptess-T	14 (22%)	18 (53%)	32 (33%)	
Bichat Hospital	32 (51%)	10 (29%)	42 (43%)	
Both [‡]	17 (27%)	6 (18%)	23 (24%)	
Multidisciplinary services offer				
Participants interested in mental health space				0.004
No	21 (32%)	20 (63%)	41 (42%)	
Yes	45 (68%)	12 (38%)	57 (58%)	
Participants interested in social administratives support				0.28
No	10 (15%)	8 (24%)	18 (18%)	
Yes	55 (85%)	25 (76%)	80 (82%)	
Participants interested in legal advice service				0.012
No	24 (37%)	21 (64%)	45 (46%)	
Yes	41 (63%)	12 (36%)	53 (54%)	
Participants interested in precarity fund				0.006
No	33 (50%)	26 (79%)	59 (60%)	
Yes	33 (50%)	7 (21%)	40 (40%)	
Participants interested in gender affirming hormonal therapy prescription with PrEP [‡]				0.010
No	42 (63%)	9 (60%)	51 (84%)	
Yes	4 (8.7%)	6 (40%)	10 (16%)	

[†] Pearson's Chi-squared test; Wilcoxon rank sum test; Fisher's exact test
[‡] Some appointments are performed at Acceptess-T headquarter and some others at Bichat hospital depending on participants preference and health insurance coverage (In France, PrEP follow up is completely free of charge for patients without health insurance if performed at hospital social health center).
[§] Applicable at the end of phase 1, when phase 2 gender-affirming hormonal therapy clinics were scheduled

Image 1 : Partnership between Infectious Diseases Department at Bichat's Hospital and ACCEPTESS-T[†] in IMEA066_PrEP à Porter study



Age	Years, median	34 [29, 40]
Place of birth		
South America, n		89 (88.1%)
Africa, n		5 (4.9%)
Europe, n		2 (2.0%)
Asia, n		2 (2.0%)
Oceania, n		1 (1.0%)
Middle East, n		1 (1.0%)
Caribbean, n		1 (1.0%)
Sex work	n	92 (91,1%)
Health insurance		
social security, AME, or CMU		51 (50,5%)
Habitus		
alcohol (regular or occasional)		78 (77,2%)
current smoking		34 (33,7%)
current psychoactive substances use		44 (43,6%)
Gender affirming hormonal therapy	n	38 (37,6%)
Vaccination		
Hepatitis A		75 (74,2%)
Hepatitis B		67 (66,3%)
HPV		24 (23,8%)
Baseline EPICES** score, N=86		
>30, n		85 (98,8%)
Group		
on PrEP at baseline, n		60 (59,4%)
not on PrEP at baseline, n		41 (40,6%)
Follow-up at W48		
Retained in care, n		67 (66,3%)
Not retained in care*, n		34 (33,7%)

*at least two consecutive quarterly appointments missed
 ** EPICES (Evaluation of Precarity and Health Inequalities in the French Health Examination Centers) is a multidimensional index of material and social deprivation related to health status. The score is continuous, ranging from 0 (no precarity) to 100 (maximum precarity). Score > 30 is considered a cut off for precarious conditions.

Most of TW were on daily PrEP (94%, 95/101). No cases of HIV seroconversion were reported. Sixty-six percent (67/101) of participants were retained in care at W48.

Compared to those who were lost to follow-up, a great proportion of retained participants was already on PrEP at study inclusion and declared to be more interested in the multidisciplinary offer at baseline evaluation. TABLE 2

New measures elaborated by participants during FG are summarized in IMAGE 1.

CONCLUSION :

In this cohort of TW on PrEP with a high degree of precariousness, **a multidisciplinary offer seemed key in retention in care.**

The cohort will be continued with the implementation of the new measures based on participants' suggestions. We will assess the impact on retention in care 48 weeks after these new measures' implementation.