High PrEP uptake and low HIV viremia when PrEP is integrated into Ugandan ART clinics

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BACKGROUND

- Integrated delivery of PrEP and ART was highly effective at preventing HIV transmission to HIV-negative members of HIV-serodifferent couples in demonstration projects.
- Further evaluation is needed to:
  - Evaluate PrEP initiation and persistence when integrated delivery is located within public ART clinics.
  - Determine whether presence of an integrated PrEP and ART program yields increases in clinic-based levels of ART initiation and HIV viral suppression in partners living with HIV.

DESIGN

Stepped-wedge cluster randomize trial design

**RESULTS**

Offering PrEP within ART clinics reached a high proportion of people in HIV serodifferent relationships with no statistical difference in high levels of HIV viral suppression among partners living with HIV.

**FREQUENCY OF PRFP INITIATION BY STEP AND FACILITY**

- **Step 1 (~6 months)**
  - Group A clinics: 100%.
  - Group B clinics: 80%.
  - Group C clinics: 70%.

- **Step 2 (~6 months)**
  - Group A clinics: 90%.
  - Group B clinics: 80%.
  - Group C clinics: 70%.

- **Step 3 (~6 months)**
  - Group A clinics: 90%.
  - Group B clinics: 80%.
  - Group C clinics: 70%.

**CONCLUSIONS**

- Integrating PrEP into existing ART programs resulted in high initiation of PrEP by HIV-negative members of HIV-serodifferent couples.
- At 6 months of initiating ART, viral suppression was high among all partners living with HIV.
- There was no statistically significant difference in the frequency of viral suppression at 6 months during control and intervention periods.

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