

PrEP to reduce HIV incidence not available in one in three New England colleges and universities

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Young gay, bisexual, and other men who have sex with men (MSM), accounted for 80% of new HIV infections among youth ages 13–24 in

2018 and represents a priority population for HIV prevention. HIV pre-exposure prophylaxis (PrEP) with daily oral tenofovir/emtricitabine reduces HIV incidence by more than 90% in MSM, yet remains underutilized.

For many young MSM, the time-period of highest HIV risk occurs during their college years. While college student health services (SHS) are uniquely positioned to provide HIV prevention services, little is known about the availability of PrEP in those settings.

A new survey of medical directors of New England colleges and universities SHS by researchers at Boston University Chobanian & Avedisian School of Medicine has found that more than one-third of those institutions did not offer PrEP. The study reveals a substantial gap in PrEP access and a lost opportunity to reach more students during a critical time of increased HIV risk behaviors.

"The low rates of PrEP coverage within the college-age group represents an untapped opportunity to deliver PrEP to college-enrolled young MSM and other students not currently reached by traditional outpatient services," said corresponding author Samantha Rawlins-Pilgrim, MD, MSc, voluntary assistant professor of medicine at the School.

In an effort to determine the availability of PrEP in SHS, the researchers conducted an electronic survey of medical directors at New England colleges and universities. Of 143 institutions surveyed, 36% of institutions did not offer PrEP. Institutions that did were more likely to be four-year private schools with higher endowments.

According to the researchers, PrEP provision was strongly tied to institutional resources and medical directors noted the need for additional support staff for PrEP implementation. Among institutions not offering PrEP, the most commonly cited barriers were lack of

insurance coverage, clinical monitoring requirements and staffing/time constraints. Access to on-site support staff, institutional willingness for new protocols, clinician peer champions and PrEP guidelines and protocols were identified as potential facilitators of implementation.

"SHS, particularly those at two-year and public institutions, will likely require funding to develop PrEP infrastructure. Expansion of PrEP coverage by student insurance plans as well as access to navigation for enrollment in drug assistance programs could help make PrEP accessible for more students," said Rawlins-Pilgrim, who also is an attending physician at Boston Medical Center.

These findings appear online in the *Journal of American College Health*.

More information: Samantha Rawlins-Pilgrim et al, Survey assessment of HIV pre-exposure prophylaxis availability in student health services in New England colleges and universities, *Journal of American College Health* (2023). [DOI: 10.1080/07448481.2023.2232465](https://doi.org/10.1080/07448481.2023.2232465)

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