Evolving PrEP use in the long-acting injectable era: Findings from a cohort of transgender women in the United States and Puerto Rico, 2023–2025

Ceza Pontes, Andrea L. Wirtz, Tonia C. Poteat, Asa E. Radix, Chris Beyrer, Annick Borquez, Jason S. Schneider, Sabriya Linton, Arianna Lint, Vani Vannappagari, Adrienne Guignard, Leigh Ragone, Annemiek de Ruiter, Erin E. Cooney, Sari L. Reisner, ENCORE Study Group

Highlights

How is PrEP use changing among transgender women and what factors are uniquely associated with LAI PrEP‡ initiation, compared to daily and on-demand oral PrEP?

82% Greater incidence of initiating LAI PrEP if receiving care from a trans-affirming provider†

67% Proportion of those initiating LAI PrEP who had oral PrEP experience

Background

- Transgender women in the US and Puerto Rico experience high HIV incidence, yet PrEP uptake has been low
- Long-acting injectable (LAI) PrEP could improve community-level PrEP coverage, but implementation has been slow
- **Objective: to determine current rates and correlates of LAI PrEP initiation and how they differ from correlates of oral PrEP initiation among transgender women**

Methods

- Adult transgender women enrolled in the ENCORE cohort in US and Puerto Rico
  - Enrollment occurred between September 2023 and December 2024
  - Surveyed every 6 months for 24 months between September 2023 and December 2025 ‡
- PrEP initiation defined as
  - First self-reported use of a given PrEP modality during follow-up, restricted to participants with no use of that modality at baseline
- Statistical analysis: time-updated bivariate Poisson regression models to estimate PrEP initiation incidence rate ratios (IRR)
  - Correlates had a 1-visit lag to establish temporality
  - Censoring: at first reported PrEP use for PrEP initiators, last visit with available data for non-initiators, or time of seroconversion for those who seroconverted and never initiated PrEP

Results

- **Baseline characteristics (n=2,504)**
  - 65% non-Hispanic White
  - 8% non-Hispanic Black
  - 15% Latina/e
  - 13% another race or multiracial
  - Mean age: 35 years (range: 18-83)
  - 4% reported taking LAI PrEP at one or more visits (n = 85)
  - 27% reported taking daily or on-demand oral PrEP at one or more visits (n = 647)
- **Between Fall 2023 and Fall 2025**
  - Proportion of PrEP users in the cohort remained stable over follow-up (20% to 22%, p=0.290)
  - Among participants using PrEP, prevalence of daily oral PrEP decreased by 10% (79% to 69%, p=0.001) and any LAI PrEP increased by 100% (7% to 14%, p=0.003)
- **Among those who were sexually active at each visit, we observed 51 LAI PrEP initiations over 2033 PY (2.51 initiations/100 PY, 95% CI:1.87-3.30)**
- **Compared to LAI PrEP, oral PrEP initiations occurred at 5.8 times the rate (14.6 initiations/100 PY, 95% CI: 12.75-16.72)**
  - Participants who initiated oral PrEP were more educated, less connected to care, and more likely to use drugs
- **Correlates of LAI PrEP initiation**
  - Older age
  - Black race
  - Living in an urban area
  - Receiving care with a trans competent provider†
  - Having a primary care provider
  - Being recently seen by a healthcare provider
  - Being recently tested for HIV
  - Being indicated for PrEP
  - Having oral PrEP experience
  - Planning to take PrEP for the rest of their life.
- **No differences in LAI initiation rates by**
  - Education
  - Health insurance
  - Competing priorities (eg. chronic condition, disability, or housing or food insecurity)

† Defined as a provider with knowledge and experience in transgender health care, as reported by the participant

‡ Cabotegravir (Apretude) received US FDA approval for PrEP on Dec 20, 2021; Lenacapavir (Yeztugo) received US FDA approval for PrEP on Jun 18, 2025

Conclusions

- Findings suggest that between 2023 and 2025, the proportion on PrEP has not increased significantly, even after the implementation of LAI PrEP, despite increasing options
- LAI PrEP initiation rates are much lower than oral PrEP initiation rates, and remain suboptimal
- To support future implementation of LAI programs, trans competent providers are necessary to expand population-wide HIV prevention
- LAI PrEP implementation needs to expand to younger people, those outside of urban areas, and those without PrEP experience

LAI PrEP implementation tailored for transgender women is needed for successful expansion of HIV prevention in this community

Oral PrEP use has been decreasing, while LAI PrEP use has been <u>slowly</u> increasing, but primarily among those who have access to trans-affirming healthcare

Figure 1. Recent PrEP use (past 6 mo) and modality over time

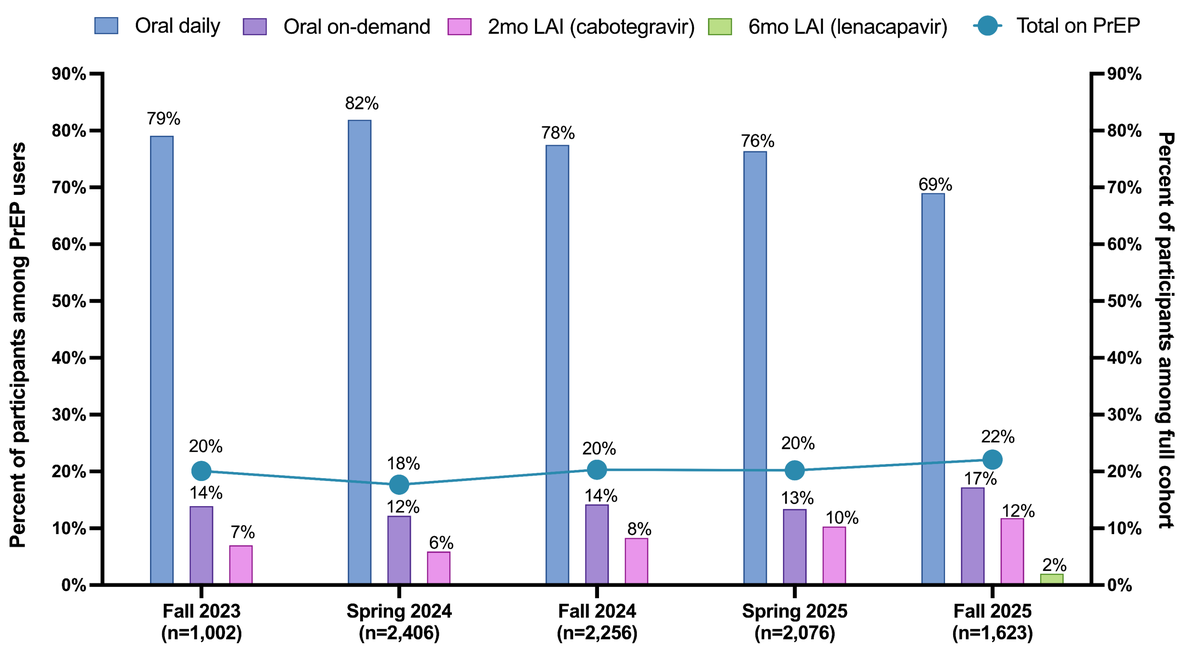
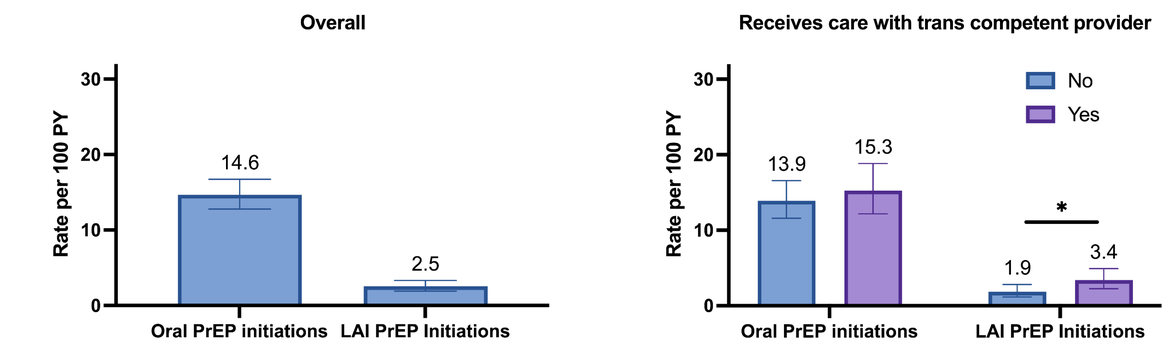
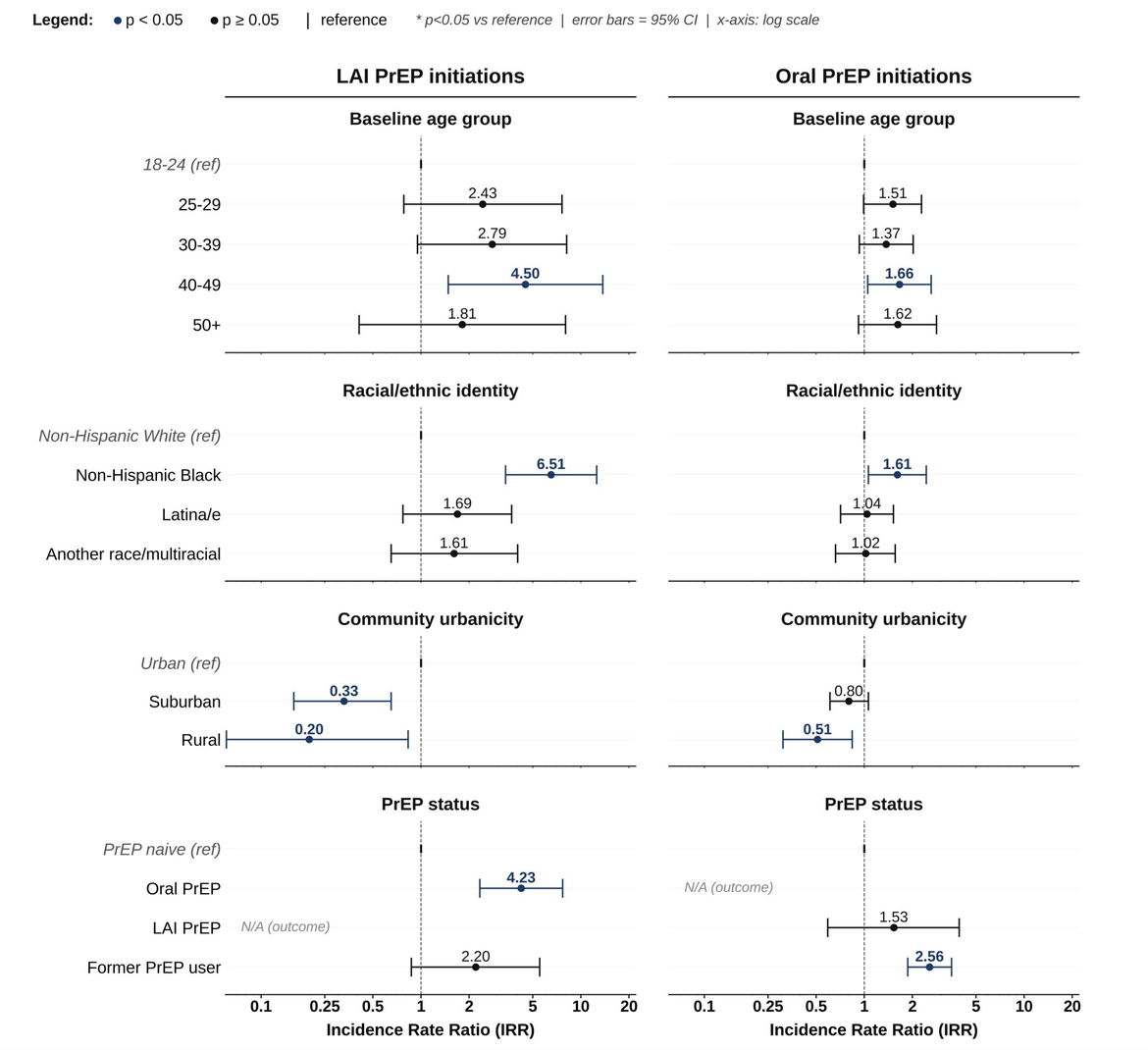


Figure 2. PrEP initiation rates and trans-affirming healthcare



Older age, Black race, living in an urban area, and having prior oral PrEP experience were strongly associated with initiating LAI PrEP

Figure 3. Select correlates of PrEP initiation



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Ceza Pontes
Sr. Research Program Coordinator
MPH Student

cpontes@jhu.edu

https://www.linkedin.com/in/ceza-pontes/

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