

Healthcare workers knowledge of, attitudes to and practice of pre-exposure prophylaxis for HIV

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Background

Pre-exposure prophylaxis (PrEP) has proven biological efficacy to reduce the sexual acquisition of HIV. Healthcare providers knowledge of and attitudes to PrEP will be key to successful implementation. In the UK, PrEP is only widely available through the PROUD Pilot Study.

Methods

In September 2013 a cross-sectional survey was issued (paper or on-line) to UK healthcare providers through sexual health clinics (219), professional societies' email lists (2599), and at a sexual healthcare conference (80). The survey asked about knowledge of, attitudes to and usage of PrEP.

Results

Overall, 328/2898 (11%) completed the survey, 23%, 9% and 43% of the clinic, societies and conference samples respectively. The respondents were: 160 (49%) doctors, 51 (16%) health advisers (SHA), 44 (14%) nurses and 73 (22%)

unspecified. A quarter (83/328) were involved in PROUD. Most respondents (260/328:79%) rated their knowledge of PrEP as medium or high, lower among nurses (27/44:61%) and SHA (36/51:71%) than doctors (144/160:90%; $p<0.000$). Of these, excluding missing answers, 71% (175/247) felt that they knew enough about PrEP to have an informed discussion with patients, lower among nurses (17/33:52%) and SHA (18/33:55%) than doctors (116/131:89%; $p<0.001$). Half of respondents (166/328:51%) thought PrEP should be available outside of a clinical trial, higher among nurses (29/44:66%) and SHA (37/51:73%) than doctors (66/160:41%; $p<0.001$). The majority expressed concerns about prescribing PrEP without UK specific guidance (226/328:69%), higher among doctors (132/160:82%) and nurses (35/41:85%) than SHA (35/51:69%; $p=0.002$). Over half supported targeted PrEP availability on the NHS (217/328:66%), and 46% (152/328) believed that PrEP would be a more effective prevention option than PEP for frequent PEP users, with only 15% disagreeing. Just under half (147/328:45%) have been asked about PrEP by patients in the past year, with no difference if they worked in a clinic not involved in the PROUD study (86/202:43%).

Conclusion

There was a higher level of support for PrEP availability outside of a clinical trial among nurses and SHA compared to doctors, despite a lower level of perceived knowledge and ability to discuss PrEP with patients. A large proportion of respondents have already been asked about PrEP by patients, suggesting widespread awareness of PrEP, which may or may not reflect demand. More information is needed for training all staff and to inform UK specific guidance.