Iowa PrEP Navigation Data and Outcomes (February 1 2017 to May 18, 2020) n=1,272

<table>
<thead>
<tr>
<th>Navigation Result</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community PrEP</td>
<td>20.60%</td>
</tr>
<tr>
<td>Navigation Only</td>
<td>8.81%</td>
</tr>
<tr>
<td>TelePrEP</td>
<td>21.15%</td>
</tr>
<tr>
<td>Lost</td>
<td>16.59%</td>
</tr>
<tr>
<td>Other</td>
<td>32.86%</td>
</tr>
</tbody>
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*Other comprises those who were referred, engaged in contact with the navigator, and chose to delay or decline.

- Of the 269 individuals who have had a virtual visit in the program, 238 (88%) filled a prescription – 136 remain active as of 5/18 for a base retention rate of (57%)
- With modified retention to exclude those who transferred care to another known PrEP provider or who discontinued PrEP due to decreased risk after a provider consultation, program retention is at 77%.

Demographic Notes:

- Of the patients that participate in the program
  - Average age = 34
  - 82% white
  - 8% black or African American (compared to Iowa 3%)
  - 7% have Hispanic or Latino ethnicity
  - 94% male
  - 4% female
  - 1% trans identified
  - 3% gender non binary / gender fluid / gender non-conforming
  - 54% reside in small urban areas
  - 32% reside in rural areas
  - 14% from large urban areas
- Completion rates for monitoring
  - 96% of patients are compliant with serum monitoring
  - ~54% compliance with extragential screening requirements – due to commercial lab availability

Conclusions:

- Telemedical PrEP care is comparable to traditional in-person care
- Utilization was not limited to rural individuals, indicating that tele medical PrEP care may be suitable for individuals living in resource rich geographic areas due to decreased time commitments and DE medicalization.
- Significant work needs to be done to increase the availability of extra genital testing in commercial outpatient settings.
- In highly dispersed geographic regions, telemedicine provides a unique opportunity to extend HIV prevention strategies without burdening limited resources.

Looking Forward:

- Qualitative evaluation papers (home test kits and general program)
- Comparison Paper (Telehealth vs. Community PrEP – Gilead ISR paper)
- Program Departure Data

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