

Table 2. Predictors of linkage to prevention services at our hospital within the following 3 months after HIV post-exposure prophylaxis (PEP) prescriptions following sexual exposure

Follow-up within 3 months			
Predictors	Odds Ratios	CI	p
(Intercept)	0.82	0.37–1.82	0.622
Sex [M]	0.83	0.53–1.31	0.420
Sex [TGW]	1.35	0.50–3.82	0.561
Age	1.03	1.01–1.04	0.001
Born abroad	0.41	0.27–0.60	<0.001
Chemsex	0.69	0.43–1.12	0.140
Previous HIV test	1.05	0.72–1.53	0.789
Previous PPE	0.67	0.46–0.97	0.033
Previous PrEP	1.86	0.98–3.68	0.065
PrEP referral	2.59	1.87–3.59	<0.001
Observations	876		

origin, previous PEP, and PrEP recommendation (Table 2). Since October 2024, immediate PrEP initiation post-PEP was offered, and 25 individuals started without delay.

Nine individuals (0.7%) tested HIV positive. Two were positive at baseline, six seroconverted after PEP, and one seroconverted 13 months later.

Conclusions: Despite PrEP scale-up, PEP has continued to be prescribed for high-risk HIV exposure and remains an effective tool for HIV prevention, serving as a bridge to or from other prevention strategies. Better strategies are needed to connect PEP recipients to other prevention tools, such as PrEP.

O2.6 | Comparison of the time to reach viral suppression after ART initiation between transgender women and other PWH in France: results from the ANRS CO4 FHDH

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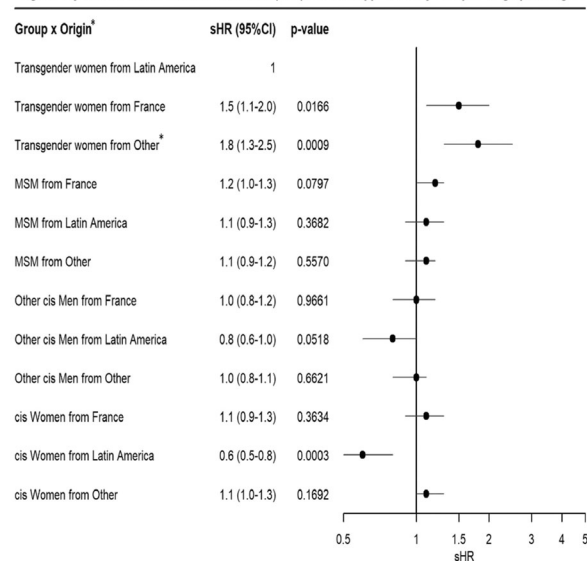
Purpose: Cross-sectional studies have highlighted lower rates of viral suppression in transgender women (TW) compared to other people with HIV (PWH). Few longitudinal studies have been conducted, and none have compared the time to viral suppression after starting anti-retroviral therapy (ART) between TW and other PWH.

Method: ART-naïve adults with HIV-1 starting dual/triple therapy between 2013–2022 in France in the ANRS CO4-FHDH were included. Time to viral suppression (defined as VL<50 cp/mL) after ART initiation was estimated with *cumulative incidence function* (CIF), considering death and lost to follow-up as competitive risks. Fine and Gray model was adjusted for group x origin (Men having sex with men (MSM), other cis-men, cis-women and TW by geographic origin), characteristics at enrollment, and delays between diagnosis, enrollment and ART initiation.

Results: Of 23,413 PWH included, 43% were MSM, 26% cis-men, 30% cis-women and 1%(279) TW. TW were mostly from Latin America (66%), MSM from France (77%), cis-women from Sub-Saharan Africa (62%), and cis-men from France (43%) and Sub-Saharan Africa (37%). TW were more often followed in Paris region (65%) than others (MSM: 36%, cis-men: 42%, cis-women: 45%, $p<0.0001$). After 6 months of ART, 62% (95% CI:57–68) of TW achieved viral suppression, 67% (66–68) for MSM, 57% (56–59) for cis-men and 66% (65–67) for cis-women.

In multivariable analysis (**figure**), there was no difference between TW from Latin America and MSM. Among PWH from Latin America, TW were more likely to achieve viral suppression than cis-men and cis-women.

Figure: Adjusted Sub-distribution Hazard Ratios (sHR) for viral suppression by Group x Geographic Origin.



*from the multivariable Fine and Gray model, adjusted for characteristics at enrollment (age, region, immuno-virological status (VL and CD4), type of ART, calendar period), time between diagnosis and enrollment, time between enrollment and ART initiation.

*Other : other countries/region in the world than France or Latin America.

TW from France and elsewhere were more likely to achieve viral suppression than TW from Latin America.

Conclusions: This study highlights the interaction between gender and origin, as TW was not directly associated to lower viral suppression, whereas being from Latin America was associated with higher risk of virological failure. This underscores the need to consider both factors when optimizing HIV treatment outcomes.

O2.7 | Analysis of barriers to testing for HIV prevention and linkage to care among migrants in Europe

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Purpose: HIV remains a public health concern in Europe, with barriers to HIV-related services for many, particularly migrants. This study analyzes data from migrants in ten European countries who engaged in HIV testing at Mi-Health Partners, to identify factors associated with pre-exposure prophylaxis (PrEP) awareness/use, barriers to healthcare access, and to describe linkage to HIV services.

Method: This retrospective observational study used secondary data from surveys completed in 2022 and 2023 (N=2404). Data collected included demographics, migration status, HIV testing, healthcare access/barriers, and PrEP awareness/use. Descriptive statistics and logistic regression models were used for analysis.

Results: The mean age among migrants was 32.8 (SD 10.4), and most identified as Black African (41.2%) or South/Central American (22.8%); 51.7% identified as male, 40.2% female, and 3.6% nonbinary. 35.8% were aware of PrEP, and 3.4% had used PrEP in the past 12 months. Barriers to healthcare access were reported by 64.9% of participants: primarily stigma/discrimination/racism (28.2%) and language/communication issues (20.2%). 85.7% of individuals diagnosed with HIV (6.4% of tests) were successfully linked to treatment services. Of those with an HIV-negative test (93.0%), 39.3% were linked to preventative services. Individuals engaging in chemsex and substance use (odds ratio [OR]: 8.6), condomless sex (OR: 5.0), transactional sex (OR: 7.2), having multiple partners (OR: 2.6), or having a partner with a detectable viral load/unknown status (OR: 8.7), were significantly more aware of PrEP than those with no known behavioral vulnerability (Table 1). Participants with language/communication barriers had significantly less PrEP awareness than those with no barriers to healthcare (OR: 0.4). Several barriers to healthcare trended towards

Table 1. Relationship Between PrEP Awareness and Primary Behavioral Vulnerability

Primary Behavioral Vulnerability (Reference Group: No Known Vulnerabilities)	PrEP Awareness	
	Odds Ratio	P Value
Alcohol use	1.000	N/A
Chemsex and substance use	8.617	0.002
Condomless sex	5.055	0.000
Engaging in sex work, sex with a sex worker, or transactional sex	7.218	0.000
Experiencing homelessness, housing instability, or other	1.794	0.206
Experiencing incarceration	1.000	N/A
Injecting drug use	1.000	N/A
Multiple partners	2.633	0.025
Partner with a detectable viral load or unknown HIV status	8.684	0.009
Chose not to disclose/unknown	3.479	0.004

Results from a logistic regression controlling for age, ethnicity, gender identity, linkage into healthcare system, barriers to healthcare access, sexual orientation, injectable drug use, migration status, and previous test for HIV. N/A, not applicable; PrEP, pre-exposure prophylaxis.