# CHECK POINT ZÜRICH

## P003: Maintaining medical care for PrEP users via home-sampling during the COVID-19 Shutdown in Switzerland: Checkpoint@home



Benjamin Hampel<sup>1,2,3</sup>; Simon Drescher<sup>1</sup>; Bastian Baumann<sup>1</sup>; Denise Borso<sup>1</sup>; Lina Hijazi<sup>1</sup>; Jan Fehr<sup>2,3</sup> 1 Checkpoint Zurich, Zurich, Switzerland; 2 Department of Public & Global Health, Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Zurich, Switzerland; 3 Division of Infectious Diseases and Hospital Epidemiology, University Hospital Zurich, Zurich, Switzerland

### Background

Due to the Covid -19 pandemic, routine medical checks, including HIV-pre-exposure prophylaxis (PREP) follow up visits, were not allowed during 6 weeks in March and April 2020 in Switzerland. As postponing PrEP follow up checks might put PrEP user on health risks, we performed a pilot study to test the feasibility of lab home sampling at Checkpoint Zurich, the biggest PrEP clinic in Switzerland, during that time before offering it to other clients.

#### Methods

We asked 30 participants of the SwissPrEPared study, a national PrEP study, if they want to either use home sampling or postpone their visit. Those who agreed to home sampling, received a kit for capillary blood self-sampling, swabs, a written instruction and an instruction-video (figure1).

Validation was performed with a questionnaire, including multiple-choice questions, five-point Likert scale and open questions. Lab-results were discussed with the participants via phone. People with symptoms of a sexually transmitted infection were excluded and asked to come to the clinic. An interim analysis was performed after the first twelve results. PrEP medication was delivered via mail after the phone consultation.



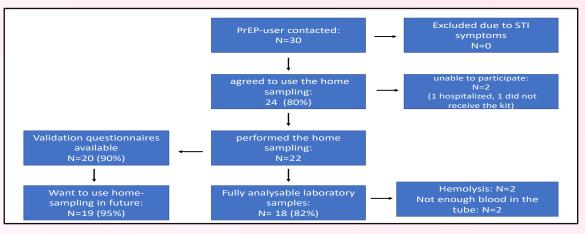
figure 1: screenshot from the instruction video.



#### Results

Twenty-four of the 30 clients agreed to participate (80%). All were men who have sex with men. The median age was 46 years (range: 31-70). Two clients dropped out due to unexpected reasons. Of the 22 remaining participants, 20 filled out the questionnaire.

Comprehensibility of the written instructions was rated as a 4.85/5 and 5/5 for the video. One client reported to be unsure, if he performed the swabs correctly. Two clients reported that they could not gain the blood sample as required and one client was unsure. The interim analysis showed that four of the twelve blood-samples could not be fully analyzed due to either hemolysis (2/4) or insufficient amount of blood in the tube (2/4). We could identify and solve the problems. All further samples could be fully analyzed. 19/20 participants reported, that they would use home-sampling for other PrEP-consultations (95%), 2/20 reported that they primarily want to use home-sampling in future.



#### figure 2: flow-chart

Conclusion

Home-sampling was well accepted, the instructions were well understood and the sampling operation was feasible for most of the participants. The program helped to continue care for PrEP users during the COVID-19 shutdown and will help to prevent SARS-CoV-2 infections in the clinic in future. We therefore started to promote the home-sampling option via social media and on virtual community events (figure 3).



figure 3: screenshot from promotion video with local Dragqueen Stella Divine for virtual Kweerball. Full video: : <u>https://www.youtube.com/watch?v=ds49tQI</u> <u>j\_PU&t=149s</u>