

# 2024 Allegheny County HIV PrEP Awareness Survey

Results Summary




March 2025

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# Quick Summary

AIDS Free Pittsburgh (AFP) is a public health movement to end the HIV epidemic in Allegheny County by 2030. AFP is a collaborative initiative comprised of government agencies, healthcare institutions, and community-based organizations that strive to support and improve the care of people living with HIV, as well as communities most impacted by HIV.

One of AFP’s primary goals is to build capacity for HIV pre-exposure prophylaxis (PrEP) service delivery. PrEP, a pill or injection that reduces the risk of HIV transmission, is a key prevention tool critical to ending the HIV epidemic. Multiple clinical trials have shown PrEP is safe and highly effective with good adherence.

Since its inception, AFP has conducted periodic PrEP Awareness Surveys to gauge knowledge and opinions of Allegheny County residents and inform future HIV prevention efforts.

In the summer of 2024, **AFP conducted its most recent and most comprehensive PrEP Awareness Survey to assess awareness and knowledge of and barriers to accessing PrEP** among Allegheny County, Pennsylvania residents. Responses were collected via an online research panel representative of the county, in-person with tablets at predetermined locations (e.g., bars, bus stops), social media, dating app advertisements, flyers, and community groups’ distribution lists. Over 1,300 respondents completed the survey.

**46.0% of respondents were familiar and 14.6% were somewhat familiar with PrEP**

## What’s Going Well

- There has been a 125% increase in PrEP awareness from 2016 to 2024.
- Approximately three out of every five Allegheny County residents were at least somewhat familiar with PrEP.
- PrEP familiarity was high among men who have sex with men and transgender individuals, suggesting strong values of community care and opening important avenues for peer-to-peer education.
- Familiarity with PrEP was also high among non-binary individuals and people who participate in sex work, people with a recent STI, and people with multiple sexual partners.

## What Needs Improvement

- PrEP familiarity among straight or heterosexual individuals was low.
- Nearly one quarter of people who inject drugs reported to be only somewhat familiar with PrEP.
- Over half of respondents were unsure of where to get PrEP if needed.
- PrEP use among people who participate in sex work, inject drugs, have a recent STI, or have multiple sexual partners was below 50%.
- Of those who rated their risk for HIV as moderate or higher, nearly three quarters were familiar with PrEP but less than half had ever used PrEP.

# Introduction – About the Project

AIDS Free Pittsburgh (AFP) is a collective public health initiative to end the HIV epidemic in Allegheny County, Pennsylvania. By coordinating and bolstering the collaborative spirit of local government agencies, healthcare institutions, and community-based organizations, AFP strives to support and improve the care of people living with HIV as well as communities most impacted by HIV. **AFP aims to increase the rate of routine HIV testing, build capacity for HIV pre-exposure prophylaxis (PrEP) service delivery, and ensure efficient linkage to care for individuals newly diagnosed with HIV.**

PrEP, a medication that reduces the risk of HIV transmission, is a key prevention tool critical to ending the HIV epidemic. Multiple clinical trials have demonstrated that PrEP is safe and highly effective with good adherence. As of March 2025, the Centers for Disease Control and Prevention (CDC) recommends PrEP for adults and adolescents without HIV who may be exposed to HIV through sex or injection drug use [1].

PrEP is available as either an oral combination pill, which is taken once daily, or an injection, which is administered every two months after an initiation period. Specifically, Truvada® (emtricitabine/tenofovir disoproxil fumarate, or FTC/TDF) and Descovy® (emtricitabine/tenofovir alafenamide, or FTC/TAF) are available in pill form and Apretude (cabotegravir) in injection form.

PrEP became available in 2012 and, since then, PrEP use has drastically increased with over 510,000 people in the United States using PrEP in 2023. In Allegheny County alone, more than 4,000 people used PrEP in 2023. However, disparities in PrEP uptake by race, gender, and HIV risk factors continue to persist [2].

To understand these disparities locally, AFP partnered with Campos [3], a Pittsburgh-based marketing firm, to conduct a robust survey to assess PrEP knowledge and awareness, barriers to accessing PrEP, and lived experiences regarding PrEP use among Allegheny County residents.

**The goal of this survey was to collect data to assist AFP in the development of direct messaging, focused outreach, and prevention and risk reduction collaborations with partners.**

[1] Centers for Disease Control and Prevention, January 18, 2024. <https://www.cdc.gov/hiv/prevention/prep.html>. Accessed March 3, 2025.

[2] Sullivan, Patrick S. et al. Equity of PrEP uptake by race, ethnicity, sex and region in the United States in the first decade of PrEP: a population-based analysis. *The Lancet Regional Health – Americas*, Volume 33, 100738.

[3] Campos, 2025. <https://campos.com/>. Accessed March 3, 2025.

# Methods – What Did We Do?

AFP and partners conducted a county-wide survey to assess awareness and knowledge of and barriers to accessing PrEP among Allegheny County, Pennsylvania residents from June through July 2024. To do this, AFP partnered with a local marketing firm, called Campos, to assist with ensuring a robust sample and that the results were representative of both Allegheny County and those most impacted by HIV.

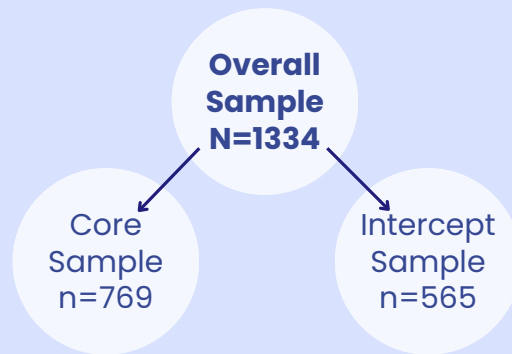
Survey responses were collected via Qualtrics, an online survey tool, and the survey was offered in both English and Spanish to Allegheny County residents 18 years of age or older. The survey consisted of 26 questions (20 main questions and 6 optional questions) and was estimated to take less than five minutes to complete. In general, the survey collected demographic information, risk factor information, familiarity with PrEP (including overall, the specific medications, and the specific routes of administration), previous/current use or recommended use of PrEP, and lived experiences.

### **Respondents were asked to select one of three options:**

1. Have heard of PrEP and am familiar with what it is for
2. Have heard of PrEP but didn't know what it is for
3. Never heard of PrEP before

For the analysis, this language was simplified to familiar, somewhat familiar, and not familiar. Additionally, response options were inclusive (i.e., expanded demographics to capture the complexity of identities) to ensure respondents felt seen and comfortable taking the survey. The survey is included in Appendix A.

Responses were collected using two samples. The first sample, called the “core sample,” was designed to be representative of Allegheny County based on demographic characteristics including race, gender, and age. The second sample, called the “intercept sample,” was designed to reach those most impacted by HIV, specifically individuals 18–39 years old, Black or multiracial individuals, Hispanic or Latino/a/x individuals, men who have sex with men (MSM), transgender or gender diverse individuals, and people who have multiple sexual partners. The intercept sample ensured that populations disproportionately impacted by HIV were oversampled and addressed barriers and varying comfort levels to electronic-based surveys.



For the core sample, responses were collected via an email with the Qualtrics survey link that was sent to a Campos-curated research cohort specific to this project. For the intercept sample, responses were collected using flyers with a QR code (e.g., at bus stops, coffee shops, local businesses, community bulletins), paid social media advertisements and posts (e.g., Facebook, Reddit, and Instagram), paid dating app advertisements (Grindr, Scruff, and Jack’d), and community groups’ listservs.

Additionally for the core sample, 20 individuals, called interceptors, collected responses in person using tablets at bars, restaurants, bus stops, and street corners on Fridays, Saturdays, and Sundays in 13 Allegheny County neighborhoods. These thirteen locations were pre-determined through community input from AFP’s Community Action Advisory Board (see Appendix B for details). Interceptors also attended additional ad-hoc events (including Juneteenth celebrations, Pride events, 412 Step events, and AFP’s Too Hot for July) to collect responses. Interceptors distributed small flyers with a QR code for individuals to complete the survey later if they declined to take the survey with the tablet. A total of 38 six-hour interceptor shifts were completed. Both online and in-person methods were used to reach a wider audience and to ensure that responses from those who do not have phone or internet access were captured.



An incentive (a chance to win one of 24 \$100 gift cards) was offered to those who completed the survey. Enrollment into this raffle (by providing name and email) was optional. If respondents referred additional individuals to take the survey, they were entered to win a second incentive (a chance to win one of ten \$50 gift cards). Survey responses and incentive data were collected and stored independently of one another and therefore could not be linked.

Results were analyzed overall and by demographic and other characteristics. For this analysis, responses from the core and intercept samples were combined.

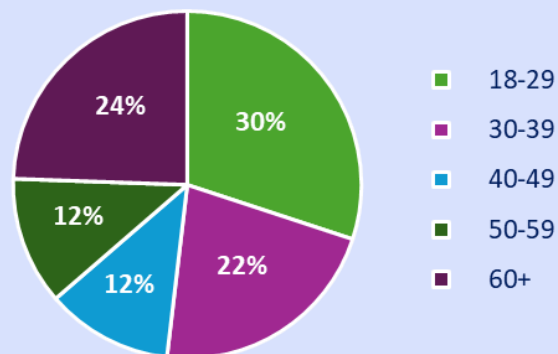
# Results - What Did We Find Out?

## Demographics, HIV Risk Factors, and Other Characteristics

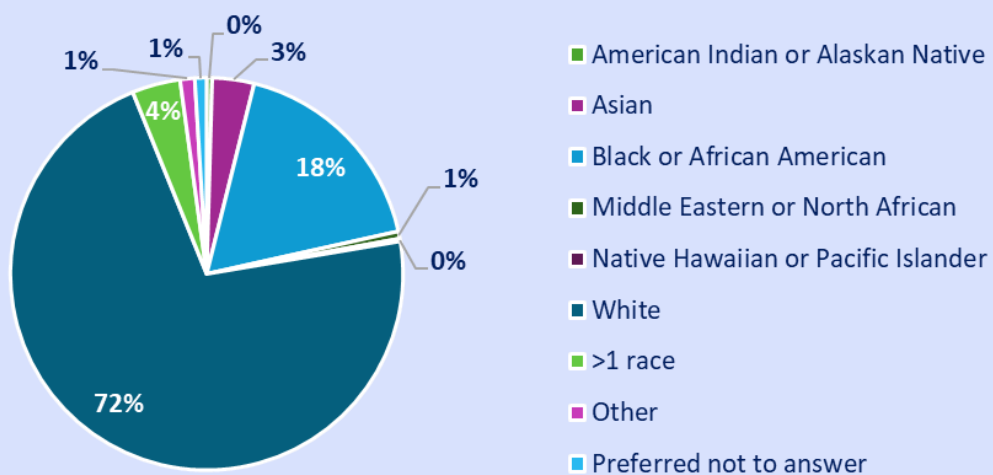
A total of 1,519 responses were collected, of which 1,334 were from Allegheny County residents, and therefore included in the analysis. Of these, 769 (57.6%) responses were collected as part of the core sample, while 565 (42.4%) responses were collected as part of the intercept sample.

The median age of respondents was 39 years old, and the majority (71.5%) were white. Black respondents made up the second most common race group (17.6%). Five percent identified as Hispanic.

Age of Respondents in Years (N=1334)

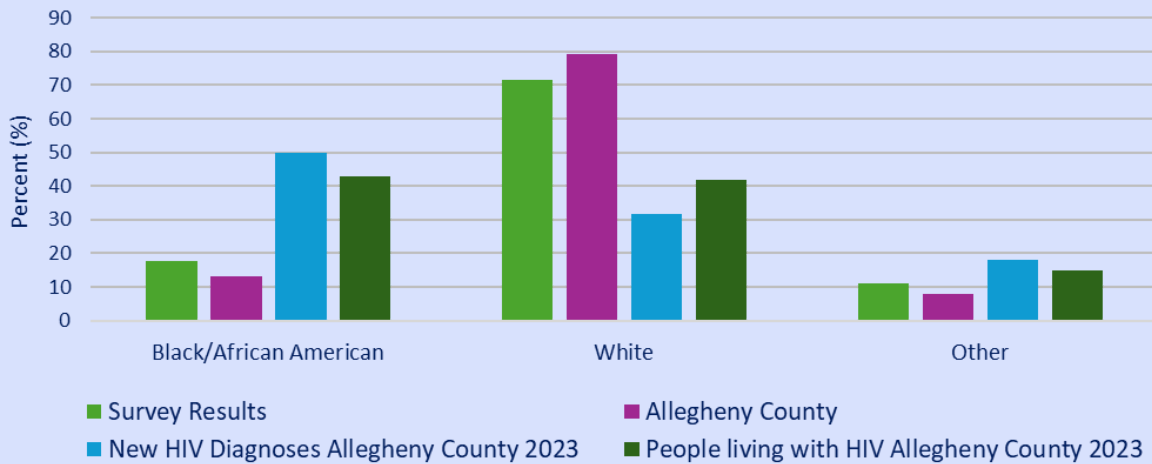


Race of Respondents (N=1334)



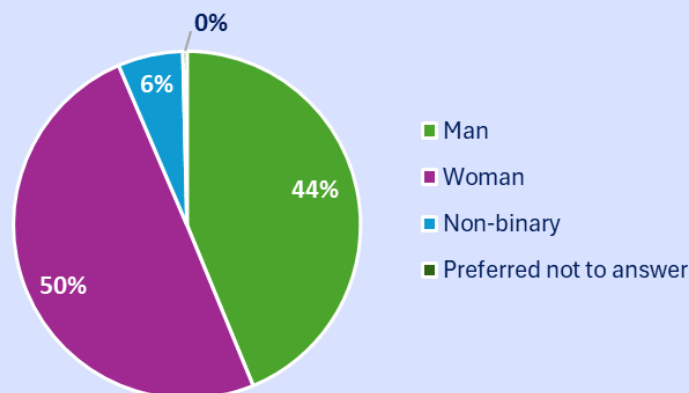


**Breakdown of Race Comparing Survey Results to County Data**



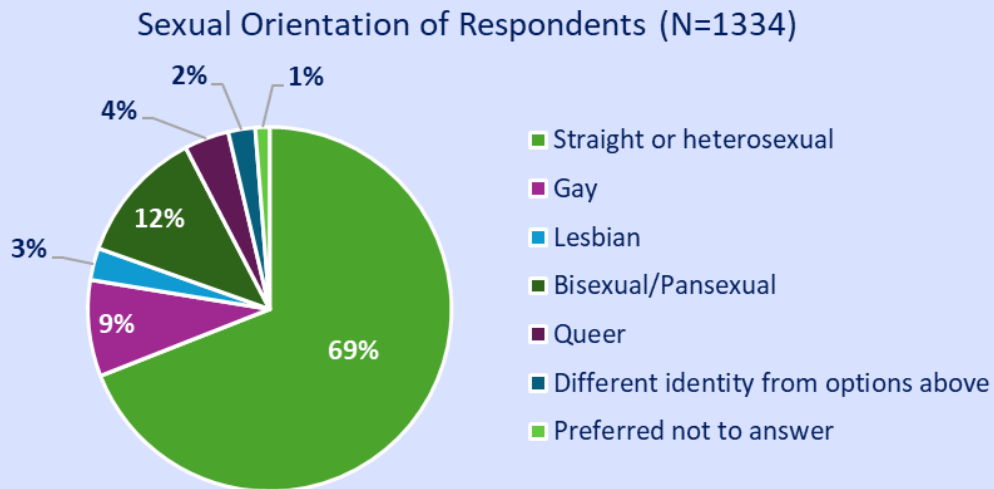
Those who identified as men comprised 43.8% of the survey respondents, whereas women comprised 49.8%. Those who identified as non-binary (which includes genderqueer, agender, and genderfluid) made up 6.1% of the total sample. Fifty-six (4.2%) individuals stated that they identified as transgender.

**Gender of Respondents (N=1334)**



\*Across all genders, 56 (4.2%) identified as transgender

More than half (69.0%) of the respondents identified as straight or heterosexual. Individuals who identified as gay represented 114 (8.5%) respondents, lesbian represented 38 (2.8%) respondents, bisexual/pansexual represented 159 (11.9%) respondents, and queer represented 53 (4.0%) respondents. MSM (defined as respondents who stated their gender was man and that they were not transgender and also identified their sexual partners as cisgender men or transgender women) comprised 9.9% of the sample.



Taking an intersectional lens, of those 18–29 years old, 33.9% were non-white, 9.5% were Hispanic, and about half were gay, lesbian, bisexual/pansexual, or queer. Of the 100 respondents identifying as non-cisgender (defined as an individual identifying as non-binary, agender, genderqueer, genderfluid, questioning or unsure, or other identity not listed or if the individual identified as transgender), 75.0% were white and 11.0% were Black.

Thirty-eight (2.8%) individuals reported having been diagnosed with an STI in the prior six months. About one-tenth of the sample (9.4%) reported sex with multiple partners in the past six months.

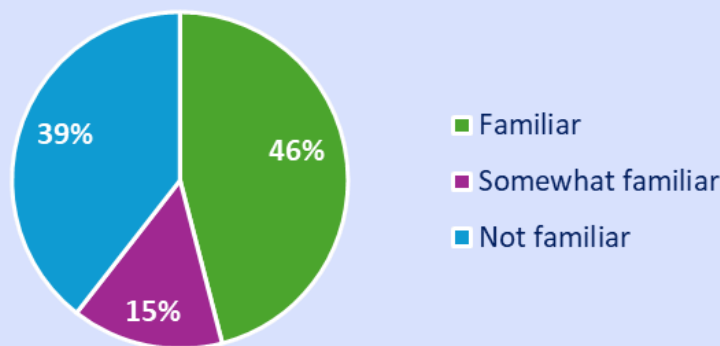
Of the 1,334 respondents, 946 (70.9%) completed the six optional questions. Of these, 42 (4.4%) were born outside of the United States. Furthermore, 99 (10.5%) stated that they had ever used drugs by injection. Forty-five (4.8%) individuals stated that they had participated in in-person sex work (eight virtually and in-person, 37 in-person only). One hundred and twenty-two (12.9%) respondents reported having a household income of less than \$25,000.

Appendix C provides additional data on these characteristics.

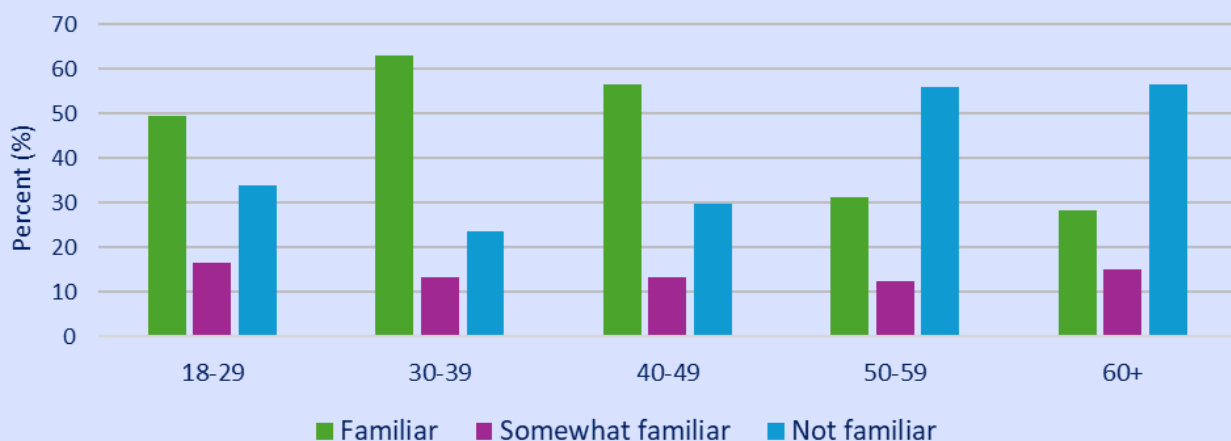
## Familiarity with PrEP

Overall, 46.0% of respondents were familiar with PrEP, 14.6% were somewhat familiar, and 39.4% were not familiar. Individuals 18–29 years of age were more familiar with PrEP (32.5%) compared to all other age groups (30–39 years old 29.9%, 40–49 years old 14.5%, 50–59 years old 8.2%, 60+ years old 15.0%), and white respondents were more familiar with PrEP at 46.9% compared to Black respondents at 38.3%. Less than half (46.3%) of those who identified as Hispanic were familiar with PrEP. Differences by race and ethnicity were particularly pronounced in younger age groups (37.3% of Black 18–29-year-olds were familiar with PrEP versus 54.1% of white 18–29-year-olds; 28.9% of Hispanic 18–29-year-olds were familiar versus 52.0% of non-Hispanic 18–29-year-olds).

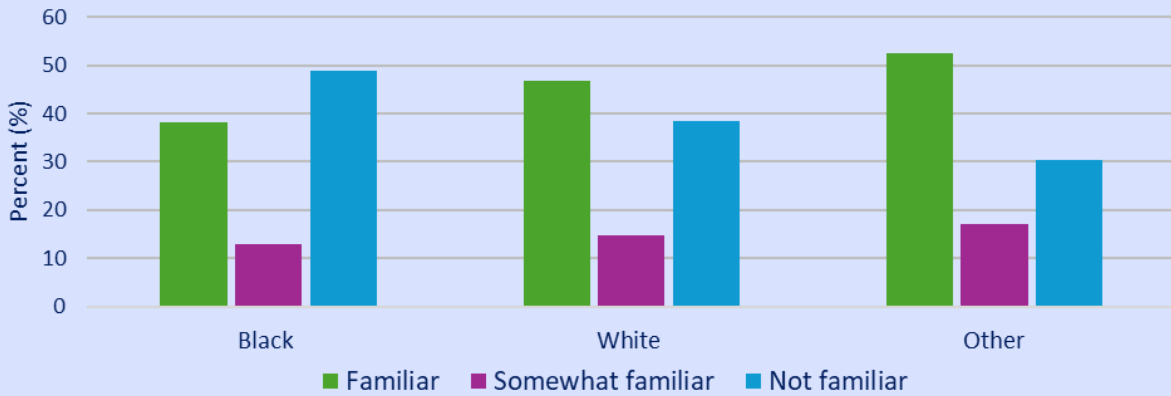
Familiarity with PrEP (N=1334)



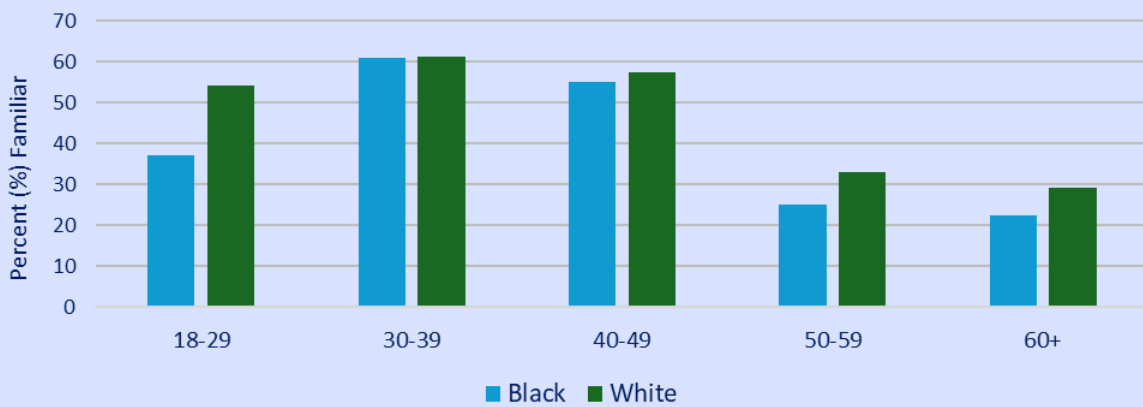
Familiarity with PrEP by Age Group



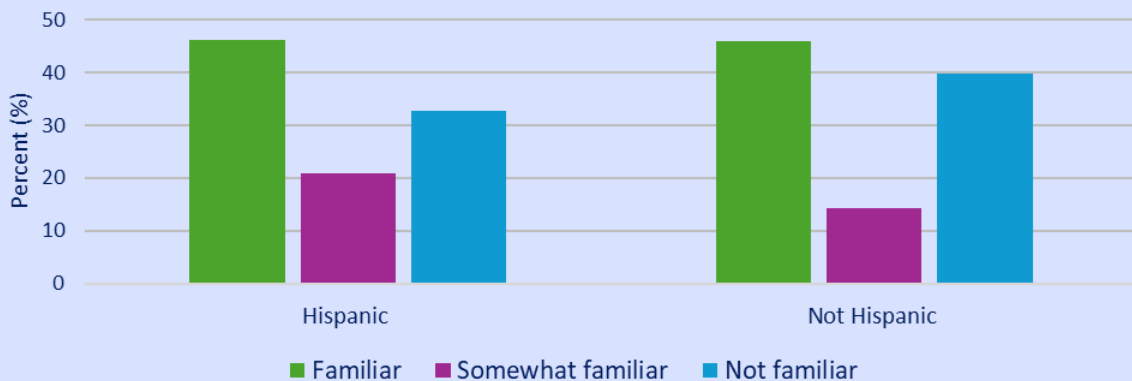
**Familiarity with PrEP by Race**

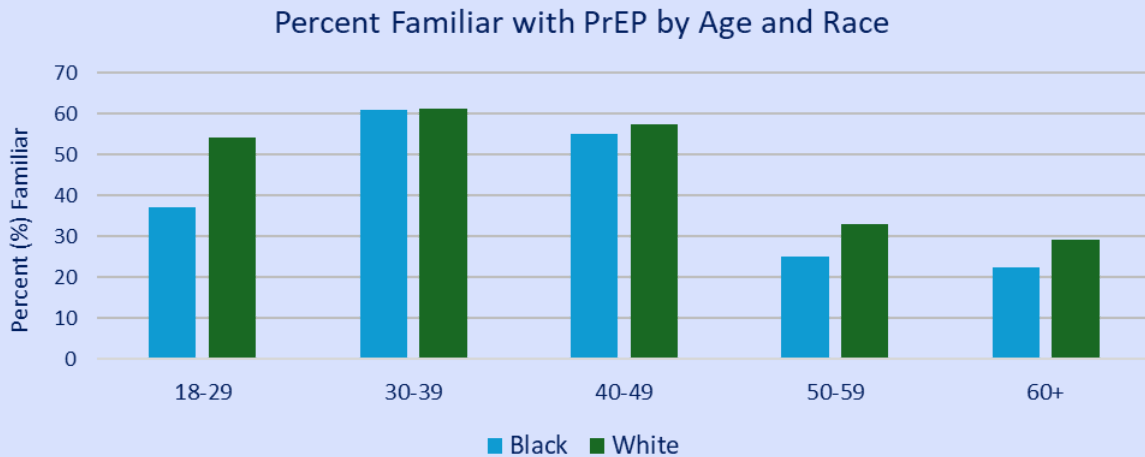


**Percent Familiar with PrEP by Age and Race**

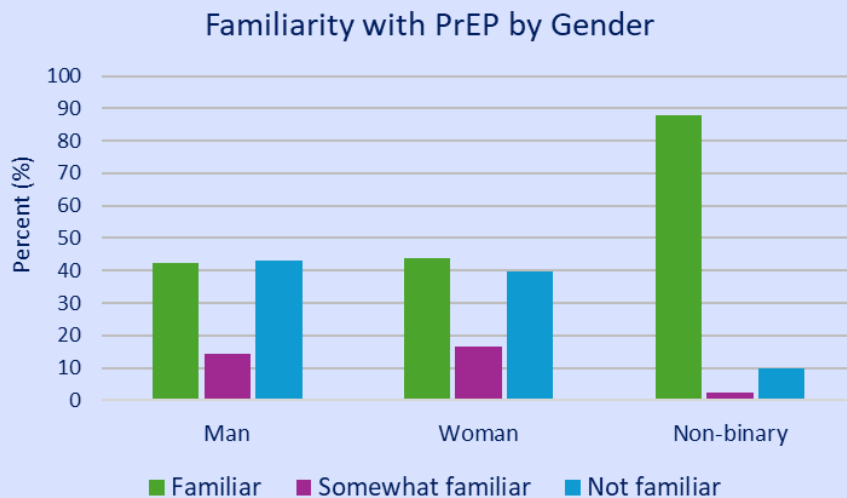


**Familiarity with PrEP by Ethnicity**



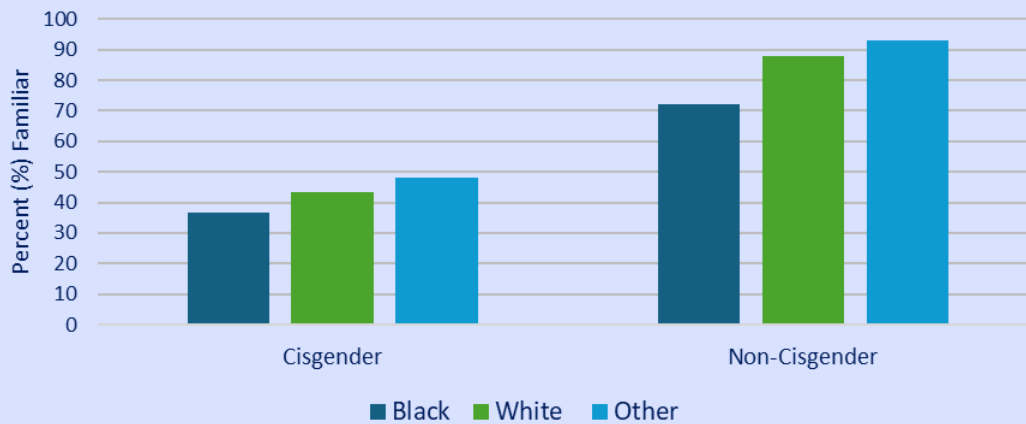


Most (87.7%) of those who identified as non-binary were familiar with PrEP; and among respondents who identified as men, 42.5% were familiar with PrEP, whereas 44.0% of women were familiar with it. Across all genders, familiarity was higher among white individuals compared to Black individuals, and Hispanic men tended to be more familiar than non-Hispanic men (60.0% versus 41.9%).



The majority (87.0%) of non-cisgender individuals were familiar with PrEP (5.0% somewhat familiar, 8.0% not familiar), though differences were present by race (72.7% of Black non-cisgender individuals were familiar versus 88.0% of white non-cisgender individuals). Non-cisgender women were more often familiar than cisgender women (83.3% versus 43.5%), and a similar pattern was found for non-cisgender men versus cisgender men (84.6% versus 41.5%).

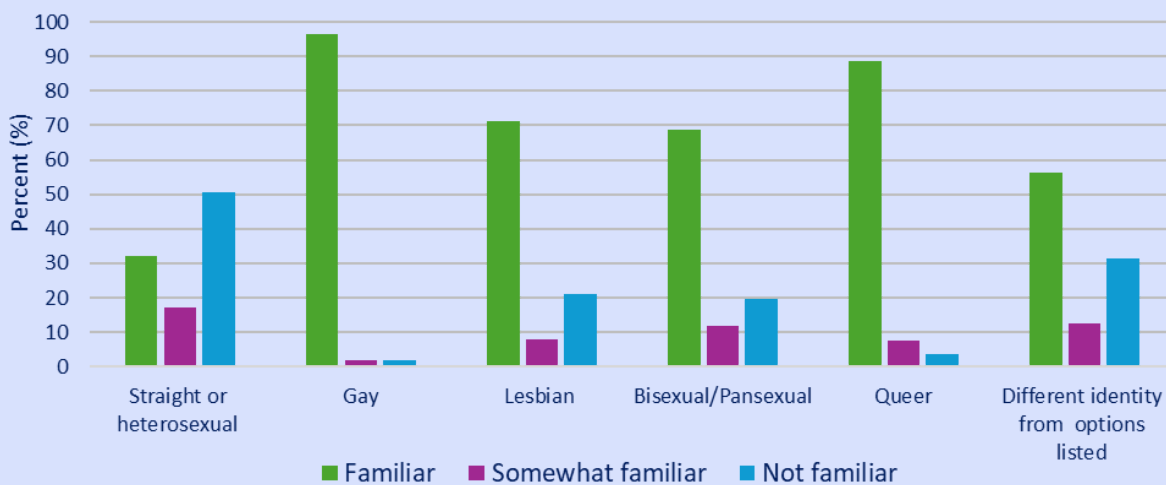
Percent Familiar by Race, Cisgender versus Non-cisgender



\*Non-cisgender defined as an individual identifying as non-binary, agender, genderqueer, genderfluid, questioning or unsure, or other identity not listed or if the individual identified as transgender

In terms of sexual orientation, those who identified as gay, queer, lesbian, or bisexual/pansexual were more commonly familiar with PrEP (96.5%, 88.7%, 71.1%, and 68.6%, respectively) compared to those who identified as straight/heterosexual (32.1%). Notably, among gay and bisexual/pansexual individuals, familiarity was higher among white individuals compared to Black individuals. Among MSM, overall, 78.8% were familiar, though younger MSM tended to be more familiar than older MSM. Black MSM and white MSM had similar levels of familiarity (73.3% versus 77.5%) though familiarity was higher among MSM of other racial groups. Familiarity was high among MSM with multiple partners (92.3%), MSM with a previous STI (75.9%), and MSM who participate in in-person sex work (80.0%).

Familiarity with PrEP by Sexual Orientation

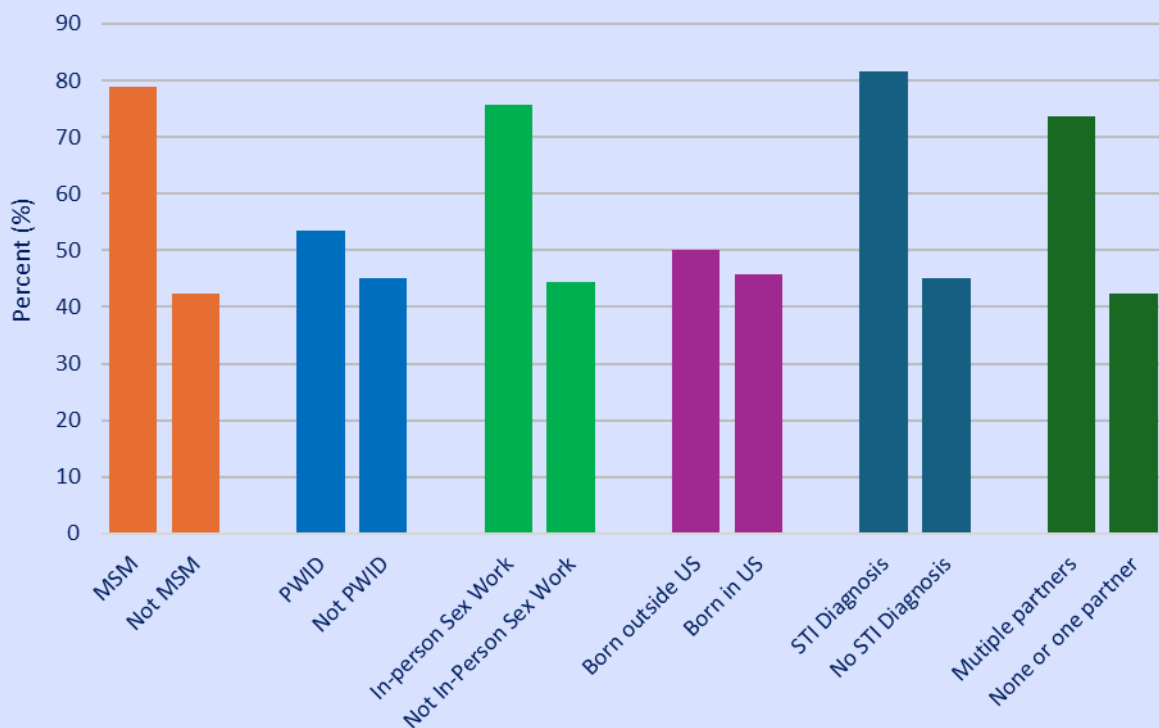


Among people who inject drugs (PWID), 53.5% were familiar with PrEP while 45.0% of people who do not inject drugs were familiar with PrEP. Of those who had been diagnosed with an STI in the prior six months, 81.6% were familiar with PrEP (versus 45.2% of individuals who had not been diagnosed with an STI). Among straight/heterosexual individuals with a recent STI, only 50% were familiar. Comparatively, familiarity among those with a recent STI diagnosis was over 85% for all other sexual orientations. All non-cisgender individuals diagnosed with a recent STI were familiar compared to 77.4% of cisgender individuals with a recent STI diagnosis.

Among the 155 individuals who reported having multiple sexual partners, 73.7% were familiar with PrEP compared to 42.3% of those with none or only one sexual partner. Among straight individuals, few differences were present in terms of familiarity between those with multiple sexual partners and one or fewer partners (34.1% versus 32.0%). Familiarity was much higher among other sexual orientations regardless of the number of partners (>66.0%).

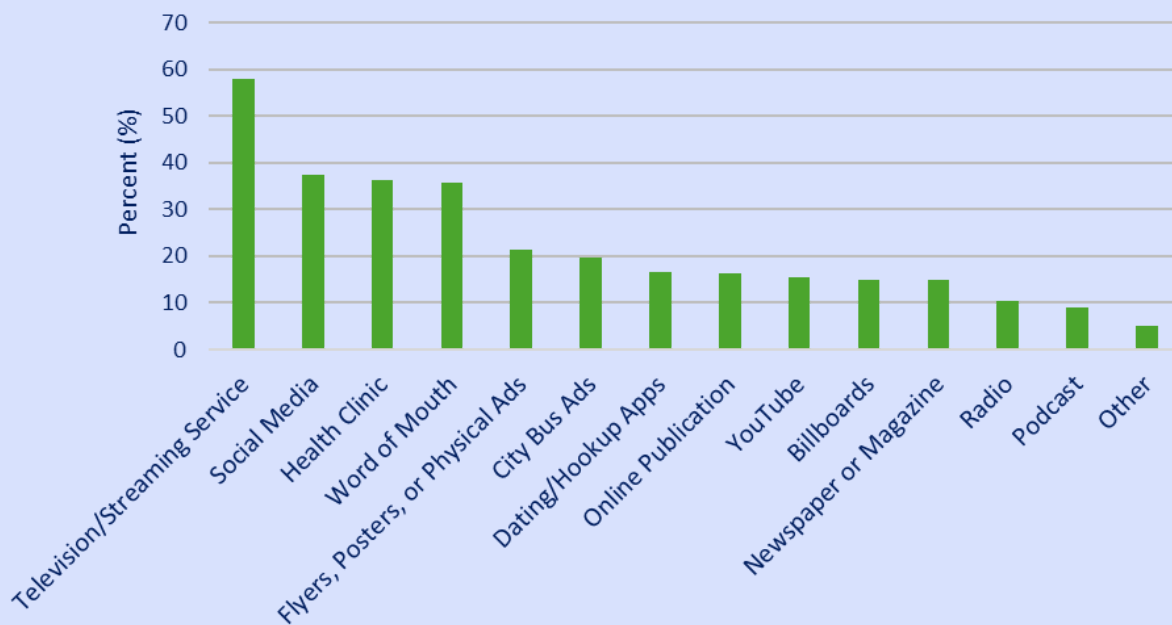
Most individuals who reported participating in in-person sex work were familiar with PrEP (75.6%). Yet straight/heterosexual individuals participating in in-person sex work were much less likely to be familiar with PrEP (30.8%) compared to all other sexual orientations (>75.0%). Half (50.0%) of those born outside the United States were familiar.

**Familiarity with PrEP by Subgroup**



Of the 808 individuals familiar or somewhat familiar with PrEP, over half had heard about PrEP through television (57.9%) and many others had heard about it through social media (37.4%), their health clinic/healthcare provider’s office (36.6%), or word of mouth (35.6%, not mutually exclusive). A smaller portion were familiar with PrEP through other outlets including flyers/physical advertisements, dating apps, YouTube, city bus advertisements, online publications/blogs, and billboards. Awareness through social media was more common among younger age groups and awareness through television was more common among older age groups.

**Ways in which Respondents Reported Hearing about PrEP among the 808 Respondents Familiar or Somewhat Familiar with PrEP**



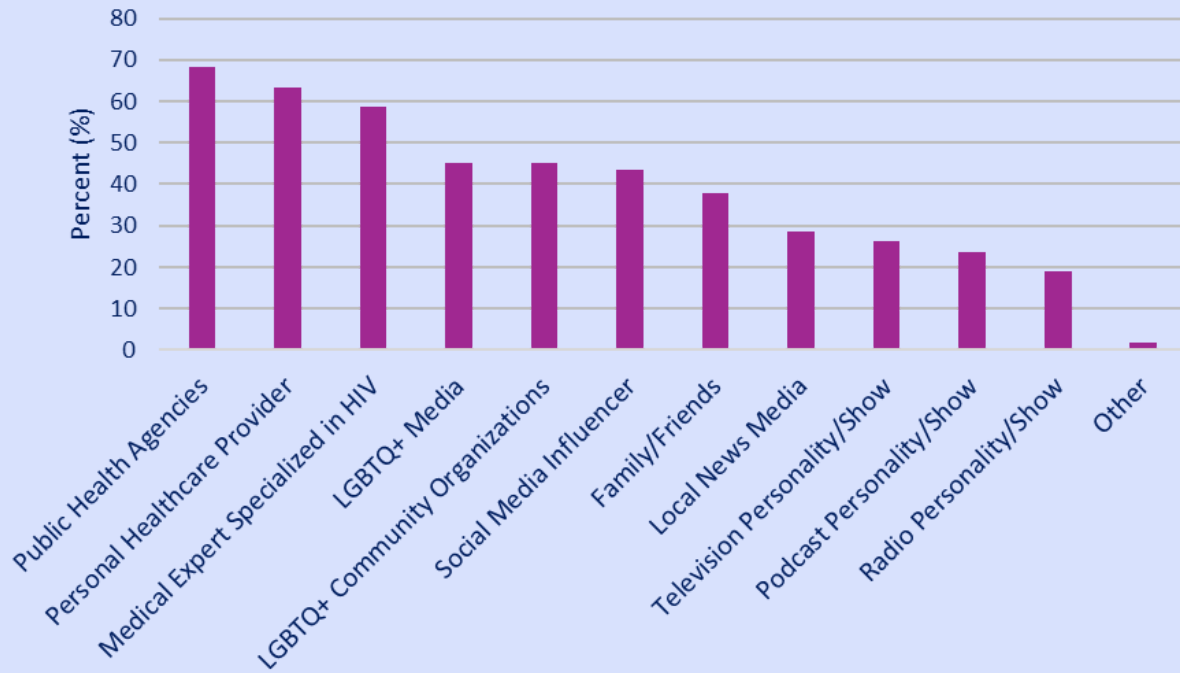
Nearly half (48.3%) of those familiar or somewhat familiar with PrEP reported that they did not know where to get PrEP if wanted, and another 14.6% reported they were unsure where to get it. The proportion not knowing where to get PrEP if needed increased with age, and more commonly cisgender individuals (50.3%) did not know where to get it compared to non-cisgender individuals (17.2%).

Common recommended sources for spreading awareness of PrEP from all 1,334 respondents included public health agencies, personal healthcare providers, medical experts specialized in HIV, LGBTQ+ media, LGBTQ+ community organizations, and social media influencers.

Appendix C provides additional data on familiarity with PrEP.



### Ways in which Respondents Recommended Spreading Awareness about PrEP

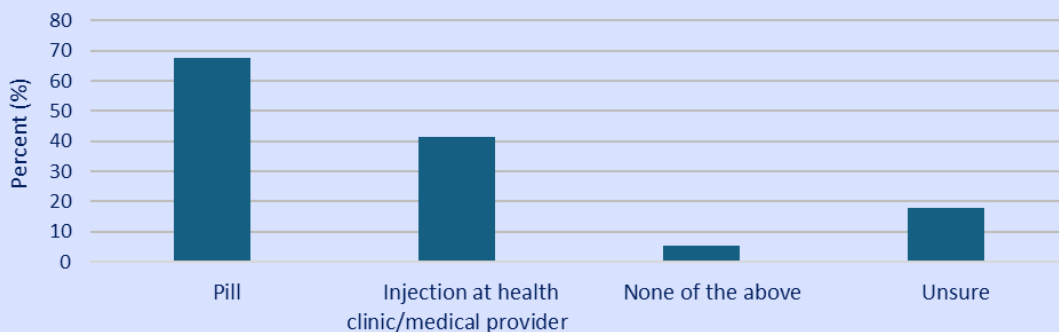


## Familiarity with PrEP Medications and Routes of Administration

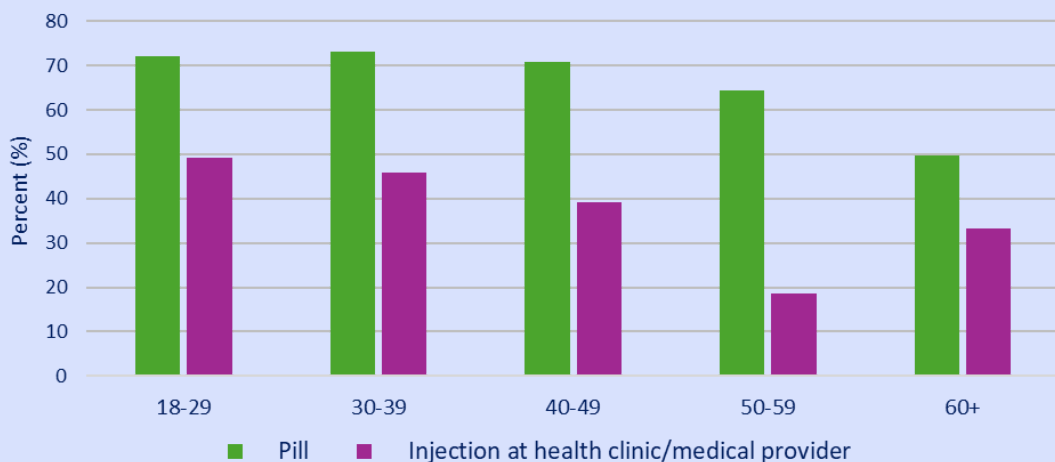
Of the 808 individuals familiar or somewhat familiar with PrEP, 67.6% were aware it is available in pill form whereas 41.5% were aware it is available by injection at a health clinic or medical provider. Those younger than 50 years old were more commonly aware of the pill form compared to those over 50 years old, and awareness of the injection form decreased as age increased. Awareness of the two routes of administration varied little by race. Hispanic individuals were less aware of the injection form (33.3%) compared to non-Hispanic (42.0%).

Non-binary individuals tended to be more aware of both routes of administration (84.9% pill option, 53.4% injectable PrEP) compared to men (71.4% pill option, 44.3% injectable PrEP) and women (61.6% pill option, 36.9% injectable PrEP). Generally, individuals who identified as gay, lesbian, bisexual/pansexual, and queer had a greater awareness of PrEP routes of administration compared to individuals who identified as straight/heterosexual.

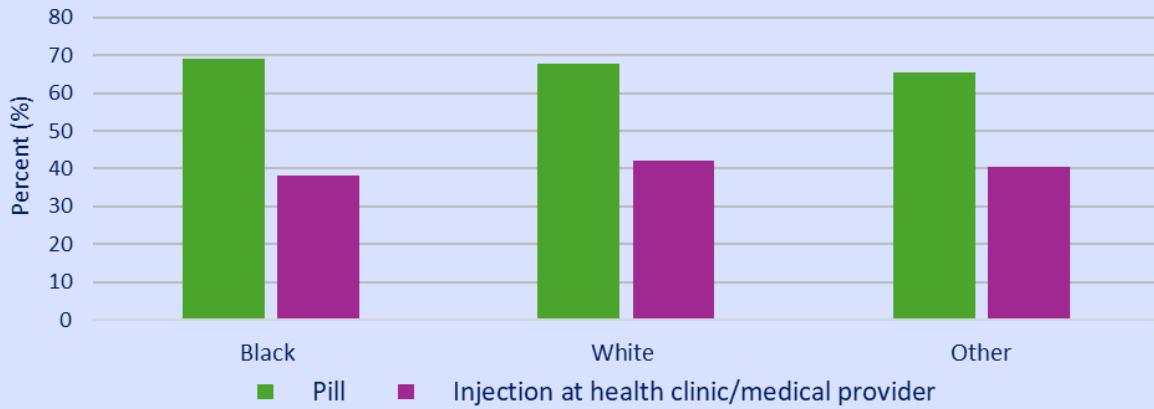
Awareness of PrEP Routes of Administration (N=808)



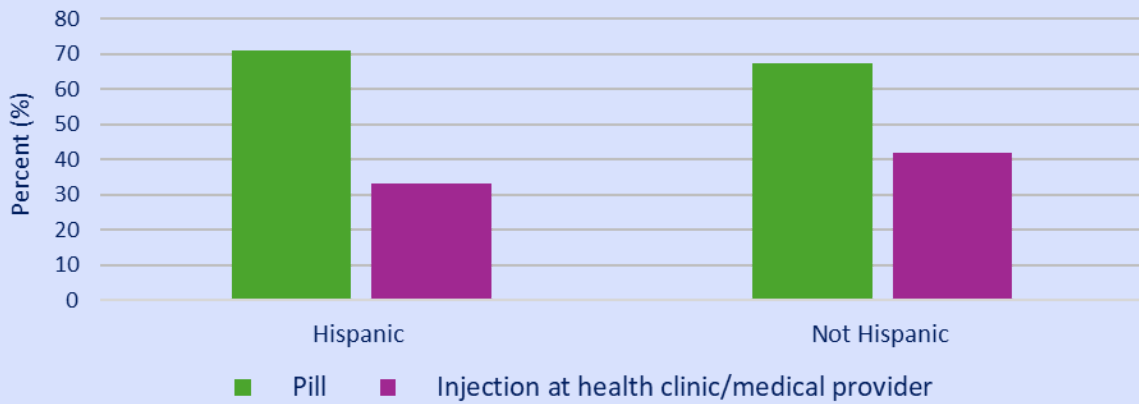
Awareness of PrEP Routes of Administration by Age Group



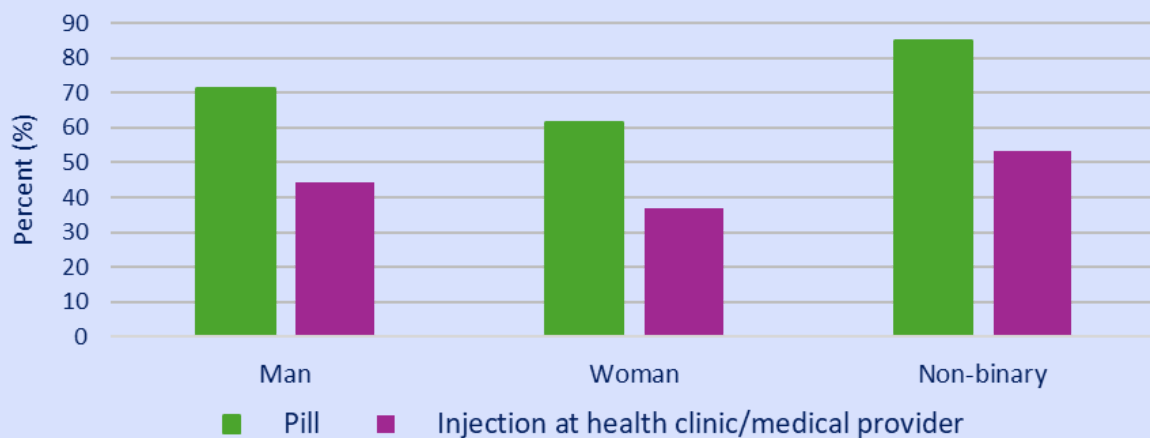
**Awareness of PrEP Routes of Administration by Race**

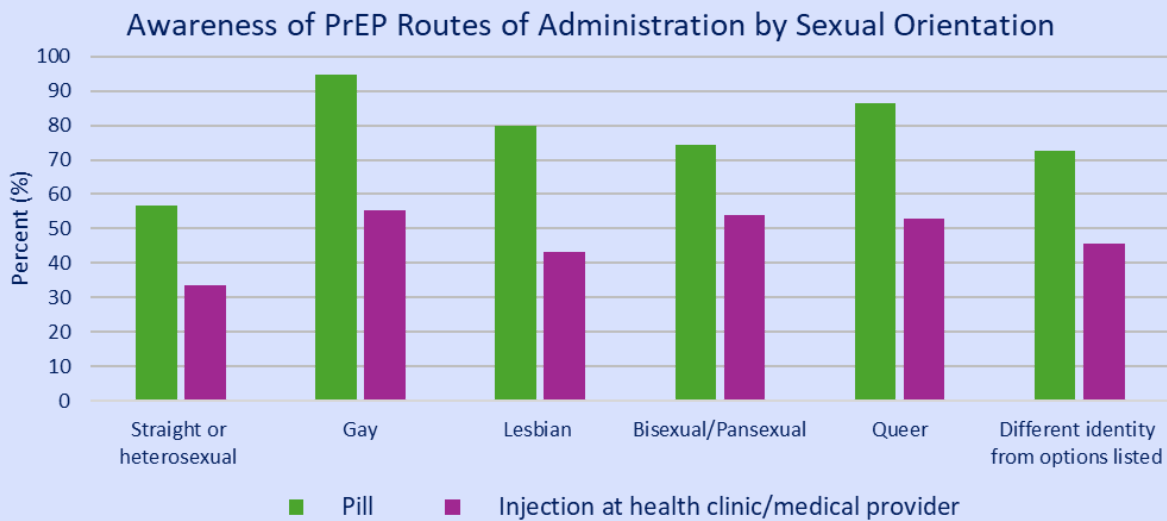


**Awareness of PrEP Routes of Administration by Ethnicity**



**Awareness of PrEP Routes of Administration by Gender**

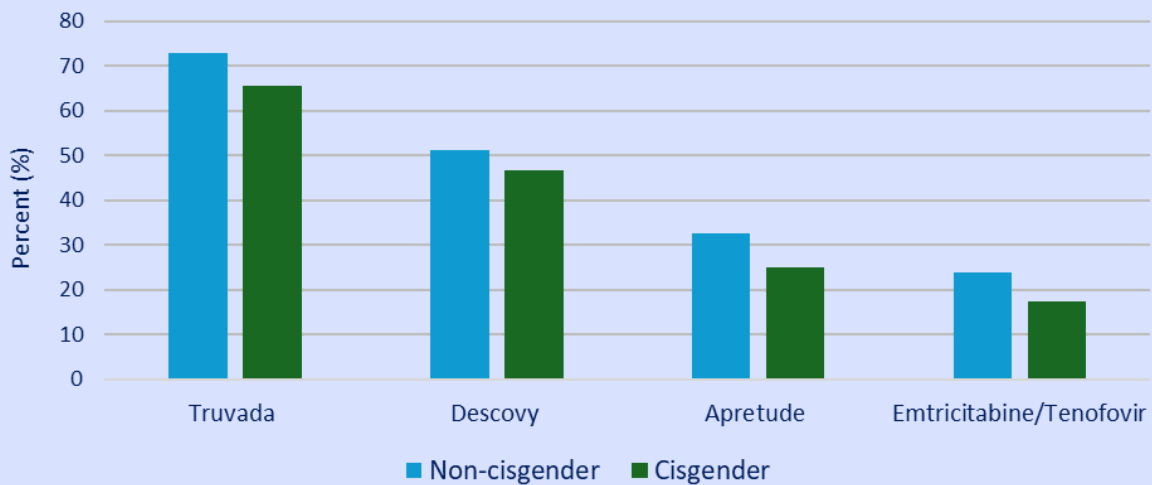




Of the respondents who identified as MSM, 89.0% were aware of the pill option and 56.0% were aware of the injectable option. Awareness of both routes of administration was lower among non-MSM (64.2% pill, 39.2% injectable). Among respondents who stated they had been diagnosed with an STI in the prior six months, 90.9% and 72.7% were aware of the pill and injection form, respectively, which was substantially higher than those without an STI diagnosis. Additionally, of those who were not born in the United States, 75.0% were aware of PrEP in pill form and 42.9% were aware of injectable PrEP. Those who participated in in-person sex work or had multiple sexual partners in the prior six months tended to have higher than average awareness of both pill and injectable PrEP compared to their counterparts. PWID had lower than average awareness of the pill form (62.3%), but higher than average awareness of the injection form (48.1%).

In terms of the specific names of the PrEP medications, overall, of the 808 individuals familiar or somewhat familiar with PrEP, 66.3% were familiar with the brand name Truvada®, 47.2% were familiar with the brand name Descovy®, 26.0% were familiar with the brand name Apretude, and 18.1% were familiar with the medication names emtricitabine/tenofovir (FTC/TDF). Those 18-29 years old tended to be less familiar with Truvada® and Descovy® compared to older respondents. White and non-Hispanic individuals tended to be more aware of Descovy® compared to non-white and Hispanic respondents. Of respondents identifying as men, 72.0%, 54.5%, 29.5%, and 22.3% were aware of Truvada®, Descovy®, Apretude, and FTC/TDF, respectively. Awareness followed a similar pattern among individuals identifying as non-binary, yet women tended to have less awareness of each of these medications.

Familiarity with PrEP Medication Names, Cisgender versus Non-cisgender



\*Non-cisgender defined as an individual identifying as non-binary, agender, genderqueer, genderfluid, questioning or unsure, or other identity not listed or if the individual identified as transgender

Individuals who identified as gay or queer were more commonly aware of Truvada® and Descovy® compared to other sexual orientations, and those who identified as gay were more commonly aware of Apretude, though at a lower rate relative to Truvada® and Descovy®, compared to all other sexual orientations. Of MSM respondents, over three quarters were aware of Truvada® (91.7%) and Descovy® (83.5%), but fewer were aware of Apretude (44.0%) and FTC/TDF (33.9%). Among PWID, 70.1%, 41.6%, 33.8%, and 18.2% were aware of Truvada®, Descovy®, Apretude, and FTC/TDF, respectively. Likewise, individuals who reported participating in in-person sex work, having a recent STI diagnosis, or having multiple sexual partners had similar patterns of specific medication awareness.

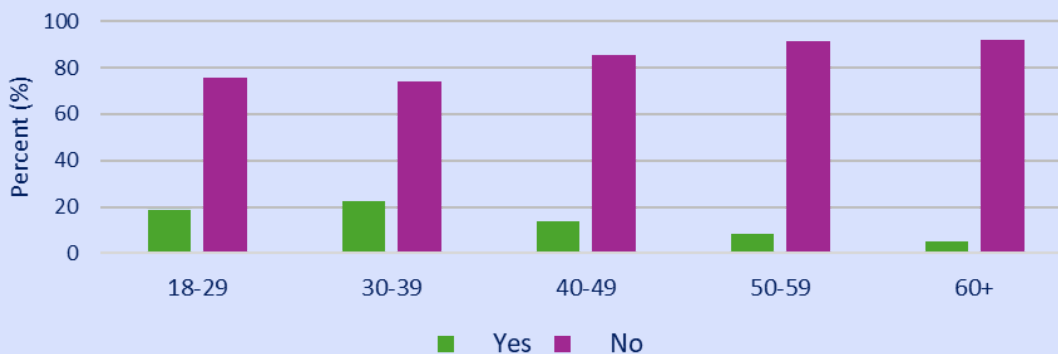
Appendix C provides a more detailed breakdown on awareness of the routes of administration and specific medications.

## PrEP Use and Recommendation

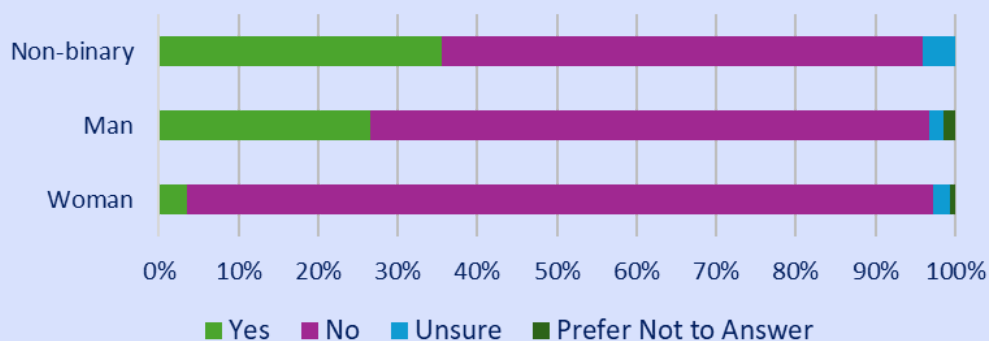
Of the 808 respondents who were familiar or somewhat familiar with PrEP, 128 (15.8%) had ever been recommended PrEP and 105 (13.0%) had ever used it (8.0% were currently using PrEP at the time of the survey, 5.0% previously used it).

Younger age groups had been more commonly recommended PrEP compared to older age groups. No differences existed between having been recommended PrEP by race, yet in terms of ethnicity, Hispanic individuals were more commonly recommended PrEP than non-Hispanic individuals (24.4% versus 15.4%). Of those who identified as non-binary, 35.6% had ever been recommended PrEP compared to 26.5% of men and 3.5% of women. Those who identified as gay reported having been recommended PrEP more commonly (50.9%) compared to other sexual orientations (queer 35.3%, bisexual/pansexual 22.7%, lesbian 10.0%, straight/heterosexual 1.8%). Overall non-cisgender individuals were recommended PrEP three times more often than cisgender individuals (39.1% versus 12.8%). About half of both non-cisgender women and non-cisgender men had ever been recommended PrEP (50.0% and 53.8%).

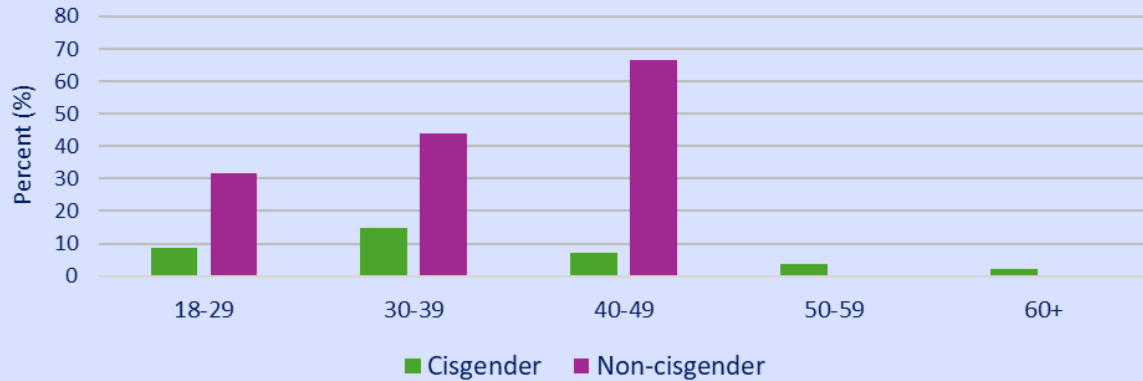
Ever Recommend PrEP by Age Group



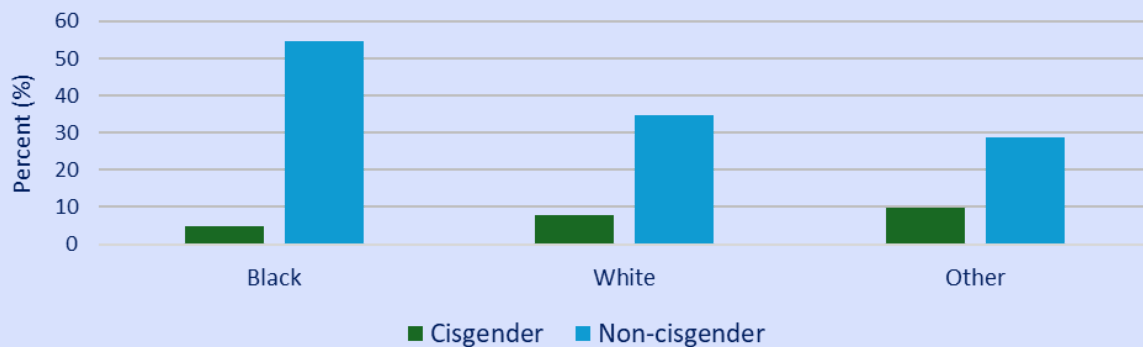
Ever Recommended PrEP by Gender



Ever Recommended PrEP by Age, Cisgender versus Non-cisgender

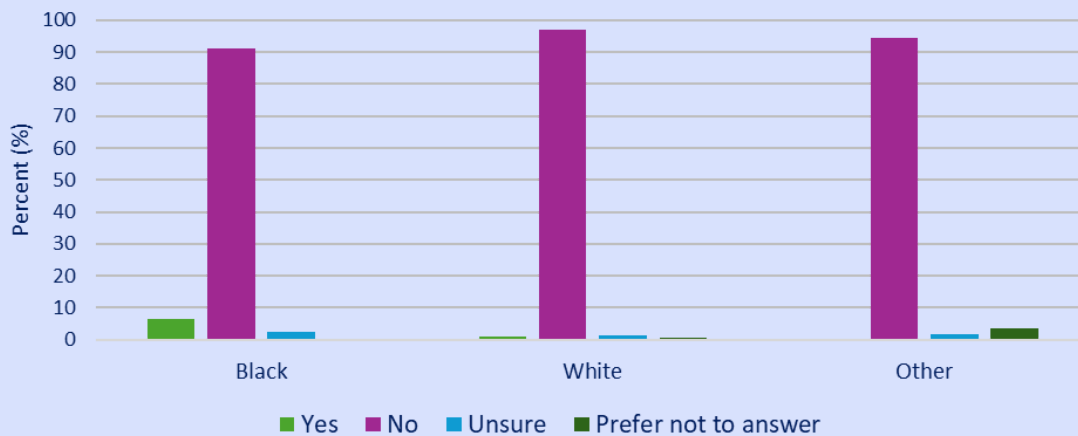


Ever Recommended PrEP by Race, Cisgender versus Non-cisgender



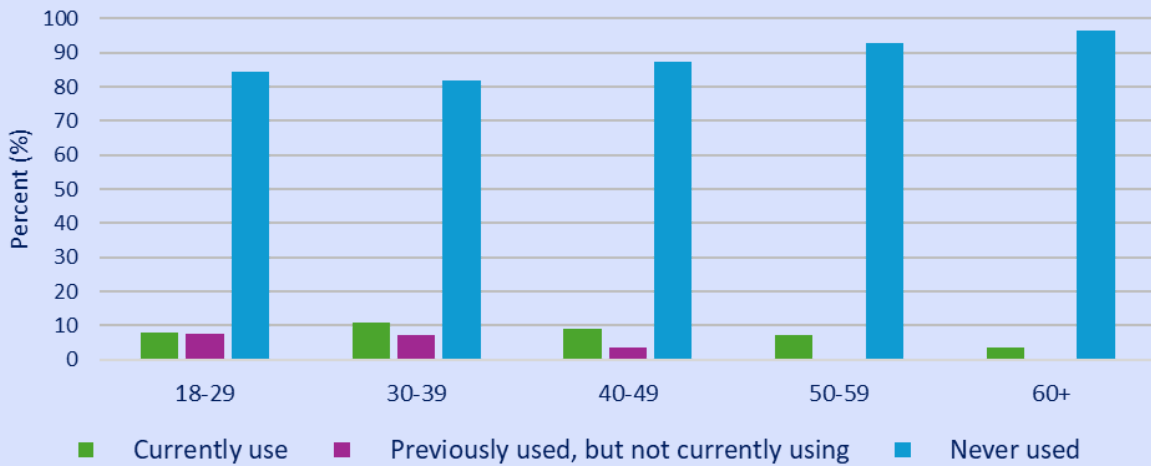
\*Non-cisgender defined as an individual identifying as non-binary, agender, genderqueer, genderfluid, questioning or unsure, or other identity not listed or if the individual identified as transgender

Ever Recommended PrEP Among Heterosexual/Straight Individuals by Race

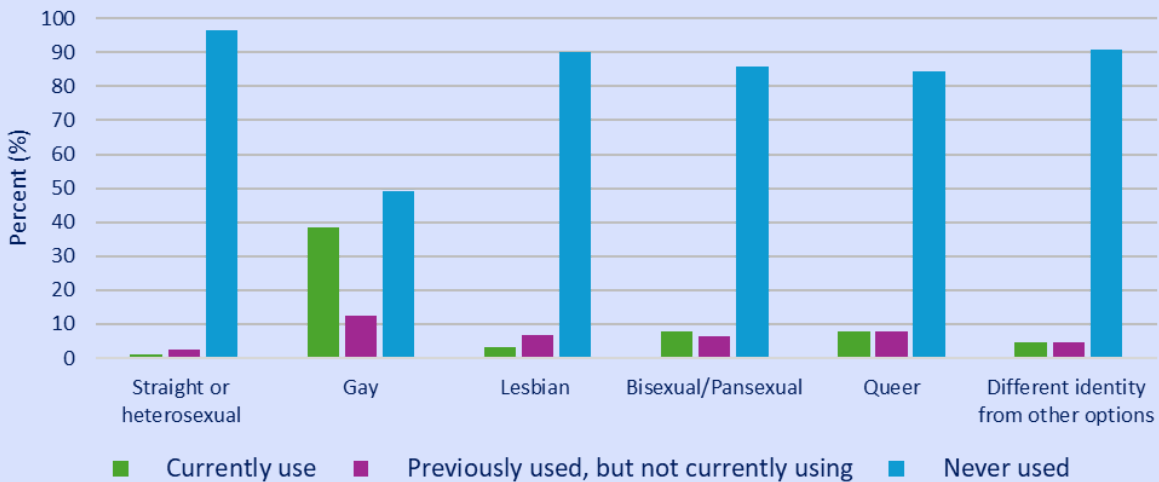


Current or previous use of PrEP was highest in 18–39-year-olds and among men (23.8%) compared to women (3.2%) and non-binary individuals (17.8%). Of those who identified as gay, 50.9% reported current or previous use (38.4% current use, 12.5% previous use), which was at least three times the proportion among any other sexual orientation. Over half of both bisexual/pansexual and queer individuals with multiple sexual partners have never used PrEP.

**PrEP Use by Age Group**



**PrEP Use by Sexual Orientation**



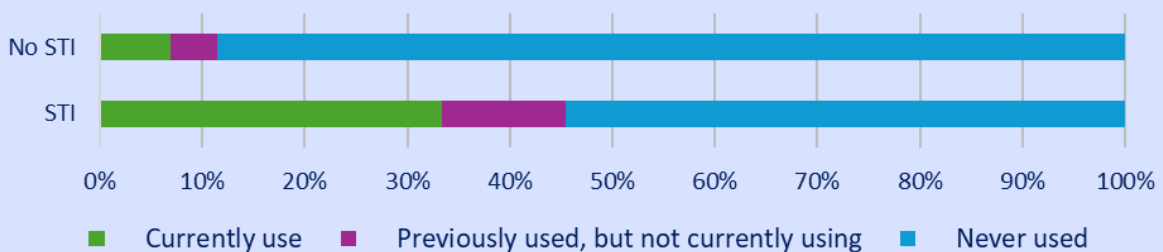


Within each of the following subgroups, over half of the respondents had been recommended PrEP: MSM (59.6% recommended, 42.2% currently using), individuals participating in in-person sex work (52.8% recommended, 22.2% currently using), and individuals who reported multiple sexual partners (55.2% recommended, 36.8% currently using). Of Black MSM, 45.5% were ever recommended versus 59.5% of white MSM. Of MSM with multiple partners, 63.1% had ever been recommended PrEP and 56.9% were currently using PrEP (7.7% previously used). Recommendation rates among straight/heterosexual individuals who participate in in-person sex work and recommendation rates among straight/heterosexual individuals who reported multiple sexual partners were substantially lower than rates among individuals of other sexual orientations.

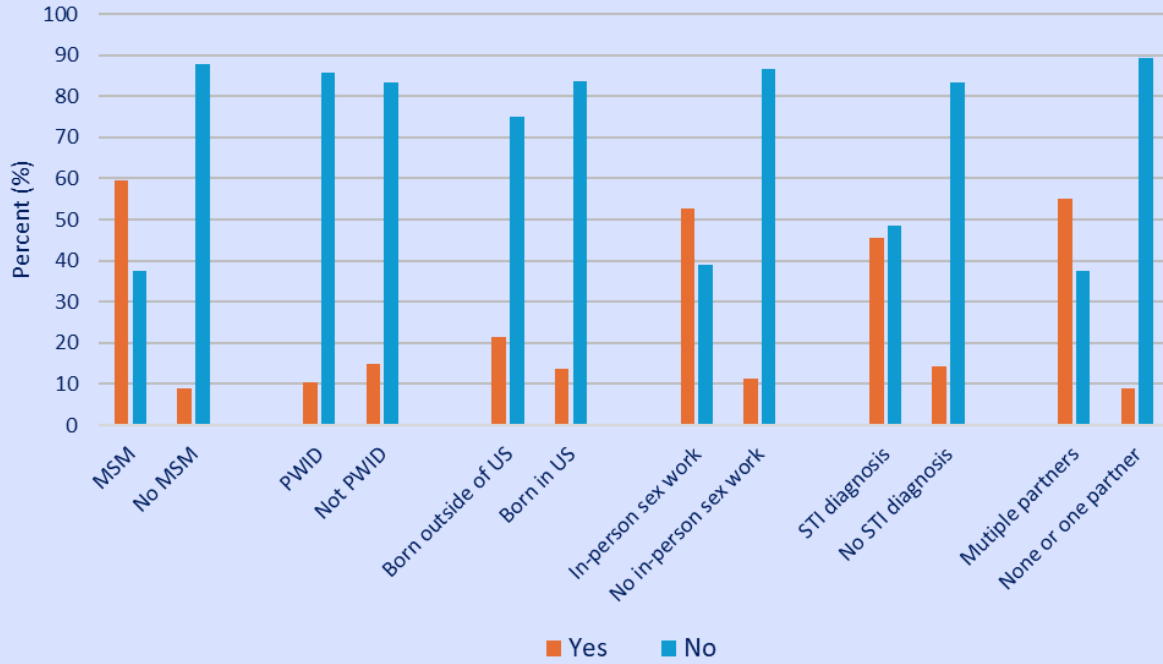
Having been recommended PrEP and use of PrEP were low among PWID (10.4% recommended, 5.2% currently using, 6.5% previously used). Less than half of those previously diagnosed with an STI had been recommended PrEP (45.5%, 33.3% currently using), but this varied by sexual orientation (straight/heterosexual: 0.0%).

Appendix C includes additional data on the proportion of each subgroup who was ever recommended or ever used PrEP.

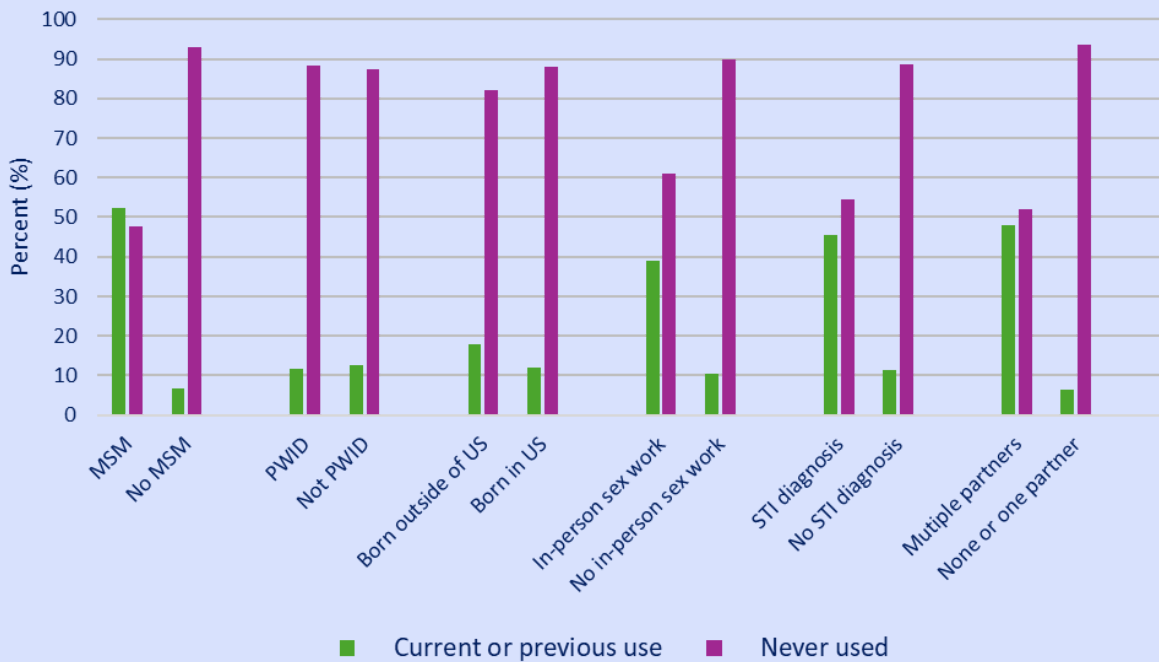
**PrEP Use by STI Diagnosis in Prior Six Months**



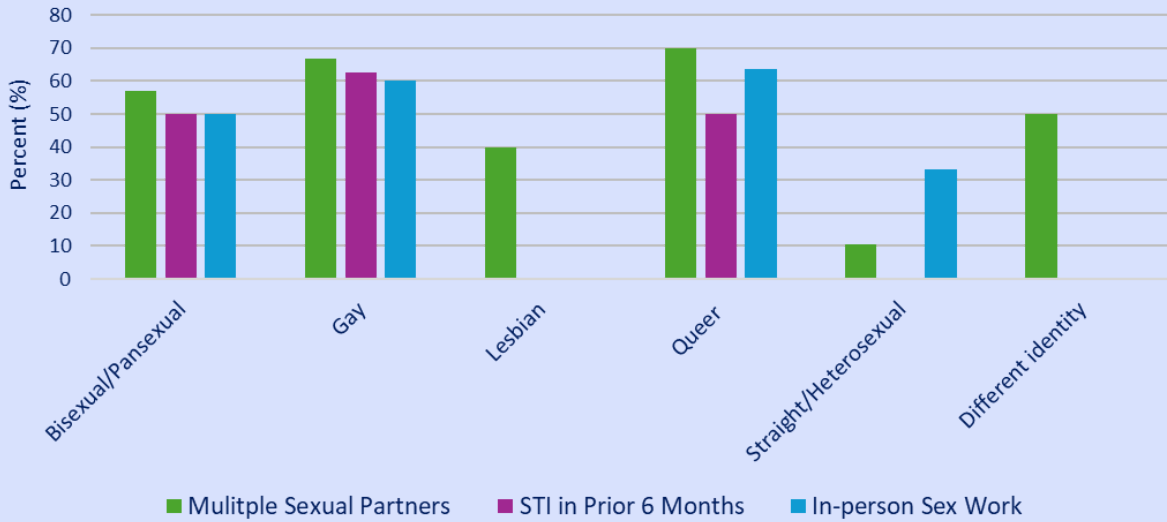
Ever Recommended PrEP by Subgroup



PrEP Use by Subgroup

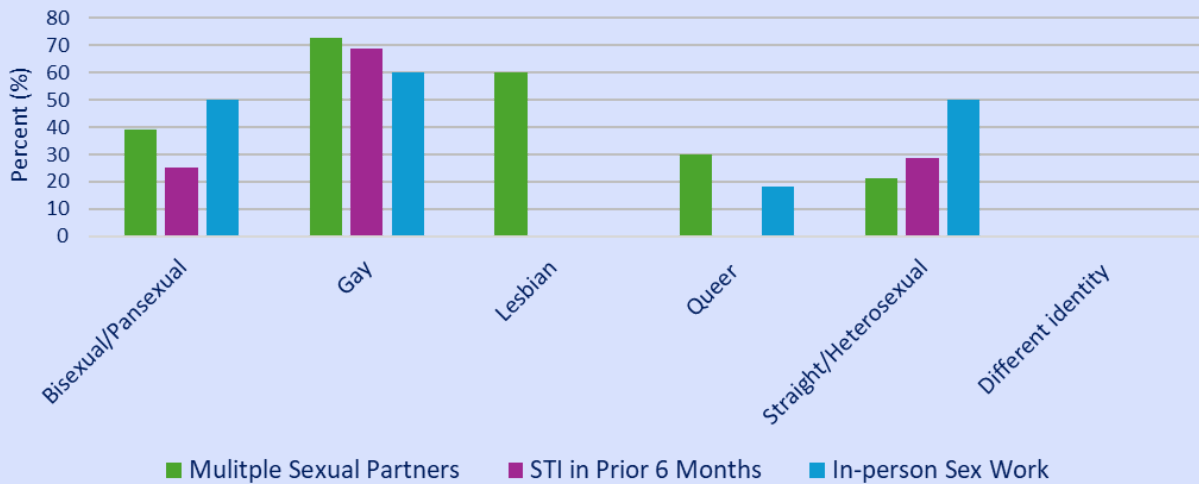


Recommended PrEP by Sexual Orientation and Subgroup



\*0 individuals in the following groups: lesbian and recent STI, different identity and recent STI, different identity and sex work

PrEP Use by Sexual Orientation and Subgroup



\*0 individuals in the following groups: lesbian and recent STI, different identity and recent STI, different identity and sex work

## Perceived HIV Risk

Respondents self-rated their perceived level of risk for HIV as none, slight, moderate, very, or extremely. Of 1,334 respondents, 21.6% rated themselves to be at least slightly at risk for HIV. Specifically, sixteen (1.2%) respondents viewed themselves as being very or extremely at risk (16.1% slight risk, 4.3% moderate risk).

Individuals 18–29 years old tended to believe they were more at risk than older age groups (30.4% rated themselves to be at least slightly at risk compared to less than 26.0% for all other age groups). No significant differences in perceived risk were present by race, whereas individuals who identified as Hispanic more commonly rated themselves as having a higher risk (31.3% rated themselves to be at least slightly at risk versus 21.1% among non-Hispanic).

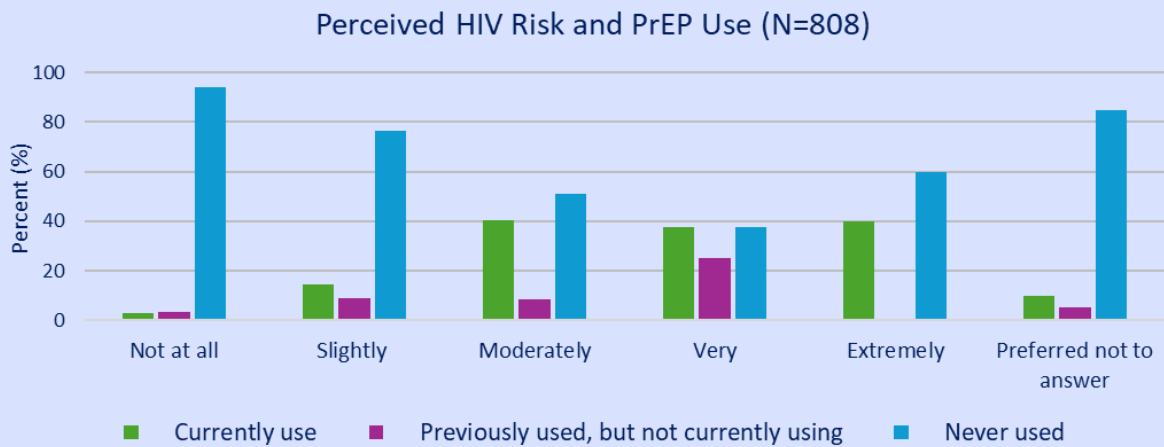
In terms of gender, more men and women rated themselves at a lower risk level compared to non-binary individuals, and nearly half (45.0%) of non-cisgender individuals rated themselves at least slightly at risk (versus 19.8% among cisgender). Perceived risk was higher among non-cisgender women (66.7% rated themselves to be at least slightly at risk) and non-cisgender men (61.5%) than cisgender women (15.8%) and cisgender men (24.3%). White non-cisgender individuals more commonly rated their risk as at least slightly compared to Black non-cisgender individuals (49.3% versus 36.4%).

Over half of individuals who identified as gay or queer believed themselves to be at risk (a rating of slightly or more), along with over half of MSM. Proportionally, more Black MSM rated their perceived risk as at least slightly compared to white MSM (66.6% versus 56.8%) and generally perceived risk among MSM decreased with age. Non-Hispanic MSM rated their risk as at least slightly more often than Hispanic MSM (58.4% versus 16.7%), though small numbers limit this comparison.

Additionally, three quarters of people who participate in in-person sex work believed themselves to be slightly at risk or greater compared to respondents who had not participated in in-person sex work (75.6% versus 18.9%). Similar patterns were seen among respondents diagnosed with a recent STI (57.9% versus 20.3%) and with multiple sexual partners (74.8% versus 14.6%), though this trend was generally lower among straight/heterosexual individuals compared to individuals of other sexual orientations. Perceived risks were similar between PWID and people who reported they do not inject drugs.

Of those who rated their risk for HIV as moderate or higher, 73.0% were familiar with PrEP (8.1% somewhat familiar, 18.9% not familiar), compared to 44.1% of those who rated their risk as not at all or slightly (15.0% somewhat familiar, 40.9% not familiar). Of those familiar or somewhat familiar with PrEP and who rated themselves to be at moderate or higher risk for HIV, 58.3% had ever been recommended PrEP and 50.0% were currently or had ever used PrEP.

Appendix C provides additional data on perceived risk for HIV.



## Experiences

Common experiences reported by the 105 individuals who had ever used PrEP included engaging in different or higher risk sexual behaviors (23.8%), difficulty adhering to a daily pill schedule (18.1%), not wanting to get regular HIV testing every 2–3 months (14.3%), issues with the extra costs aside from the PrEP medication (e.g., copays) being too expensive (13.3%), and issues with the PrEP medication being too expensive (11.4%).

Engaging in different or higher risk sexual behaviors was the most common experience selected among men (24.1%), whereas difficulty sticking to a daily pill schedule was the most common experience noted by women (30.8%) and non-binary individuals (30.8%). Engaging in different or higher risk sexual behaviors was selected most among 18–39-year-olds, 50–59-year-olds, white individuals, gay and bisexual/pansexual individuals, individuals not born in the US, and respondents with multiple sexual partners compared to their counterparts.

Of the 743 individuals familiar or somewhat familiar with PrEP but had never used PrEP, reasons for not using PrEP included not feeling at risk for HIV (63.7%), preferring to use other protection methods (12.2%), not knowing enough about it (12.2%), and concerns about negative side effects (6.6%). Notably individuals 18–29 years old more commonly reported not knowing enough about it, being concerned about side effects, and preferring to use other methods of protection compared to older age groups. Additionally, 17.0% of Black individuals reported not knowing enough about it compared to 11.0% of white individuals. Hispanic individuals tended to report not trusting the healthcare system as a reason for not using PrEP more often than non-Hispanic individuals.

Appendix C provides additional data on the experiences of those who have and have not used PrEP.

# Strengths and Limitations

The 2024 PrEP Awareness Survey was conducted in a robust manner, ensuring the sample was representative of both Allegheny County and those most impacted by HIV. Furthermore, it was distributed via a variety of in-person and online methods as well as in English and Spanish, which ensured it reached a wide audience and both those with and without internet access. Oversampling certain populations that are often underrepresented in other surveys better equipped AFP to draw conclusions specific to individual subgroups. Lastly, the overall margin of error for the sample was estimated to be 3.0%.

However, it is important to note that surveys, such as this one, also have limitations. First, responses may be biased due to the sensitive nature of the survey topic and some of the questions, such as those around identity, STI diagnoses, injection drug use, or sex work. For instance, there is a potential for dishonest answers due to social desirability or reluctance to answer certain questions because of confidentiality concerns.

Second, some questions asked respondents to remember prior events, introducing the possibility for recall bias. The survey was also long, introducing the possibility of survey fatigue, particularly among those taking the survey in-person. Additionally, though it was attempted to provide a full list of comprehensive answer choices for questions related to experiences and identity, the options were likely not exhaustive and therefore may not have entirely captured respondents' experiences.

There is also a chance that survey questions and answer choices may have been interpreted differently amongst survey participants. Additionally, perceived risk is challenging to quantify accurately and interpret in this survey given that the measure is subjective and based on individual experiences.

Though interceptors were provided with thorough training, these individuals may have introduced unintended bias when selecting individuals to request survey completion. Lastly, though many populations impacted by the HIV epidemic in Allegheny County were oversampled, in some cases, survey data are still not fully representative. This survey does not include all Allegheny County residents and therefore the responses of those who were not offered or who declined the survey may differ from those who responded, limiting generalizability.

# Discussion – What Does the Data Mean?

Valuable data was collected through the 2024 PrEP Awareness Survey and the results will be used by AFP and partners to inform educational materials and messaging, increase community outreach to subgroups identified as being less familiar with PrEP, and work with partner agencies to reduce access-related barriers.

Overall, approximately **two out of every five Allegheny County residents were not familiar with PrEP**, and over half of respondents did not know or were unsure of where to access PrEP if wanted.

Notably one third of individuals 18–29 years old and almost half of Black individuals were not familiar with PrEP, both of which are subgroups that are disproportionately impacted by HIV. Specifically, the rate of new HIV diagnoses among Black individuals is over 10 times the rate among white individuals, and the rate among individuals 15–34 years old is also substantially higher than older age groups in the county [4]. Given these alarming trends, additional focused outreach related to PrEP is needed among these populations.

**Familiarity with PrEP was high among populations disproportionately impacted by HIV** including non-binary and gender diverse individuals, transgender individuals, MSM, people who participate in sex work, people with a recent STI diagnosis, and people with multiple sexual partners.

This high awareness can likely be attributed to existing education campaigns and materials heavily shared within LGBTQ and HIV clinics or spaces with affirming and welcoming providers. For instance, several of AFP’s partners host educational sessions to inform the community of steps that can be taken to limit one’s HIV risk. Additionally, outreach events hosted and sponsored by AFP reach hundreds of individuals in the community and provide invaluable resources for HIV prevention and education, potentially contributing to higher awareness of PrEP in some of the sampled subgroups. High familiarity in these communities may also suggest strong values around community self-care, advocacy, and information sharing. Community members often hold the key to understanding best information sharing and peer-to-peer education practices, and therefore their role and input is critical to increasing PrEP awareness.

[4] Allegheny County Health Department HIV Epidemiologic Profile 2014–2023, January 2025.  
<https://www.alleghenycounty.us/files/assets/county/v/2/government/health/documents/disease-summaries/std/hiv-epi-profile-2023-v4.pdf>.  
Accessed March 3 2025.



However, in most of these key subgroups, there remained a small proportion unaware of PrEP indicating the need for continued education and specific outreach, particularly among general practitioners, who can reach additional communities not going to LGBTQ/HIV clinics. For instance, it is particularly important for individuals who participate in in-person sex work to be aware of PrEP and its benefits because these individuals may be unaware of their client's HIV status. Individuals with a recent STI likely had higher awareness due to recent healthcare interactions related to their STI diagnosis, which is promising as it appears healthcare providers are likely talking about PrEP with patients at increased risk.

PrEP awareness was **high among LGBTQ communities**, which are significantly impacted by HIV, and lower among individuals who reported their sexual orientation as straight/heterosexual.

However, it is important to note that heterosexual contact as a risk factor has accounted for approximately one fifth of new diagnoses in Allegheny County over the past few years combined, suggesting the importance of improving awareness among this group as well. This stark difference in knowledge highlights the growing need to continue to combat misinformation surrounding who can take PrEP, and to address the stigma associated with someone being on PrEP. The increased awareness and knowledge among LGBTQ communities is potentially related to the increased exposure from social media and healthcare providers compared to other subgroups – indicating important avenues for learning about PrEP that could be applied to other populations less exposed to these same resources. This also highlights the need for increasing learning opportunities for providers less exposed to HIV prevention and care.

Most PWID had some familiarity, but **nearly one quarter of PWID reported to be only somewhat familiar** with PrEP.

Few PrEP campaigns are specific to this subgroup in Allegheny County and often PWID are more hesitant to accessing healthcare in traditional settings due to stigma, suggesting historically there have been few avenues for PrEP education and messaging. On December 9, the Assistant Secretary for Mental Health and Substance Use and the leader of the Substance Abuse and Mental Health Services Administration and the Director of the CDC released a memo urging substance use disorder (SUD) treatment communities to increase HIV testing in SUD treatment settings [5]. This guidance further emphasizes that opportunities exist for the development of improved and tailored education and outreach to PWID and SUD clinicians to increase PrEP awareness, access, and uptake.

[5] Dear Colleague Letter Title: Advancing HIV and viral hepatitis testing with point-of-care diagnostics for people with substance use disorder. December 9, 2024. [https://www.cdc.gov/hepatitis/media/pdfs/2024/12/SAMHSA-CDC-DCL-HIV-Viral-Hepatitis-Testing-December-2024-508c\\_FINAL.pdf](https://www.cdc.gov/hepatitis/media/pdfs/2024/12/SAMHSA-CDC-DCL-HIV-Viral-Hepatitis-Testing-December-2024-508c_FINAL.pdf). Accessed March 4 2025.

Of those who had at least some familiarity with PrEP, most were more aware of the pill option, but a **smaller proportion were aware of the injection option** generally or by its drug name Apretude.

This is expected as Apretude is relatively new, first becoming available in 2021. However, significant benefits exist with the injection form, particularly for individuals who find that oral PrEP is not practical or desirable (such as those who struggle to stick to a daily pill schedule, who need to prioritize privacy, or who have negative side effects from the pill). Though injectable PrEP does carry its own side effects, such as an injection site reaction, it is a promising alternative and warrants increased community and provider messaging specific to this option.

PrEP use among individuals who participate in in-person sex work, PWID, people with a recent STI, and people with multiple sexual partners remained **below 50%**.

Despite high familiarity among various key subgroups at higher risk, PrEP recommendations and PrEP use remained concerningly low. These data indicate the need for community education on options, risk, and how to access PrEP, as well as provider level education in identifying those who could benefit most from PrEP. Furthermore, combating stigma associated with HIV and PrEP use and other barriers to PrEP use among these subgroups continues to be a critical aspect of improving comfortability in asking for and taking PrEP.

Healthcare providers play a key role in providing information about PrEP options, yet **only one third of respondents reported hearing about PrEP from a healthcare provider**.

PrEP is a key biomedical tool needed to end the HIV epidemic. Therefore, improved community-level PrEP education is critical to efforts to stop the spread of HIV in Allegheny County. However, clinician knowledge and awareness are pertinent as well [6].

Furthermore, although this survey did not assess clinician knowledge, some insight is provided by examining specific subgroups at increased risk for HIV and if they reported ever being recommended PrEP. Notably, only about half of those with a recent STI diagnosis, those with multiple partners, or those who participate in in-person sex work had been recommended PrEP, and only 10.4% of PWID had been recommended it. However, this assessment is imperfect without the ability to know if all respondents have seen a healthcare provider to have the opportunity to be recommended PrEP and to know the respondents' specific medical circumstances.

Other studies have found that 76% of primary care doctors are familiar with PrEP, but only 28% are familiar with prescribing it [7]. Additional assessments are needed to better understand clinician knowledge of PrEP and practices around recommending and prescribing it in Allegheny County. Increased clinician knowledge around the barriers faced when accessing or using PrEP (including medical barriers like negative side effects, behavioral barriers like sticking to a daily pill regimen, and structural barriers such as medication and testing costs) is also critical to ensure healthcare providers are adequately equipped to assist patients in navigating PrEP use.

AFP has conducted similar PrEP Awareness Surveys in the past. However, prior assessments were not as robust in nature. Nonetheless, it is important to compare knowledge and awareness over time to assess change.

From these assessments, there has been a **125% increase in PrEP awareness from 2016 to 2024** – a promising trend in the efforts to end the HIV epidemic.

Although the rate of HIV continues to decline, an aggressive approach with PrEP as an essential component is required to end the HIV epidemic. Ultimately we found PrEP awareness was high among key populations, suggesting strong values of community care and opening important avenues for peer-to-peer education and advocacy.

The knowledge, experiences, and barriers shared through this survey will serve as a guide to developing intentional and specific future PrEP awareness campaigns and education materials for Allegheny County residents and clinicians, as well as will inform future community partnerships that will support bolstering PrEP awareness.

[7] Petroll AE, Walsh JL, Owczarzak JL, McAuliffe TL, Bogart LM, Kelly JA. PrEP Awareness, Familiarity, Comfort, and Prescribing Experience among US Primary Care Providers and HIV Specialists. *AIDS Behav.* 2017 May;21(5):1256-1267. doi: 10.1007/s10461-016-1625-1. PMID: 27885552; PMCID: PMC5500978.

# Appendices

## **Appendix A**

Appendix A includes the survey language.

## **Appendix B**

Appendix B includes the in-person interceptor locations used to collect responses.

## **Appendix C**

Appendix C includes results tables.

## Acknowledgements

AFP would like to thank Campos staff Therese Cushing, Zack Bickel, and Dr. Emily Galeza for their partnership and assistance with survey development and implementation, as well as the Jewish Healthcare Foundation, University of Pittsburgh Medical Center, and Allegheny Health Network for their financial contributions.

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# Take Action Today



## You can do your part and become a PrEP champion:

1. Learn about HIV prevention tools that you can use at [AIDSFreePittsburgh.org](https://AIDSFreePittsburgh.org).
2. Find a healthcare provider who can prescribe PrEP.
3. Share your new information with friends, family, and community!

## Providers can help too:

1. **Normalizing routine HIV testing:** It is recommended everyone receive a test in their lifetime, and for many more frequently. If testing is not available at your clinic, you can refer to other locations.
2. **Increasing access to PrEP:** Identifying eligible individuals and prescribing PrEP (pill or injection) is key to prevention. If your clinic does not prescribe PrEP, you can refer patients to other locations.
3. **Improving linkage to care:** Efficiently linking individuals who test positive for HIV to treatment (ideally within 24-48 hours) ensures better health outcomes and faster times to viral suppression.

AIDS Free Pittsburgh has developed a **PrEP Toolkit** for providers:  
[www.aidsfreepittsburgh.org/provider-resources](https://www.aidsfreepittsburgh.org/provider-resources)



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