

# Sexually transmitted infections among clients seeking both pre-exposure prophylaxis (PrEP) and non-PrEP services at key population-led and key population-friendly private clinics in Vietnam

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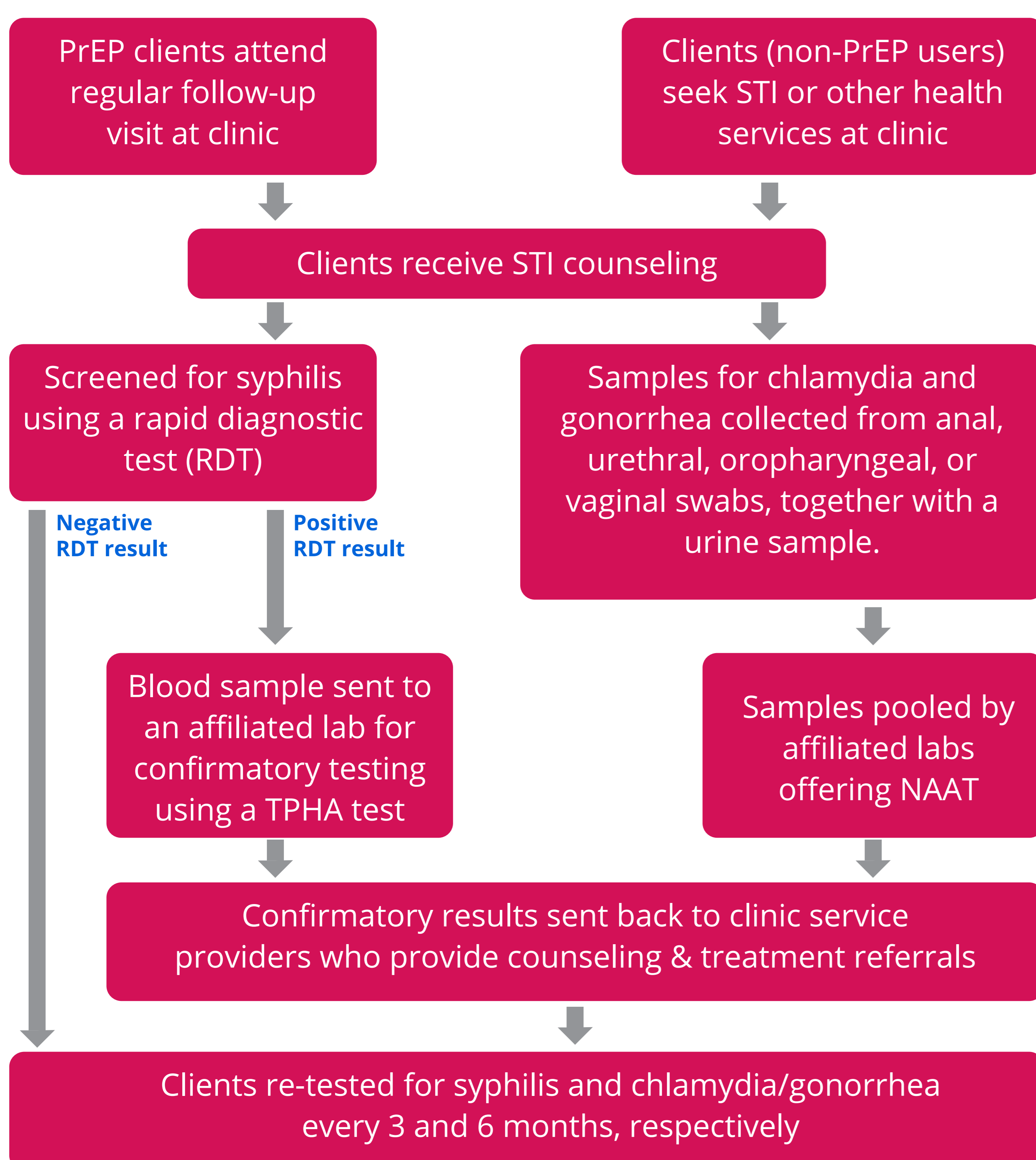
## Background

Sexually transmitted infection (STI) testing and treatment is an essential component of key population (KP) health care in Vietnam. HIV pre-exposure prophylaxis (PrEP) further routinizes STI screening among KPs. The Healthy Markets project, funded by the US President's Emergency Plan for AIDS Relief through the US Agency for International Development and implemented by PATH, has supported KP-led and KP-friendly private clinics in Vietnam to integrate STI screening, diagnosis, and treatment as part of routine care and PrEP services since 2020.

## Description

Healthy Markets supports public and private clinics to offer STI screening to new and current PrEP users, including five KP-led and KP-friendly private clinics that offer a range of HIV, sexual health, and other primary health care services ("one-stop shop" clinics). Syphilis screening is offered to PrEP users every three months, while chlamydia and gonorrhea screening is offered every six months due to the higher cost, as shown in Figure 1.

**Figure 1. Pathway of care for clients receiving STI screening at KP-led and KP-friendly private clinics.**

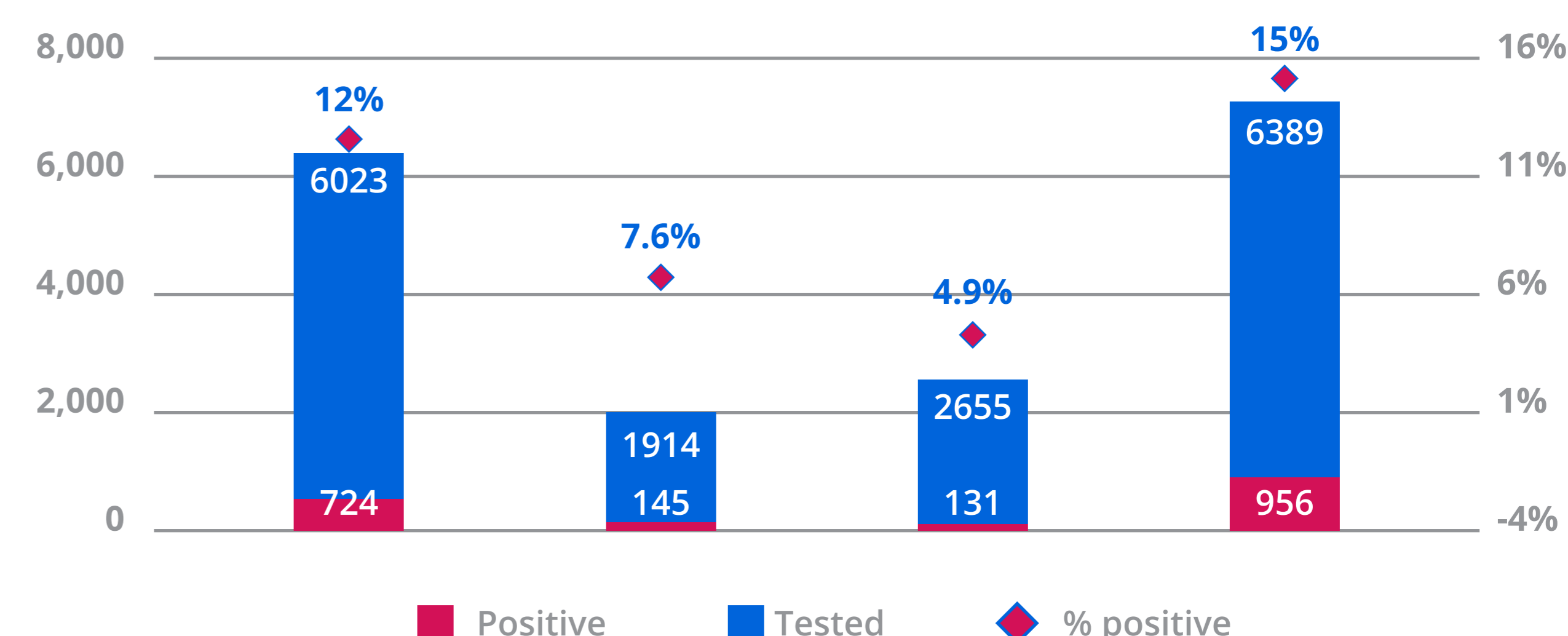


Abbreviations: NAAT, nucleic acid amplification testing; TPHA, treponema pallidum hemagglutination.

## Lessons learned

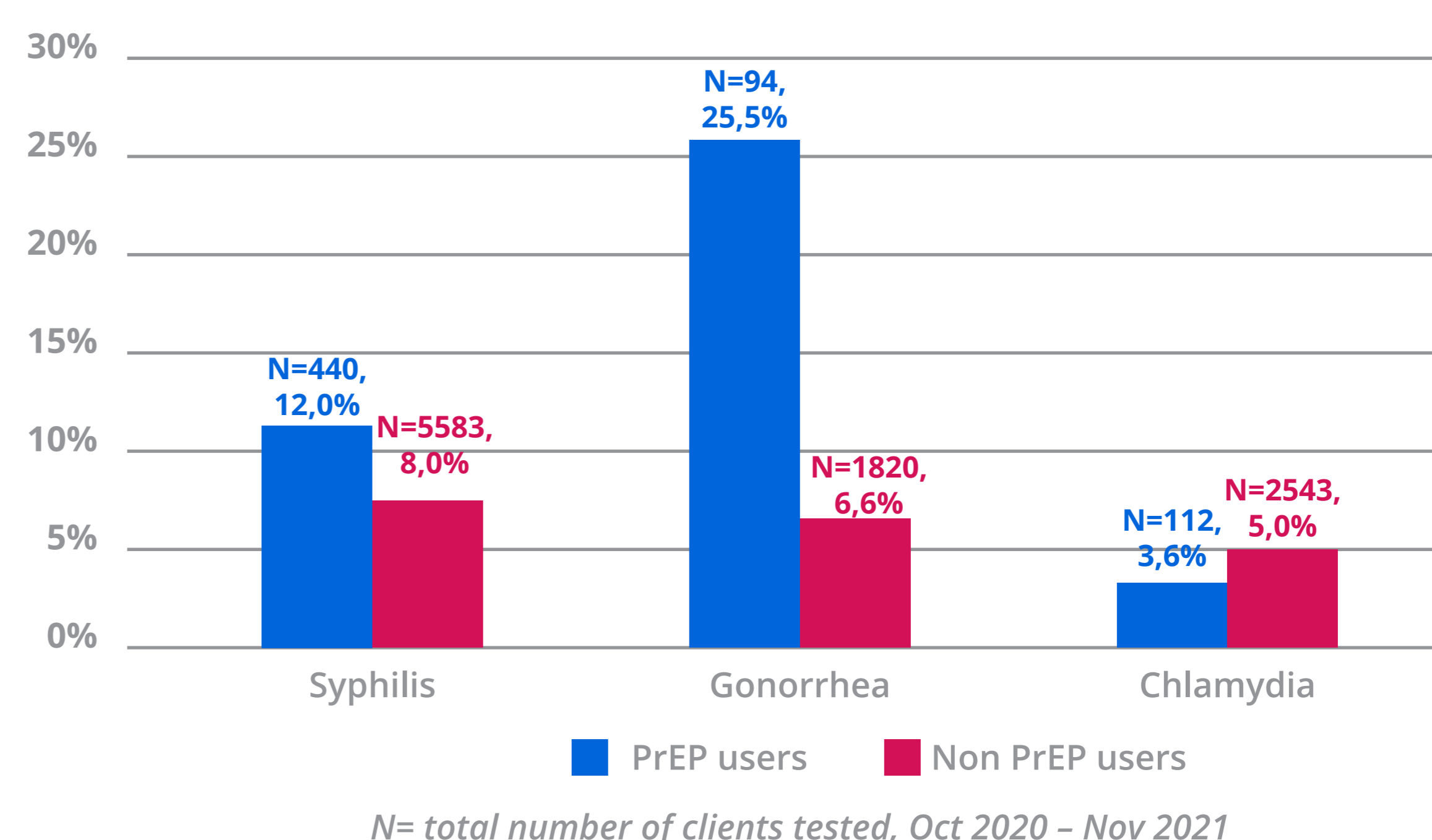
From October 2020 to November 2021, 6,389 clients at the five KP-led and KP-friendly private clinics sought testing for STIs (Figure 2). Of these, 15.0% were diagnosed with either syphilis, gonorrhea, or chlamydia (12.0% syphilis, 7.6% gonorrhea, and 4.9% chlamydia).

**Figure 2. STI infection rates at five KP-clinics, October 2020 – November 2021.**



Of clients diagnosed with one or more STI during this period, 90.0% were men who have sex with men, 3.3% were sero-discordant partners of people living with HIV, and 2.1% were transgender women. Among PrEP users, syphilis and gonorrhea infection were significantly higher (12.0% and 25.5%, respectively) than among non-PrEP users (8.0% and 6.6%, respectively) as shown in Figure 3.

**Figure 3. Uptake of STI testing and STI infection rates among PrEP users and non-PrEP users at five KP-clinics, October 2020 – November 2021.**



## Conclusions

We found STI rates to be high overall but higher among PrEP users, indicating that access to routine STI screening and testing services is essential among KPs in Vietnam. Integrated one-stop shop clinics are an important entry point for KPs to access STI screening alongside other essential HIV and primary health care services. Programs should prioritize financing STI testing and treatment among KPs, including as part of PrEP services.