Differences in perceptions and norms of Mpox vaccine and long-acting injectable PrEP between university health system and community-based participants in Philadelphia

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Background: Mpox and HIV disproportionately affect communities experiencing health inequities. Two effective prevention technologies—the mpox vaccine and long-acting injectable (LAI) HIV PrEP—have recently become available. Beyond access, early uptake depends on perceptions of benefit, safety, and community norms, which may vary between people receiving services at university-based health systems and community-based organizations (CBOs).

Methods: We fielded a survey at the University of Pennsylvania Health System (Penn) and two Philadelphia CBOs serving LGBTQ+ people of color. Eligible adults were cisgender men who have sex with men (MSM) or transgender and met an mpox vaccine indication (e.g., recent STI). Survey items, grounded in the Theory of Planned Behavior, social-cognitive constructs, and prior qualitative interviews in this population, formed six categories: attitudes, outcome expectancy, subjective norms, descriptive norms, self-efficacy, and access facilitators. Each was scored 1-5 with higher values indicating more favorable perceptions. PrEP items were asked only of respondents without diagnosed HIV. We compared category scores between sites (Penn vs CBO) using age-adjusted linear regression.

Results: Of 146 participants (92 Penn, 54 CBO), Penn respondents were older (median 34 vs 25.5 years) and more often White (45% vs 4%), while CBO respondents were more often Black (82% vs 37%) and included transgender women (22% vs 0%). More Penn respondents had received the mpox vaccine (54% vs 41%), whereas prior or current LAI PrEP use was similar (17% vs 15%) across both groups. In age-adjusted analyses, Penn respondents had more favorable outcome expectancy for both the mpox vaccine ($\beta=0.65$, $p<0.001$) and LAI PrEP ($\beta=0.52$, $p<0.001$), and more supportive mpox subjective norms ($\beta=0.46$, $p=0.001$). Conversely, descriptive norms for LAI PrEP were more supportive among CBO respondents ($\beta=-0.85$, $p<0.001$), who more often perceived use among community and loved ones, despite similar uptake; no such difference appeared for mpox. Attitudes, self-efficacy, and access facilitators did not differ for either prevention strategy.

Conclusions: Across both prevention technologies, health-system participants expected better outcomes, though perceived access and self-efficacy were similar between the groups. For LAI PrEP, community participants perceived greater peer and community use despite similar self-reported use, suggesting peer visibility of early adopters could be leveraged to support equitable uptake.