HIV Prevention Training
on U=U, PrEP and
END HIV MN

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Thank you for being here.
Topics for today

- Undetectable = Untransmittable (U=U)
- Pre-exposure prophylaxis (PrEP)
- End HIV MN
- What are they? Why do they matter?

- Updates (esp. re: PrEP)
- Implementation challenges and opportunities
  - Stigma and shame
  - Trust and distrust
  - Sexual health and wellness
  - Pleasure
Rules of engagement

- Ask questions.
  - The only “dumb question” is the one you don’t ask.
- Participate with intention.
- Listen with intention.
- Love and respect.
- Challenge yourself – think of what YOU/your agency can do.
- Make space for all (are you talking too much?)
- Land the plane.

- Slides will be posted online.
Background, disclaimer

• Project RSP
  • HIV workforce trainings
  • Gilead funded – year 6
  • Gilead has no editorial control over this content

• Collaboration between AFC and CDPH, IDPH, MATEC, and other local HDs

• Previous trainings focused on PrEP, but...

• New trainings – including this one – expand the content to more thoroughly cover U=U and ending the epidemic initiatives as well

• 4 trainings in Chicago, 2 outside Chicago, 2 outside IL

• Here’s what’s left
  • TODAY!
    • Minneapolis, MN – December 12
Who is here?
You shared, thanks for that.

We listened.
Messaging that has been best shown to improve uptake of the information.

**U=U**

Some of the study specifics/basics that led to **U = U** proclamation.

How long does a person need to be undetectable before they are considered untransmittable?
How to target those who would benefit most from it despite their interpretations of their risk factors?

How will Minnesota promote the new HHS PrEP distribution? Future use of telePrEP in Minnesota?

How can we make PrEP easier for people to start (getting meds paid for) but then also easier for them to continue, given their meds can’t be refilled until they have labs checked every 3 mo, etc. Are there any injectable PrEP meds coming soon?
Populations of interest and how to reach them (those missing from linkage), especially considering that there aren't a great number of cases. Very interested in American Indian and Alaskan Native cases, too.

Potentials for gaining educational access in public/private schools in Minnesota.

How and when the plan will be implemented?
What do we mean by “sexual health?”
Sexual health

• “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

WHO, 2006
PLEASURE
PLEASURE

- PLEASURE
- PLEASURE
- INTIMACY
- DESIRE
- LOVE
- LUST
- HEAT
- TINGLE
PrEP4Love talk show – Pleasure Principle

Video removed for size. See full talk show at link below.

Yummy Sex
weareo.tv/presents/pleasureprinciple
Thoughts?
SOCIAL DETERMINANTS OF HEALTH
EQUALITY

EQUITY
What makes someone vulnerable to HIV?

Does individual behavior tell the full story?
ARV-based prevention aka Biomedical prevention

- Strategies that use HIV treatment drugs (antiretrovirals or “ARVs”) to prevent HIV infection
  - TLC+ (testing, linkage to care, plus treatment) → U=U
  - ARV-based microbicides
  - PEP (post-exposure prophylaxis)
  - PrEP (pre-exposure prophylaxis)
U=U
Undetectable = Untransmittable
• What have you heard about U=U?
• What concerns do you have about U=U?
• What excites you about U=U?
• How is U=U different from PrEP?
• How is U=U similar to PrEP?
"Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV. We also have strong evidence of the prevention effectiveness of ART. When ART results in viral suppression, defined as less than 200 copies/ml or undetectable levels, it prevents sexual HIV transmission. Across three different studies, including thousands of couples and many thousand acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed. This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner."

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This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

HPTN 052 – 2011: 1,763 couples, immediate vs. delayed tx
PARTNER – 2016: 58,000 condomless sex acts (gay, straight)
Opposites Attract – 2017: 17,000 condomless between men

Antiretroviral Therapy (ART) for HIV-Positive Persons to Prevent Sexual Transmission

<table>
<thead>
<tr>
<th>Population</th>
<th>Effectiveness Estimate</th>
<th>Source</th>
<th>Interpretation</th>
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<tr>
<td>Heterosexual Men and Women</td>
<td>100%</td>
<td>Cohen, 2016 Rodger, 2016</td>
<td>For HIV-positive heterosexual men and women, taking ART regularly greatly reduces the risk of HIV transmission to an HIV-negative partner. For persons who achieve and maintain viral suppression, there is effectively no risk of transmitting HIV to their HIV-negative sexual partner. This translates to an effectiveness estimate of 100% for taking ART regularly as prescribed and achieving and maintaining viral suppression. Effectiveness is lower, and there is a risk of transmitting HIV, when persons do not take ART as prescribed or stop taking ART, if viral suppression is not achieved, or if viral suppression is not maintained.</td>
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<td>Men who have sex with men (MSM)</td>
<td>100%</td>
<td>Rodger, 2016 Bavinton, 2018 Rodger, 2019</td>
<td>For HIV-positive MSM, taking ART regularly greatly reduces the risk of HIV transmission to a negative partner. For persons who achieve and maintain viral suppression, there is effectively no risk of transmitting HIV to their HIV-negative sexual partner. This translates to an effectiveness estimate of 100% for taking ART regularly as prescribed and achieving and maintaining viral suppression. Effectiveness is lower, and there is a risk of transmitting HIV, when persons do not take ART as prescribed or stop taking ART, if viral suppression is not achieved, or if viral suppression is not maintained.</td>
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U=U

A person living with HIV who has an undetectable viral load does not transmit the virus to their partners.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.
U=U in Minnesota

Mariah Wilberg | Statewide HIV Strategy & Services Coordinator
Minnesota 3rd State to Join October 23, 2017
Different Audiences

Health Department

Partners

Providers

Community
Internal MDH U=U Trainings

- Refugee & International Health
- Hepatitis
- STD/HIV/TB Epidemiology & Surveillance
- STD/HIV/TB Planning & Improvement Unit
- Partner and Care Link Services
- Prevention Unit
- Health Equity Unit
- District Epidemiologists
- Infectious Disease, Epidemiology, Prevention and Control Division
Internal U=U Resources

- U=U SharePoint site
  - Key messages and talking points
- Graphics
- U=U Slides
- Links to the relevant studies
- Links to more resources
- Language guide
- Summary of U=U campaign for partners
Alerting Our Partners

- U=U Summary
  - HIV Prevention Grantees
  - Eliminating Health Disparities Grantees
  - Child & Teen Check-up Grantees
- Two versions
  1. Basic for those without HIV experience
  2. Advanced, including talking points/key messages, for those with HIV experience
Partner U=U Trainings

- All Provider Meeting (Prevention & Care grantees)
- Sexuality and Family Life Educators
- Minnesota Council for HIV/AIDS Care & Prevention
- South West/South Central Local Public Health
- Midwest AIDS Training + Education Center
- Local Epidemiology Network of Minnesota
- New HIV Prevention Grantees Introduction Webinar
- Infectious Disease Doctors Quarterly Review
- Metro Immigrant and Refugee Health Task Force
- Network Nite
- Ramsey County Public Health
- White Earth Harm Reduction Summit
Integrating U=U into our work

- Added to progress reports
- Added U=U section HIV testing (CTR) training
- Added U=U section to new grantee onboarding
- Added U=U language to our Care Continuum Messaging
Currently revising/creating:
- Health threat guidance/duty to warn
- U=U protocol for partner services
- Disclosure guidance for health care provider
Other Integration

- Updating/creating:
  - webpages
  - print materials
  - presentations
- Care continuum messaging
Example of CTR Training Integration

Factors to consider when choosing a method for sexual HIV prevention

<table>
<thead>
<tr>
<th></th>
<th>Condoms</th>
<th>PrEP</th>
<th>TasP/U=U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduces risk for other STDs</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduces risk for pregnancy</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevents HIV with a partner living with HIV who is undetectable</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prevents HIV with a partner living with HIV with unknown treatment status</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Prevents HIV with a partner of unknown HIV status</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Free or low cost</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Requires insurance &amp; possible copays</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Requires taking medications daily</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Can be used immediately</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Requires weeks or months of daily adherence before effective</td>
<td>X</td>
<td></td>
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</table>
U=U Key Messages

Adherence

Not prevent STDs/Pregnancy

Only sexual HIV transmission
Staying Undetectable Needs TLC

**Treatment:** Take your medications daily as prescribed

**Labs:** Your health care provider will monitor labs to make sure you stay undetectable

**Care:** Stay in touch with your care team and keep all your appointments
Public Rollout – World AIDS Day 2017

- Created email list during partner trainings
- Created social media toolkit
- Promoted U=U on social media
- Promoted U=U at several World AIDS Day Events
Over 40,000 people reached through social media

- 614 reactions
- 126 share/retweet
- 65 comments
- 180 link clicks
- 292 video clicks
Metro Transit Ad Campaign

"HIV doesn’t stop me. My daily medication keeps me healthy and protects my partner. I still have the life and the love I want."
U=U Swag & Education
Combined U=U and PrEP Campaign

- Tribal health
- Local public health
- Health care providers
- University students
- Researchers
- ASOs
- Greater MN
- Clinic staff
- Community members
- Youth-based organizations
- Advisory board

Comprehensive Anti-Stigma HIV Prevention Campaign
Campaign Project Next Steps

- Photo shoot
  - $250 model
  - U=U (couples), individuals, people on PrEP
  - Make-up artist & headshot included
- U=U & PrEP Message Testing
Partnership with Midwest AIDS Training and Education Center

10-State Midwest Region

Contents:
- Provider knowledge & beliefs
- Patient characteristics
- Message testing
- Argument rating
- Qualitative section
How often do you discuss viral suppression for sexual HIV prevention?
I feel comfortable counseling a patient with a durably undetectable viral load about viral suppression being sufficient for sexual HIV prevention in the absence of condoms or PrEP.
STDs/HIV in Minnesota and New Tools to End the Epidemic

MetroDoctors

By Marius Wrobel, pretending to be the doctor.

Women and U=U

Women and U=U

In January 2019, the Center for Disease Control and Prevention announced that U=U (undetectable viral load = undetectable infectivity) is safe and effective in reducing the transmission of HIV. The announcement was a significant milestone in the fight against HIV, as it means that people living with HIV who are successfully suppressing their viral load to undetectable levels are also no longer considered infectious to others. This has important implications for public health, as it opens up new possibilities for treatment and prevention strategies.

How to Help

If you or someone you know is affected by HIV/AIDS, there are several steps you can take to support them:

2. Provide emotional support and encouragement.
3. Encourage regular testing and linkage to care.
4. Support research to find a cure and improve treatment options.

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Thank you!

Mariah.Wilberg@state.mn.us
Office: 651-431-6163
LUNCH TIME

soundcloud.com/prep4love
PrEP (pre-exposure prophylaxis)
What are some non-HIV examples of pre-exposure prophylaxis?
PrEP is for HIV-negative people who are vulnerable to HIV.

@Project RSP on FB  PrEP4Love.com  @PrEP4Love on IG
The U.S. Food and Drug Administration today approved Descovy (emtricitabine 200 mg and tenofovir alafenamide 25 mg) in at-risk adults and adolescents weighing at least 35 kg for HIV-1 pre-exposure prophylaxis (PrEP) to reduce the risk of HIV-1 infection from sex, excluding those who have receptive vaginal sex. Descovy is not indicated in individuals at risk of HIV-1 infection from receptive vaginal sex because the effectiveness in this population has not been evaluated.

“PrEP drugs are highly effective when taken as indicated in the drug labeling and can prevent HIV infection,” said Jeffrey Murray, M.D., M.P.H., deputy director of the Division of Antiviral Products in the FDA's Center for Drug Evaluation and Research. “This
PrEP consists of taking the ARV drug **Truvada (TDF/FTC)** or **Descovy (TAF)** to prevent HIV.

- Descovy was approved for adults and adolescents having **ANAL** sex on October 3, 2019.
  - Descovy has not been tested in cis women yet.
  - Adolescent approval for both is based on weight (77lbs), not age.

[https://www.cdc.gov/hiv/guidelines/preventing.html](https://www.cdc.gov/hiv/guidelines/preventing.html)
[https://www.cdc.gov/nchhstp/newsroom/2012/fda-approvesdrugstatement.html](https://www.cdc.gov/nchhstp/newsroom/2012/fda-approvesdrugstatement.html)
• When taken consistently and correctly, PrEP is up to 99% effective at preventing sexual transmission of HIV.

• Up to 84% — maybe higher — for people who inject drugs (Truvada only. Descovy has not been tested with PWID.)

• Blocks ability of HIV to establish an infection.

• Truvada and Descovy are only FDA-approved drugs
  — Teva Pharmaceuticals June ’17*

**Daily dosing is the only approved regimen in the U.S.**

### Oral Daily Pre-Exposure Prophylaxis (PrEP) for HIV-Negative Persons

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<td>Men who have sex with men (MSM)</td>
<td>~99%</td>
<td>Grant, 2014; Liu, 2015</td>
<td>When taking PrEP daily or consistently (at least 4 times per week), the risk of acquiring HIV is reduced by about 99% among MSM. While daily use is recommended in the U.S., taking PrEP consistently (at least 4 times per week) appears to provide similar levels of protection among MSM. The effectiveness of oral PrEP is highly dependent on PrEP adherence. When taking oral PrEP daily or consistently, HIV acquisition is extremely rare and has not been observed in any of the studies described below. In clinical practice, a few cases of new HIV infections have been confirmed while HIV-negative individuals were on PrEP with verified adherence.</td>
</tr>
<tr>
<td>Heterosexual Men and Women</td>
<td>~99%</td>
<td>N/A</td>
<td>There is evidence for the effectiveness of PrEP when used recently (based on detecting TFV in plasma), which is estimated to be 88 - 90% as described below. There is no effectiveness estimate of PrEP when taken daily or consistently among heterosexuals; however, it is likely to be greater than the estimates corresponding to recent use and similar to what has been observed for MSM. The effectiveness of oral daily PrEP is highly dependent on PrEP adherence, with maximum effectiveness when taking PrEP daily and lower effectiveness when not taken consistently.</td>
</tr>
<tr>
<td>Persons Who Inject Drugs (PWIDs)</td>
<td>74 – 84%</td>
<td>Choopanya, 2013; Martin, 2015</td>
<td>PWID face HIV risks from both injecting and sex behaviors. Studies on the effectiveness of PrEP when taken daily among PWID are limited. However, when taking PrEP consistently, the risk of acquiring HIV is reduced by an estimated 74 – 84% among PWID. These estimates are based on tenofovir alone and among a subset of PWID taking PrEP consistently, as verified by directly observed therapy or daily diary plus monthly pill count. The effectiveness of two-drug oral therapy has not been assessed among PWID but may be higher. The effectiveness of oral daily PrEP is highly dependent on PrEP adherence, with maximum effectiveness when taking PrEP daily and lower effectiveness when missing doses.</td>
</tr>
</tbody>
</table>
Who is PrEP for?
Cis male, cis female, transgender person engaging in sexual activity within high prevalence area or social network, and/or:

- Doesn’t use male/external or female/internal condoms consistently
- Diagnosed with STI(s)
- Exchanges sex for money, food, shelter, drugs, etc.
- Uses illicit drugs or depends on alcohol
- Has been incarcerated
- Does not know partner’s HIV status and one of the above factors is true for partner
- Injects drugs one or more times daily
- Shares injection equipment
- Injects cocaine or meth

https://www.cdc.gov/hiv/guidelines/preventing.html
Person indicates an interest in taking PrEP
PrEP is more than a prescription...

PREP IS A PROGRAM
What does taking PrEP take?
• Take PrEP every day
  – 2+1+1 for anal sex
• Provider* visits every 3 mos
• HIV testing every 3 mos
  • Tied to Rx renewal
• Hepatitis B testing
• Kidney function testing (baseline, then every 6 mos or annually)
• Regular STI screening (every 3 mos)
• Pregnancy testing
• Can be taken in conjunction with hormones

*These activities don’t all need to be done by a doctor in their office

https://www.cdc.gov/hiv/guidelines/preventing.html
PrEP (Truvada) does not lower feminising hormone level in transgender women

- Using Truvada for HIV prevention does not lower levels of feminising hormones.
- Tenofovir levels fell slightly, implications for HIV prevention unclear.
  - Tenofovir levels in the blood were reduced by 13% in trans women who used estradiol, but remained above the level shown to confer protection.
- “It's fair to share with trans women that there are still uncertainties and it might be better to take it daily."
What else does taking PrEP take?
▪ Adherence counselling
  ▪ Perfection not required, especially for rectal exposure...
  ▪ 4 doses/week = protection in the rectal context
▪ Time to protection
  ▪ Rectal 5-7 days
  ▪ Vaginal 7 days (WHO) to 20 days (CDC)
▪ Honest, open discussions about sex, and sexual health
▪ PreP is “seasonal.” PrEP is not forever.
▪ Talk to your doctor when you want to discontinue.
▪ PrEP is not DIY!

https://www.cdc.gov/hiv/guidelines/preventing.html
** Daily dosing is the only approved regimen in the U.S., but.....

- July 2018 – The International Antiviral Society–USA Panel updated recs for use of ARVs in treatment/prevention of HIV.

- "An alternative for PrEP for those who are uninfected with HIV but remain at risk for infection to now include an episode-based approach where individuals can take preventative ART pills prior to exposure, and a follow up pill once daily for two days-post exposure."

Episode-based, event-driven, “on demand” dosing (anal sex)

2+1+1 for anal sex (only)
Episode-based, event-driven, “on demand” dosing (anal sex)

2 pills
2 to 24 hours before sex

1 pill
24 hours after first 2 pills

1 pill
24 hours after 3rd pill

2+1+1 for anal sex
WHO Global PrEP Coalition Webinar

Demystifying Event-Driven PrEP

Date: Thursday, 19 December 2019
Time: 08:00 Washington DC / 14:00 Geneva / 20:00 Bangkok

Introduction: Shona Dalal, World Health Organization

Science perspective:
- Jean-Michel Molina, University Paris Diderot, Sorbonne Paris Cité
  Event-driven, On demand, or 2+1+1: Alternatives to Daily PrEP for MSM

Users perspective:
- Antonio Colliani, PrEPster Volunteer
  My PrEP, My Choice
PrEP short term side effects

- Some experience general “start-up syndrome” w/Truvada and Descovy, including nausea, diarrhea, abdominal pain, headaches
  - Truvada – nausea most common (under 10%) and resolved quickly
  - Descovy – diarrhea most common

https://www.cdc.gov/hiv/guidelines/preventing.html
Truvada

- Kidney (1 in 200 renal issues, can reverse after stopping, can re-start)
- Bone (1 in 100 slight bone density loss – plateaus, not clinically significant)

Descovy

- Slightly improved renal function compared to Truvada
- Slight increases in bone density compared to Truvada
- BMI (weight gain) – from tx study compared to Truvada
- Cardiovascular risk – from tx study compared to Truvada

Which medication should I prescribe for daily PrEP?

**TDF/FTC (Truvada)**
- FDA approval: 2012
- 701
- EFFECTIVENESS:
  - ~99%
  - ~99%
  - 74-84%
- SAFETY:
  - Small ↓ in eGFR and BMD
- COST:
  - $1,845/month in 2019
  - Generic in 2020
- eGFR = estimated glomerular filtration rate.

**TAF/FTC (Descovy)**
- FDA approval: 2019
- 225
- EFFECTIVENESS:
  - ~99%
- SAFETY / 48 WKS:
  - eGFR (mL/min): +2.0
  - HIP BMD: +0.18%
  - LDL (mg/dL): +1.0
  - BODY WEIGHT (kg): +1.1
- COST:
  - $1,845/month in 2019
- LDL = low density lipoproteins “the bad cholesterol”

Your eGFR is a number based on your blood test for creatinine, a waste product in your blood. It tells how well your kidneys are working.
What are your thoughts on this material?
What PrEP *does not* do

- PrEP *does not*
  - Guarantee 100% protection from HIV (consistent & correct use = 99%).
  - Protect a person against other STIs like chlamydia, syphilis, or gonorrhoea.
  - Prevent pregnancy.
  - Cure HIV.
  - Function as a treatment regimen for someone already living with HIV.
Name a common side effect from taking PrEP.

Peace of mind.
PrEP access
It's Covered.

PrEP is covered by most insurance plans as well as Medicaid. There are also payment assistance programs available for people who are insured or uninsured.
getyourprep.com

• 10 year program
• Incl. Truvada, Descovy
  • Gilead “donation”
• Reqs
  • Lack prescription drug coverage
  • No income cap
  • Resident of US
  • HIV neg test
  • Have scrip for PrEP
• Doesn’t cover labs, visits

“The Ending the HIV Epidemic: A Plan for America (EHE) aims to reduce the number of new HIV infections in the United States by 75 percent in five years and by 90 percent in 10 years.”
getyourprep.com

• Serve 200k/yr
• Before March 20, 2020
  • “thousands of participating pharmacies”
• After March 20, 2020
  • 21,000 Walgreens, CVS, RiteAid or mail order (donating dispensing services. = 1/3 of all pharmacies.)

“Over the next ten years, Ready, Set, PrEP will increase access and ensure these life-changing drugs are available to people at high risk.”
Access programs

- Ready, Set, PrEP (HHS)
- Gilead Medication Assistance Program
  - Uninsured, 500% FPL
- Gilead Copay Assistance Program
  - Insured, $7200/yr
- Patient Advocate Foundation
- Patient Access Network Foundation

www.gileadadvancingaccess.com
PrEP access
Recently filed lawsuits claim that pharmaceutical company Gilead Sciences, Inc. drug Truvada, a pill that helps to treat and prevent HIV and AIDS, has been linked to serious side effects such as kidney damage and failure, osteoporosis, a decrease in bone density, and broken bones.

The lawsuits claim that, not only did Gilead fail to warn patients about these risks by not disclosing them, but they even withheld a safer drug for a decade in order to...

If you or a loved one suffered from Truvada side effects including kidney failure, osteoporosis, or broken bones, you may be entitled to damages. We provide free no-obligation Truvada lawsuits.

Our team is helping victims...

PrEP Patients Soon Became Victims After Manufacturers Deceitful Act...

NTROVERSY OVER HIV PREVENTION PILL

Truvada Lawsuits | Lawsuits for Truvada Kidney Failure
Lawyers Helping Families Nationwide Harmed by Truvada Kidney Problems and Broken Bones

Truvada and other antiretroviral drugs containing the active ingredient tenofovir disoproxil fumarate increase the risk of bone density loss, fracture, renal impairment, and kidney failure. Among the most popular anti-HIV drugs in the world, Truvada has serious side effects that cause injury and permanent damage to patients already suffering from HIV. A side effect of tenofovir disoproxil fumarate as Truvada is an effective antiretroviral that does not pose the same risk for kidney problems and bone density loss.

Despite early indications that Truvada was a safer alternative with lower toxicity, the nephrotoxic effect of tenofovir disoproxil fumarate for Truvada was not widely known at the time Truvada was introduced to the market. Truvada soon emerged as a popular choice for people living with HIV and AIDS. Critics say the company purposely delayed this research in order to prolong the patent on tenofovir disoproxil fumarate and safeguard its market dominance. Truvada is one of many medications that are subject to a heightened risk for serious and permanent injuries including kidney failure, renal impairment, bone density loss, and bone fractures. Osteoporosis, scalp and bone damage, and skin reactions.

Our team is helping victims nationwide...
LAWYERS ARE NOT NURSES OR DOCTORS OR PREP NAVIGATORS OR OUTREACH WORKERS OR HIV TESTERS OR COUNSELORS.
Facebook ads push misinformation about HIV prevention drugs, LGBT activists say, ‘harming public health’

Fifty-two top LGBT advocates say the company has ignored their calls to action, creating a major public-health concern that puts patients at risk.

Open letter: https://www.glaad.org/blog/open-letter-facebook

Sign on: press@glaad.org
Staley v. Gilead
On October 25, 2019, Juelsgaard Clinic students Mondee Lu and Annie Wanless submitted an amicus curiae brief on behalf of eight HIV research, policy, and advocacy organizations: Treatment Action Group (TAG), AIDS Action Baltimore (AAB), The Foundation for AIDS Research ("amfAR"), AVAC: Global Advocacy for HIV Prevention, Health GAP (Global Access Project), Housing Works, The SERO Project, and the U.S. PLHIV Caucus in this antitrust case in the Northern District of California. The brief urged the court to deny Gilead's and the other defendants' motions to dismiss the plaintiffs' Complaint against them for anticompetitive actions that kept generic HIV drugs out of the market, kept prices artificially high, and harmed Americans who need HIV drugs for treatment and prevention.
USG v. Gilead
Trump administration sues drugmaker Gilead Sciences over patent on Truvada for HIV prevention

HHS to Gilead: Pay Up for PrEP Patent Use
— Lawsuit alleges Gilead infringed on HHS patents, refuses to pay licensing fee

Trump Administration Sues Gilead, Maker of H.I.V.-Prevention Drugs

The lawsuit accused the pharmaceutical company of profiting billions of dollars off taxpayer research without paying royalties.
PrEP4All collab. v. Gilead
Gilead delayed safer HIV drug to extend monopoly profits, advocates allege

PrEP4All Claims Gilead Held Back Safer HIV Drug

Gilead Fends Off Monopoly Accusation from HIV Advocacy Group PrEP4All

Gilead, seeking HIV patent extension, faces 'gamesmanship' claims from patient group
7 min
STRETCH
#CatchDesire EP starring @DrEveryWoman/Dr. Wendy Goodall McDonald
Visit PrEP4Love.com to experience all 3 tracks
### ESTIMATED NUMBER OF ADULTS WHO COULD POTENTIALLY BENEFIT FROM PREP, UNITED STATES, 2015

<table>
<thead>
<tr>
<th></th>
<th>Gay, bisexual, or other men who have sex with men</th>
<th>Heterosexually active adults</th>
<th>Persons who inject drugs</th>
<th>Total by race/ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American, non-Hispanic</td>
<td>309,190</td>
<td>164,660</td>
<td>26,490</td>
<td>500,340</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>220,760</td>
<td>46,580</td>
<td>14,920</td>
<td>282,260</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>238,670</td>
<td>36,540</td>
<td>28,020</td>
<td>303,230</td>
</tr>
<tr>
<td>Total who could potentially benefit from PrEP</td>
<td>813,970</td>
<td>258,080</td>
<td>72,510</td>
<td>1,144,550</td>
</tr>
</tbody>
</table>

Notes: PrEP=pre-exposure prophylaxis; data for “other race/ethnicity” are not shown.

- Women = 176,670
- Men = 81,410

2017 U.S. pop = 325,719,178  
White 60.7%  
Latino 18.1%  
Black 13.4%
AIDSVu PrEP utilization data
PrEP use has been increasing every year. The number of PrEP users grew by 32% between 2017 and 2018.
In 2017, the rate of persons using PrEP was approximately 2X higher in the Northeast than in the West, South, or Midwest.
94% of all PrEP users in 2017 were men. That’s 16X more male PrEP users than female.
### MN PrEP Users

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>'18 = 2,034</td>
<td></td>
</tr>
<tr>
<td>Cis Male</td>
<td>1,902</td>
</tr>
<tr>
<td>Cis Female</td>
<td>132</td>
</tr>
<tr>
<td>24 and under</td>
<td>301</td>
</tr>
<tr>
<td>25 to 34</td>
<td>823</td>
</tr>
<tr>
<td>35 to 44</td>
<td>457</td>
</tr>
<tr>
<td>45 to 54</td>
<td>323</td>
</tr>
<tr>
<td>55 and above</td>
<td>149</td>
</tr>
</tbody>
</table>
Final Recommendation Statement
Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons at high risk of HIV acquisition</td>
<td>The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.</td>
</tr>
</tbody>
</table>

To read the recommendation statement in JAMA, select here.

To read the evidence summary in JAMA, select here.

See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.
WHY IS THIS A-GRADE USPSTF STUFF SO EXCITING?
ACA legislation mandates that group and individual health plans must cover—without copayment—preventive services with A or B rating.
PrEPline, 855-448-7737
The CCC Pre-Exposure Prophylaxis Service
11 a.m. – 6 p.m. EST

Welcome!

NASTAD PrEP Cost Calculator

If you are considering PrEP for HIV prevention, this site can help you pick the best marketplace health plan for you.

Let's get started

Here are the steps:
1. Provide some basic info for the search
2. View the health plans available
3. Enroll in the best plan
PrEP

Taking PrEP is SAFER SEX
Taking PrEP is:

AWARE
EMPOWERING
PROACTIVE
RESPONSIBLE
THOUGHTFUL

PrEP
MINNESOTA’S STRATEGY TO END HIV

All individuals featured are models. Use of these images is for illustrative purposes only and does not imply that the individuals featured are living with HIV or are at risk of HIV.
Agenda

- How we got here
- About the plan
- What’s in progress
- What’s coming
Status of HIV/AIDS in Minnesota, 2018

Incidence, Prevalence, and Deaths, 1996-2018

HIV Diagnoses

- The number of new HIV diagnoses has remained relatively stable, around 300 cases per year.

People living with HIV

- The number of people living with HIV is growing because people with HIV are living longer and healthier lives.

All deaths of people with HIV

- Advances in treatment were introduced in 1996, which led to the large drop in deaths between 1996 and 1997.

Racial Disparities in HIV Prevalence, 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
<th>%</th>
<th>Rate per 100,000</th>
<th>Rates Compared to White</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>4,117</td>
<td>46%</td>
<td>91.0</td>
<td>-</td>
</tr>
<tr>
<td>Black, non African-born</td>
<td>1,876</td>
<td>21%</td>
<td>1,106.2</td>
<td>12 x higher</td>
</tr>
<tr>
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<td>10%</td>
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<tr>
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<td>1%</td>
<td>188.8</td>
<td>2 x higher</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>188</td>
<td>2%</td>
<td>86.9</td>
<td>similar</td>
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*Persons of Hispanic ethnicity can be any race

There are large racial and ethnic disparities among PLWH.

The rate of HIV is highest among Black African-born Minnesotans. The black African-born population experiences HIV at more than 15 times the rate of the white, non-Hispanic population.

Prevalence by County of Residence, 2018

MINNESOTA HIV Continuum of Care, 2018

- Of those living with diagnosed HIV at the end of 2018 (n=8,702):
  - 90% are aware of their status
  - 72% are retained in care
  - 89% of those retained in care were virally suppressed
  - 64% of those living with diagnosed HIV were virally suppressed

HIV Diagnoses

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END HIV MN Timeline

2015: Stakeholder input highlights need for statewide plan
August 2016: DHS & MDH start work on strategy
February 2017: Minnesota HIV Strategy Advisory Board convened
May 2017: HIV Strategy Legislation signed into law
Summer 2017: Focus groups and key informant interviews
February 2018: Interim report submitted to Legislature
Summer 2018: Regional & community workshops and online survey
January 2019: Final report submitted to Legislature
May 2019: END HIV MN kickoff event
Summer 2019: Positions filled at DHS & MDH
Fall 2019: Five statewide meetings to kick off the work and online survey
MN HIV Strategy Advisory Board
March 2017:
Technical Assistance from Dr. D!
Summer 2017

36 Focus Groups and Key Informant Interviews
Summer 2018

15 Regional & Community-Based Workshops

- African American
- African Born Communities
- People who inject drugs
- Latinx
- MSM of color
- Transgender people
- American Indian Communities
KICKOFF EVENT
ABOUT END HIV MN
END HIV MN – 5 Key Goals

1. Prevent new HIV infections
2. Reduce HIV related disparities and promote health equity
3. Increase retention in care for people living with HIV
4. Ensure stable housing for people living with HIV or vulnerable to HIV
5. Achieve a more coordinated statewide response to HIV
The HIV care continuum begins with a diagnosis of HIV.

- **Diagnosis**: Being linked to HIV care within 30 days leads to better health outcomes.
- **Linked to care**: HIV treatment is a lifelong process that requires a person to receive ongoing medical care.
- **Retained in care**: Suppressing the virus through ongoing treatment means people can stay healthy and cannot transmit HIV sexually (U=U).
Measuring success: 4 ambitious outcomes

1. Increase the percentage of Minnesotans living with HIV who know their HIV status to at least 90% by 2025

2. Increase the percentage of Minnesotans diagnosed with HIV who are retained in care to at least 90% by 2025

3. Of individuals retained in care, increase the percentage of Minnesotans who are virally suppressed to at least 90% by 2025

4. Reduce the annual number of new HIV diagnoses in Minnesota by at least 25% by 2025 (225 cases) and at least 75% by 2035 (75 cases)
END HIV MN - 10 Priority Tactics

1. Provider education
2. Awareness campaigns
3. Community outreach
4. Prevention education
5. Capacity building
6. Inclusion
7. Wraparound supports
8. Housing support
9. Inventory efforts
10. Telemedicine
WHAT’S IN PROGRESS?
Fall 2019:
5 Statewide Meetings
Other Activities

- Creating a data dashboard to report on progress
- Statewide inventory of efforts that align with END HIV MN
- MDH & DHS updating END HIV MN implementation plan
- Research on evidence-based ways to implement the plan
- Exploring idea of formal advisory council
WHAT’S NEXT?
Coming Soon!

- Tactic specific kickoff meetings – inviting outside partners
- Targeted community engagement for specific tactics
Ending HIV in Minnesota is bigger than any one organization or community. Success will depend on all of us to get involved, coordinate, and collaborate.
Our Vision is Clear
Minnesota will be a state where new HIV diagnoses are rare and all people living with and vulnerable to HIV will have access to high quality health care and the resources they need to live long healthy lives, free from stigma and discrimination.
Thank You!
Mariah Wilberg | mariah.wilberg@state.mn.us
Thank you
Evaluation:
Use your phone’s camera to scan the QR code, select “open matec.info” and sign into your MATEC account to complete the evaluation.