HIV Prevention Training on U=U, PrEP, and Ending the Epidemic

November 22 – Equitas Health, Columbus Ohio

You are listening to exclusive DJ mixes courtesy of the PrEP4Love Soundcloud
Thank you for being here.
Topics for today

• Undetectable = Untransmittable (U=U)
• Pre-exposure prophylaxis (PrEP)
• Ending the Epidemic in Ohio
• What are they? Why do they matter?

• Updates
• 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! Columbus, OH
  • Minneapolis, MN – December 12
Conflict of Interest Disclosure

AFC employee Jim Pickett reports funding from Gilead Sciences, Inc. for several AFC projects, including the Project RSP training.
Who is here?
You shared, thanks for that.

We listened.
Looking for more of the statistics and science behind the U=U campaign. I get many questions about how we know this works, and what the "percentage" is that we are backing.

Learn more about the scientific research about it. I am not 100% convinced.

Other medications that might be available besides Truvada.
PrEP

I hope to learn how to talk with my clients about this drug INCLUDING what risks are involved—some former clients have had kidney damage from taking PrEP.

Best ways to communicate how to use, why to use, how to communicate use, etc..

Anything we need to know about Descovy being approved for PrEP.
As much as possible about Ending the Epidemic and the goals being set.

What is the plan? How did Illinois build their plan and how can it relate to Ohio?

New efforts that Ohio can utilize for the End the Epidemic planning in Ohio. How to communicate to people about the plan and how it can be utilized at the individual level. Efforts being taken across the country to learn from.
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
- PLEASURE
- INTIMACY
- DESIRE
- LOVE
- LUST
- HEAT
- TINGLE
PrEP4Love talk show – Pleasure Principle

Video clip removed for size. You can access the full talk show at the link below.

Yummy Sex
weareo.tv/presents/pleasureprinciple
Thoughts?
SOCIAL DETERMINANTS OF HEALTH
Health Equality versus Health Equity
EQUALITY

EQUITY
What makes someone vulnerable to HIV?

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

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.

# 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>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<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

Prevention Access Campaign – preventionaccess.org
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.
What are U doing?
Jade Elektra – Toronto

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.
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.
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.

• FDA approved Truvada for adults (2012) and adolescents (2018).

• 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/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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<tr>
<td>Men who have sex with men (MSM)</td>
<td>~99%</td>
<td>Grant, 2014</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</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

*RSP
PrEP

*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.”

More research is needed
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.int/hiv/pub/prep/211/
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
<table>
<thead>
<tr>
<th></th>
<th>Truvada</th>
<th>Descovy</th>
</tr>
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<tbody>
<tr>
<td>Kidney</td>
<td>(1 in 200 renal issues, can reverse after stopping, can re-start)</td>
<td>Slightly improved renal function compared to Truvada</td>
</tr>
<tr>
<td>Bone</td>
<td>(1 in 100 slight bone density loss – plateaus, not clinically significant)</td>
<td>Slight increases in bone density compared to Truvada</td>
</tr>
<tr>
<td>BMI</td>
<td></td>
<td>BMI (weight gain) – from tx study compared to Truvada</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td>Cardiovascular risk – from tx study compared to Truvada</td>
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</tbody>
</table>

Which medication should I prescribe for daily PrEP?

**TDF/FTC (Truvada)**
- **EFFECTIVENESS**
  - MSM & TRANS WOMEN: ~99%
  - HETEROSEXUALS: ~99%
  - PWID: 74-84%
- **SAFETY**
  - Small ↓ in eGFR and BMD: -0.99%
- **COST**
  - $1,845/month in 2019
  - Generic in 2020

**TAF/FTC (Descovy)**
- **EFFECTIVENESS**
  - MSM & TRANS WOMEN: ~99%
- **SAFETY**
  - HIP BMD: +0.18%
  - LDL (mg/dL): +1.0
  - BODY WEIGHT (kg): +1.1
- **COST**
  - $1,845/month in 2019

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eGFR = estimated glomerular filtration rate.

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.

LDL = low density lipoproteins “the bad cholesterol”
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
Drug costs

Visit, service costs

Lab costs
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.
Access programs

- Gilead Medication Assistance Program
  - Uninsured, 500% FPL
- Gilead Copay Assistance Program
  - Insured, $7200/yr
- Patient Advocate Foundation
- Patient Access Network Foundation

www.gileadadvancingaccess.com
Truvada Lawsuits

Taravada Bone Lawsuit | 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 increase the risk of bone density loss, fracture, renal impairment, and kidney failure. Among the most popular 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 known as “TAF” is an effective antiretroviral that does not pose the same risk for kidney problems and bone density loss. Despite early indications that “TAF” was a safer alternative with lower toxicity, the manufacturer failed to warn patients of its risks, causing many who took it to sustain injuries and file a lawsuit against Gilead.

No Cost, No-Obligation Truvada Lawsuit Case Review

Who Can File a Truvada Lawsuit?

For Truvada warning letters on two occasions when drug company representatives were caught_downplaying Truvada side effects and misleading their claims about drug's safety.

New claims arose, including questions regarding the timeline of its development of Truvada. Preliminary and the family members of people who suffered from side effects such as kidney and bone damage, osteoporosis, and bone fracture after taking antiretroviral including Truvada, Viread, Atripla, Stribild, or Vosevi. Accused for your HIV treatment with Xerelto. Accused for your HIV exposed with Xarelto. Contact us for help with Truvada.

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

Prepcashsettlements.com

1-800-LAW-FIRM

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...

NTROVERY OVER HIV PREVENTION PILL

Our team is helping victims nati...
LAWYERS ARE NOT NURSES OR DOCTORS OR PREP NAVIGATORS OR OUTREACH WORKERS OR HIV TESTERS OR COUNSELORS.
BREAK TIME
What are we doing to “End the HIV Epidemic” in Ohio?
Learning Objectives

• Describe the current state of HIV in Ohio
• Discover tools Equitas Health has available to end the HIV epidemic
• Discuss the Ohio PAPI Program (Prevention Assistance Program Interventions)
• Learn about the referral process for the Ohio PAPI Program
HIV Diagnoses (dx) in Ohio

In 2018 in Ohio... 989 new diagnoses

- 82% dx were male
  - About 63% of male dx were MSM
- 47% of all dx were Black/African American
  - 6.7x higher than whites
- 53% of all dx were amongst 20-34 year olds
- 92% of Black females dx were from sex with men
- 53% of white females dx were from injection drug use

HIV impacts many populations in many different ways.

Ohio Department of Health, HIV/AIDS Surveillance Program, July 25, 2019
Prevention Toolkit

- Sex Education & Risk Reduction
- Condoms, Dental Dams, Clean Needles, Syringe Exchange
- Routine Testing
- Linkage and Retention in Care
- Biomedical: Treatment or PrEP/nPEP
- Evidence-Based Behavioral Interventions
- Essential Support Services
Equitas Health U=U Campaign

Equitashealth.com/uequalsu
Disclosure Considerations

- Undetectable clients are not putting their sex partners at risk of contracting HIV.
- Clients should consider the plusses and minuses of disclosing for themselves and their partners. Despite the zero risk, failure to disclose could cause a negative reaction and place an Ohio resident as risk for prosecution.
- HIV Criminalization laws are still in effect in Ohio and require disclosure.

https://www.preventionaccess.org/faq
Ohio’s PAPI Program

- PAPI is an HIV prevention program created by the Ohio Department of Health and delivered by community based organizations around the state.
- PAPI for HIV-negative Ohioans who have or are seeking a PrEP prescription.
- PAPI funded employees are employed in 11 regions of the state.

Information on the PAPI program courtesy of Zach Reau, HIV Prevention Manager, Ohio Department of Health [Zach.Reau@odh.ohio.gov]
Accessing PAPI

Annual Application

Under 500% FPL ($62,450)

Ohio Resident

Not Medicaid Eligible

PAPI Eligibility

Information on the PAPI program courtesy of Zach Reau, HIV Prevention Manager, Ohio Department of Health [Zach.Reau@odh.ohio.gov]
PAPI’s Scope

**Insured**
- Gilead Copay Card
- Insurance billed, PAPI pays:
  - Medical copays
  - Laboratory copays
  - Pharmacy copays
- Premium Assistance

**Uninsured**
- Gilead MAP Card
- PAPI Fee Schedule Medical Services

**Medicaid**
- PrEP Navigation provided – no payment assistance

**Medicare**
- Can pay all costs except for Part B
- Pt D plan support

Information on the PAPI program courtesy of Zach Reau, HIV Prevention Manager, Ohio Department of Health [Zach.Reau@odh.ohio.gov]
Conditions

✓ Coverage begins from application date or up to 30 days prior.
✓ Uninsured clients must be seen by a PAPI-contracted medical provider for an allowed service.
✓ Clients using walk-in pharmacies must use a PAPI-contracted pharmacy.
✓ Clients must continue to take PrEP and attend medical appointments.
2019 HIV/STD Regions

• Prevention Navigators/Specialists will be placed in each region

• Referrals are assigned to regions by county of residence

Information on the PAPI program courtesy of Zach Reau, HIV Prevention Manager, Ohio Department of Health [Zach.Reau@odh.ohio.gov]
This form will send referrals directly to the Prevention Health Navigator assigned to work the case, and an ODH representative versus the old process which would go to ODH and then they had to send the referral out to the correct person around the state. This has streamlined the process and making linkage to PrEP/PAPI happen in 24-72 hours, versus what used to be a month or longer.
Key Takeaways:

Destigmatize HIV

• Data indicates that HIV is a serious threat to LGBTQ+ youth and LGBTQ+ people of color
• PrEP is discreet and destigmatizes HIV by bridging the gap between + & -
• PAPI is creating access to PrEP for people who may not have had access prior.
• U=U: A person, living with HIV, who is on effective treatment, can achieve an undetectable viral load, and cannot transmit the virus to their sexual partners
Key Takeaways: What Can You Do?

• Get engaged in HIV prevention or care
• Refer folks to the PAPI program
• Get involved with the “End the Epidemic” planning in Ohio
• Spread the word about PrEP & U=U
• Get tested!
Equitas Health Programs/Resources

Mozaic is a wellness program and community space for transgender, gender non-conforming, and non-binary people of color ages 13-29.

We are a CDC funded HIV prevention program, and we know that reducing new HIV infections involves more than providing free condoms and testing (though we do provide both). That’s why we’re creating an all-genders-welcome community of support for youth and young adults of color. Because only when we have the freedom to be ourselves, can we begin to take care of ourselves.

http://www.mozaicohio.org/
Questions?

Matthew Ellwood
Prevention Education Manager

matthewellwood@equitashealth.com

(614) 643-6616
GETTING TO ZERO MEANS ...

We **can** end the HIV epidemic in our state!

We can dramatically **decrease HIV transmissions** in our state and we can **improve the quality of life** for everyone living with HIV in Illinois so that we all can thrive.
We have made great strides but there is still lots to do.

If we …

• Increase **PrEP uptake** by 20 percentage points

• Increase **viral suppression** by 20 percentage points

… we could see fewer than 100 new cases by 2030
INVESTING IN PREP AND TREATMENT WILL GET US THERE
PILLAR 1: INCREASE USE OF PREP

The challenge:
• Just 10-20% of people who need PrEP are taking it
• Populations most vulnerable to HIV are not aware or are not taking PrEP.
PILLAR 2: INCREASE THE NUMBER OF PEOPLE LIVING WITH HIV WHOSE VIRAL LOAD IS UNDETECTABLE

The challenge:

• About 50% of people with HIV in IL are NOT virally suppressed

Why it matters: People who are virally suppressed cannot transmit HIV sexually
WHO IS GOING TO GET US TO ZERO?

Everyone in this room plus ...
GUIDING PRINCIPLES

We cannot end the epidemic unless we make progress for all populations impacted and tackle injustices:

• Eliminating Stigma
• Dismantling Racism
• Prioritizing Trauma Prevention & Trauma-Informed Care
• Practicing Cultural Humility
• Focusing on Data to Achieve Outcomes
SIX DOMAINS

WORKFORCE

EQUITY

LINKED CONDITIONS

HEALTH CARE

EFFICIENCY

SURVEILLANCE

PLAN PRINCIPLES
WHERE ARE WE NOW? IMPLEMENTATION
10 FOCUS AREAS FOR 2019-2020

• Strengthen peer workforce
• Expand HIV testing
• Increase PrEP linkages
• Deepen cultural humility
• Root interventions in evidence-based research
• Build social communities
• Integrate health care programs
• Improve STI screening
• Assess and monitor our goals
• Boost ARV usage
WORKGROUPS

September
- REDS
- Comms
- STI
- PrEP

October
- Older adults
- Rapid start
- HIV screening
- Standards of equity

November
- Workforce
- Behavioral and clinical interventions
- Housing
HOW DID WE GET HERE?

Community input, collaboration, government and agency support
COMMUNITY ENGAGEMENT – TOWN HALLS

TOWN HALLS

• One in each of Illinois’ eight regions, and two in the Chicago area
• 320 participants in total
• 100 pages of typed notes
COMMUNITY ENGAGEMENT – FOCUS GROUPS

FOCUS GROUPS

- Black gay, bisexual or same-gender-loving men
- Transwomen of color
- People re-entering communities from the justice system
- People living with HIV that are 50+ years old or long-term survivors
- Spanish-speaking
- Latino Men
- Mothers living with HIV
COMMUNITY ENGAGEMENT - SURVEY

Online and on paper

In English and in Spanish

24 questions about yourself and Getting to Zero ideas

Open for 24 weeks

408 total responses
HOW THE PLAN CAME TOGETHER

Committees met throughout the summer of 2018

Community feedback on the recommendations was collected in the fall of 2018

A smaller editing team created a draft plan released on World AIDS Day 2018

Community feedback was gathered on draft plan to develop the final version, released May 2019
THE PRODUCT – WWW.GTZILLINOIS.HIV
Please visit gtzillinois.hiv/plan to browse the plan.
STRETCH
Video removed for size. Click www.prep4love.com to view all three #CatchDesire videos featuring Dr. Every Woman.
### ESTIMATED NUMBER OF ADULTS WHO COULD POTENTIALLY BENEFIT FROM PREP, UNITED STATES, 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</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><strong>Total who could potentially benefit from PrEP</strong></td>
<td><strong>813,970</strong></td>
<td><strong>258,080</strong></td>
<td><strong>72,510</strong></td>
<td><strong>1,144,550</strong></td>
</tr>
</tbody>
</table>

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

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

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**2017 U.S. pop = 325,719,178**  
White 60.7%  
Latino 18.1%  
Black 13.4%
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.
### OH PrEP Users

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 and under</td>
<td>715</td>
</tr>
<tr>
<td>25 to 34</td>
<td>2,105</td>
</tr>
<tr>
<td>35 to 44</td>
<td>1,116</td>
</tr>
<tr>
<td>45 to 54</td>
<td>667</td>
</tr>
<tr>
<td>55 and above</td>
<td>333</td>
</tr>
</tbody>
</table>

\[ \text{Cis Male} = 4,559 - 14 \times \female \]

\[ \text{Cis Female} = 319 \]
## 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.

### Recommendation Summary

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What's This?)</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>
<td>A</td>
</tr>
</tbody>
</table>


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