Lifetime risk of acquiring HIV

If current diagnosis rates persist...

25 out of 100 Hispanic MSM will become HIV+

Hess K et al. CROI 2016, abstract #52
Lifetime risk of acquiring HIV

If current diagnosis rates persist...

50
out of 100
Black MSM will become HIV+
Enter PrEP
PrEP works when taken

PrEP is taking off in the US…

738% increase

USPHS / CDC guidelines issued

Rawlings K et al (McAllister presenting). IAC Durban 2016, abstract #TUAX0105LB
http://www.natap.org/2016/IAC/IAC_17.htm
PrEP is taking off in the US…

79,684 individuals

Individuals starting FTC/TDF for PrEP

Rawlings K et al (McAllister presenting). IAC Durban 2016, abstract TUAX0105LB
http://www.natap.org/2016/IAC/IAC_17.htm
...but its distribution is uneven...

n=21,463
(44% of all started)

Bush S et al. ASM / ICAAC 2016, abstract #2651
...and it’s not reaching those most at-risk

US Population 2014
- 62% White
- 18% Hispanic
- 12% Black
- 10% Asian
- 3% Multi/Other

New Infections 2014 (estimated)
- 74% White
- 23% Hispanic
- 27% Black
- 44% Asian
- 10% Multi/Other

PrEP Utilization Sept 2015
- 74% White
- 12% Hispanic
- 10% Black
- 12% Asian
- 10% Multi/Other

Bush S et al. ASM / ICAAC 2016, abstract #2651
Seattle, WA: 82,000 MSM
< 1 mile to provider

Boise, ID: > 3,900 MSM
3 miles to provider

Savannah, GA: > 3,800 MSM
80 miles to provider
Factors Relevant to PrEP Uptake

- Awareness of PrEP
- Risk/benefit perceptions
- Barriers to seeking PrEP
  - PrEP cost
  - PrEP side-effects
  - Perceived PrEP stigma

Interventions to Enhance PrEP Uptake

- Mass media campaigns
- Community mobilization
- Alternative PrEP formulations
- Community-based efforts to destigmatize PrEP

Access to Healthcare

- Individual
  - Has public or private health insurance
  - Regularly sees primary care doctor
  - Can afford medication
  - Transportation

- Healthcare provider
  - Aware of PrEP
  - Willing to prescribe PrEP
  - Screens for risk and determines patient eligible

- Patient
  - Adequately report behavior eligible for PrEP
  - PrEP not contraindicated

- Provider education/training
  - Electronic tools to assess sexual risk and indicate PrEP
  - Automated systems to minimize provider burden

Likely to Receive Rx

- Side-effects/medication tolerance
- Risk compensation
- Dosing schedules
- Long-term adherence and PrEP continuation

- Counseling
  - Medication adherence
  - Sexual risk reduction
  - Home support systems to minimize patient testing burden
  - Electronic adherence reminders/support

Kelley, et al. CID 2015
PrEP Research

PrEP RFAs

PrEP-related publications

NIH Guide to Grants and Contracts

The NIH Guide for Grants and Contracts is the official publication of NIH grant policies, guidelines and funding opportunities. It is published daily and includes a list of contracts.

New Features:
- Table of Contents: Access the Guide in table format.
- Export to Excel: Search results can now be exported to Excel for reporting purposes.

Current Search

Search Title

Results: 1 to 2 of 2

Display Results as:
- Table
- Detailed

Active RFAs, Expired RFAs, Future

Title: Strengthening the HIV Pre-Exposure Prophylaxis (PrEP) Care Continuum through Behavioral, Social, and Implementation Science (R21)

Funding Opportunity Number: R21-AI-123

Organization: NIH

Deadline: 01-01-2024

Activity Code: R21

Title: Strengthening the HIV Pre-Exposure Prophylaxis (PrEP) Care Continuum through Behavioral, Social, and Implementation Science (R21)

Funding Opportunity Number: R21-AI-125

Organization: NIH

Deadline: 01-01-2025

Activity Code: R21

Bar Chart:

Years: 1990 to 2017

Number of PrEP-related publications: 0, 50, 100, 150, 200, 250, 300, 350