



Ending the Epidemic: A Plan for America

Prevention Through Active Community Engagement (PACE)

Ready, Set, PrEP

May 6, 2020

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PACE Program - CDR John Oguntomilade

**Ending
the
HIV
Epidemic**
A PLAN FOR AMERICA



Objectives

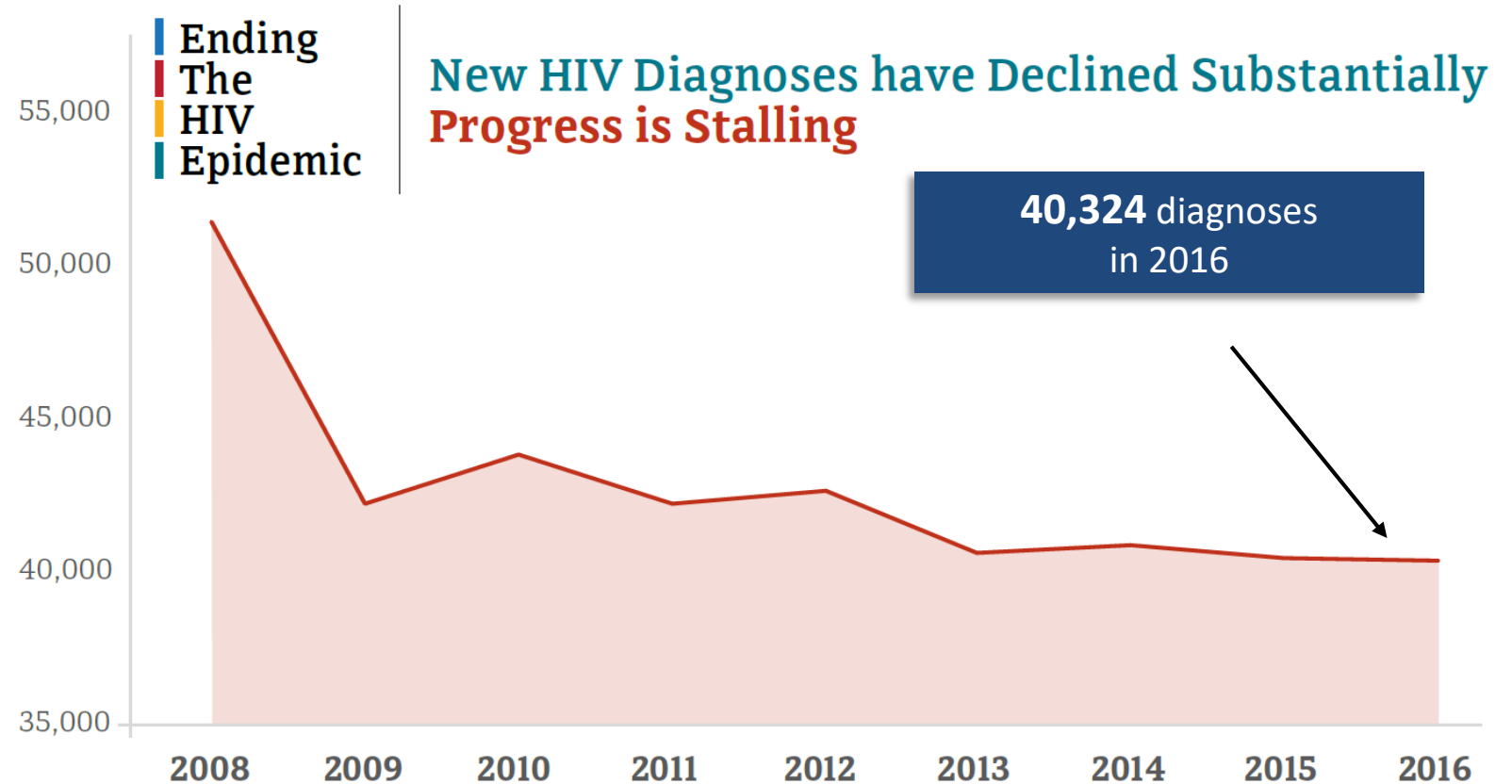
- **Discuss the 4 Pillars of Ending the HIV Epidemic: A Plan for America**
- **Highlight the role of the PACE programs in Ending the HIV Epidemic**
- **Describe the HHS Ready, Set, PrEP Program**
- **Share Ready, Set, PrEP resources**
- **Describe ways to integrate Ready, Set, PrEP into PrEP Care System**



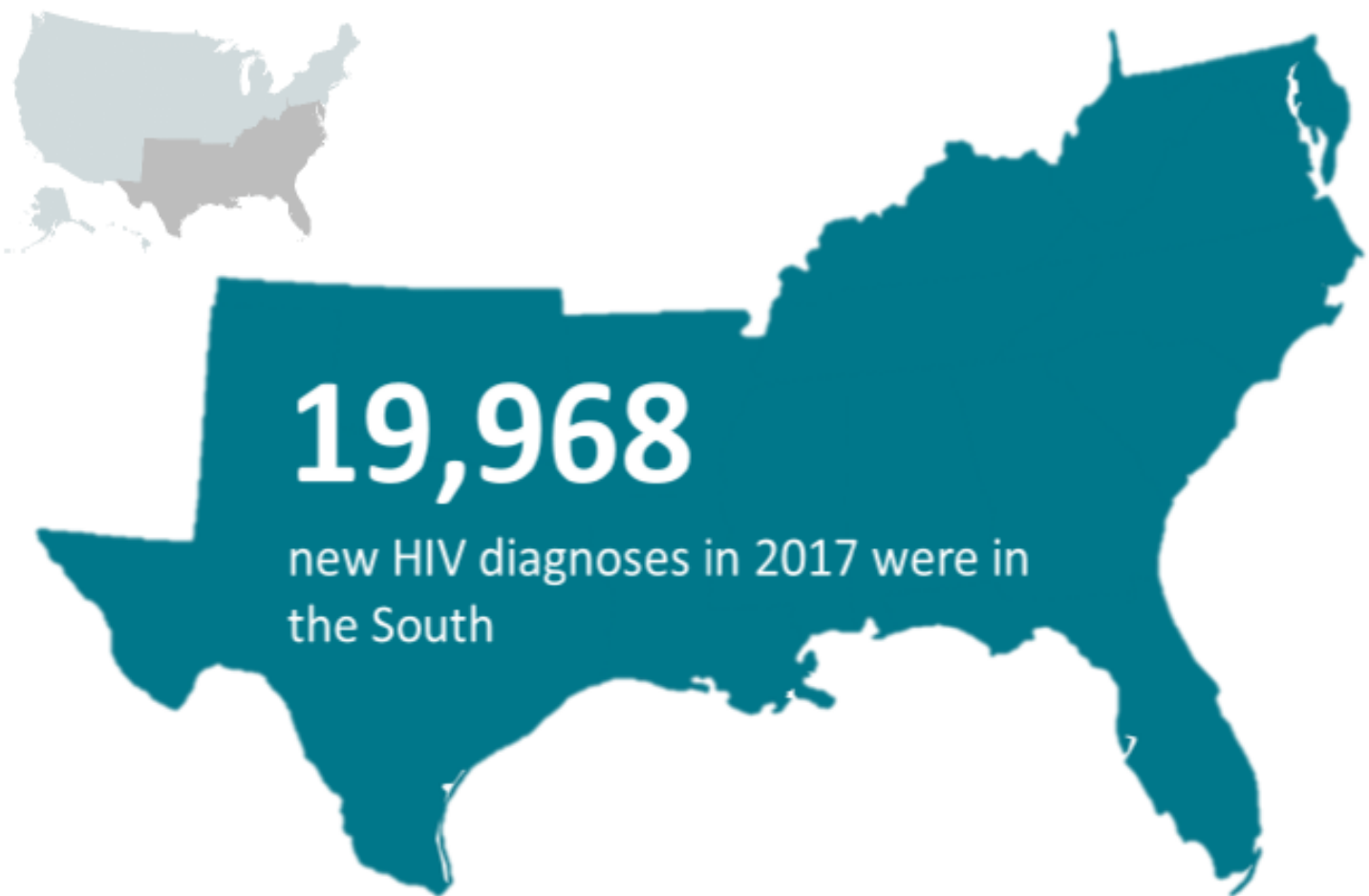
NEW HIV DIAGNOSES HAVE DECLINED SUBSTANTIALLY BUT PROGRESS IS STALLED

MAJOR PROGRESS

- **1980s**
peak incidence near 130,000 annually
- **1985 - 2012**
interventions have driven infections down to <50,000 annually




HIV in the South



 **1 in 5**
of all new HIV diagnoses were among women

68% 
of new HIV diagnoses were from male-to-male sexual contact

 **53%**
of HIV diagnoses in the South were among Black/African Americans

- Southern State
- Alabama
 - Arkansas,
 - Delaware
 - Florida
 - Georgia
 - Kentucky
 - Louisiana
 - Maryland,
 - Mississippi
 - North Carolina
 - Oklahoma,
 - South Carolina
 - Tennessee
 - Texas
 - Virginia
 - West Virginia



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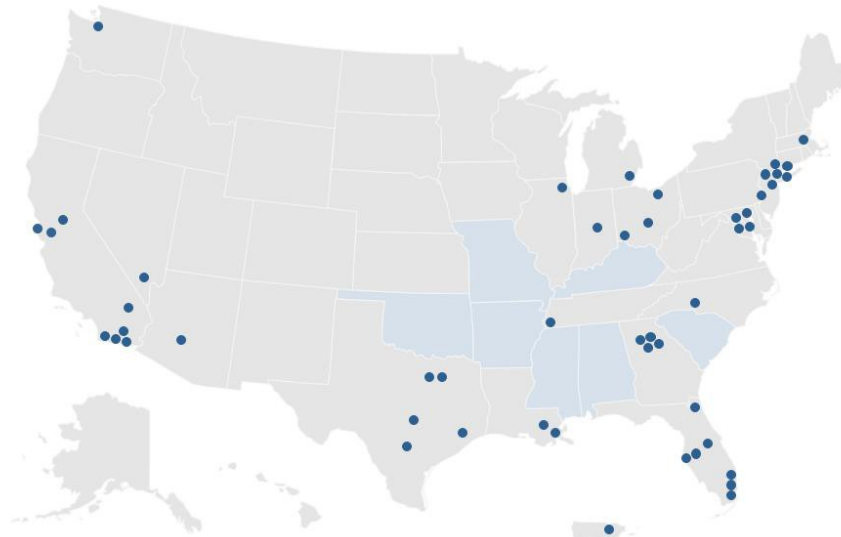
ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.

FOCUSED EFFORT

- 48 Counties, DC, and San Juan account for 50% of new infections
- 7 States with substantial rural HIV burden



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ACHIEVING THE GOALS

Diagnose

All people with HIV as early as possible after infection

Treat

People with HIV rapidly and effectively to reach sustained viral suppression

Prevent

New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs

Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them





Pillar 1: DIAGNOSE

EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

- **1 in 2** people with HIV have the virus at least 3 years before diagnosis
- **1 in 4** people with HIV have the virus at least 7 years before diagnosis
- **1 in 5** people with HIV are diagnosed with advanced disease (AIDS)
- **7 in 10** people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

87% of new HIV infections are transmitted from people who don't know they have HIV or are not retained in treatment

Daily et al., [MMWR Weekly Report](#), 2017; Skarbinski et al., [JAMA](#), 2015; Gopalappa et al., [Med Decision Making](#), 2017



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PILLAR 1: Diagnose

Diagnosing and Linking People with HIV to Effective Care is Critical for Stopping New HIV Transmissions

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%



*Values do not equal 100% because of rounding



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Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: <http://dx.doi.org/10.15585/mmwr.mm6811e1>

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PILLAR 2: TREAT

HIV TREATMENT PREVENTS NEW INFECTIONS

HIV TREATMENT as PREVENTION

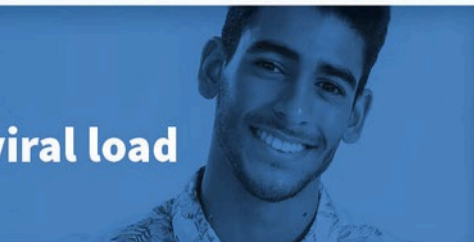
A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV



People living with HIV who take **HIV medication daily as prescribed**



and get and keep an **undetectable viral load**



have effectively no risk of sexually transmitting HIV to their HIV-negative partners



JANUARY 2019

LEARN MORE AT HIV.GOV/TASP

JAMA® January 10, 2019

VIEWPOINT

HIV Viral Load and Transmissibility of HIV Infection

Undetectable Equals Untransmittable

Robert Eisinger, Carl Dieffenbach, Anthony Fauci

The U=U concept bridges the best of biomedical science with current concepts in behavioral and social science by removing the sense of fear and guilt that a person may be harming someone else, as well as the feeling of self-imposed and external stigma that many people with HIV experience.

— RW Eisinger, CW Dieffenbach and AS Fauci



Credit: NIAID



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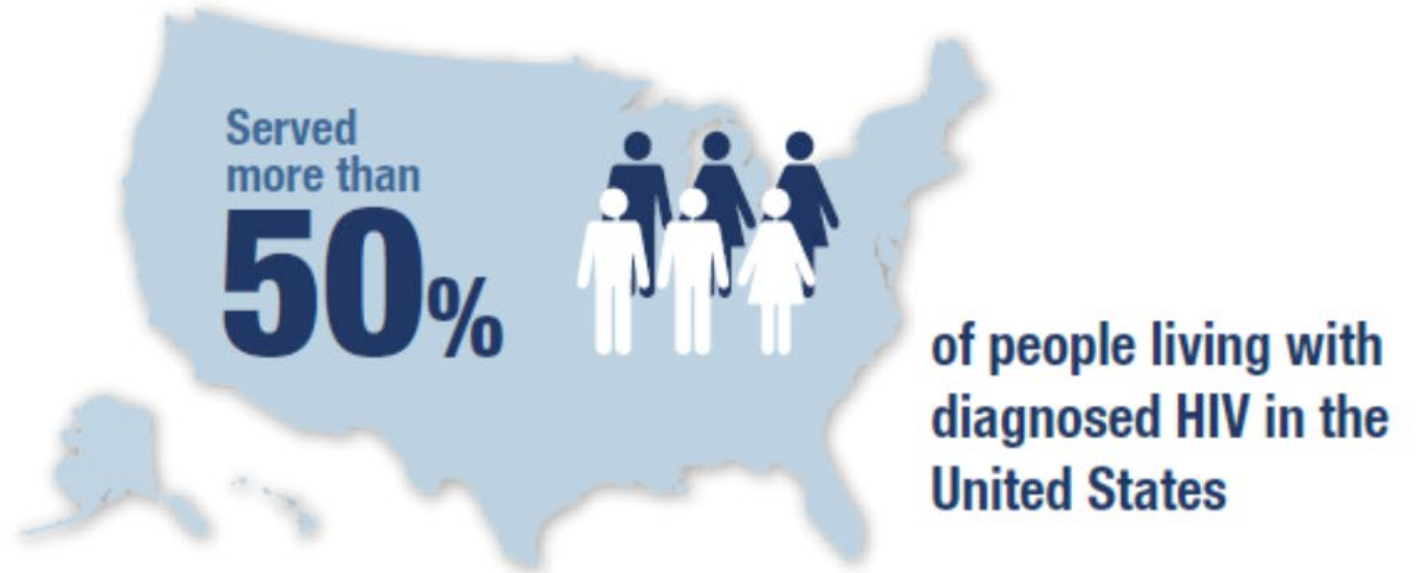


PILLAR 2: TREAT

Clients Served by HRSA RWHAP (non-ADAP), 2017

Served **534,903** clients in 2017

73.6% of clients were racial/ethnic minorities



62.8% of clients were living at or below 100% of the Federal Poverty Level





PILLAR 2: TREAT

Support for Treatment and Viral Suppression



Linkage

Ensure immediate linkage to HIV clinical care and support services



Retention

Expand innovative activities to retain people in care and encourage adherence



Re-Engagement

Strengthen efforts to re-engage people who have fallen out of care





PILLAR 3: PREVENT

HIV PrEP: Underutilized and Effective Prevention Tool

More than

1 Million

persons who might benefit from PrEP medications

Only about

10%

who could benefit from PrEP medications are using them

Encouraging Trends among MSM at risk

Between 2014 – 2017

Use - 6% ↗ 35%

Awareness - 60% ↗ 90%



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CDC. Vital Signs November 2015
Centers for Disease Control and Prevention. CDC HIV Prevention Progress Report, 2019. Accessed 3/15/2019. <https://www.cdc.gov/hiv/pdf/policies/progressreports/cdc-hiv-preventionprogressreport.pdf>
Poster at CROI, 2019 - Changes in HIV PrEP Awareness and Use Among Men Who Have Sex with Men, 2014 vs. 2017
note: source of this data is the NHBS and is non-representative sample

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PILLAR 3: PREVENT

Comprehensive Syringe Services Programs (SSPs) Don't Increase Illegal Drug Use or Crime, but DO Reduce HIV Risk



Providing testing, counseling, and sterile injection supplies helps prevent outbreaks of other diseases. For example, SSPs are associated with a **50% decline** in the risk of HIV transmission.



Users of SSPs were **three times more likely** to stop injecting drugs.



When two similar cities were compared, the one with an SSP had **86% fewer syringes** in places like parks and sidewalks.





PILLAR 4: RESPOND

HIV Data for Action



Detect developing clusters and outbreaks



Help people with HIV and those at risk to stay well



Focus resources on the people and areas that need them most



PACE Directors in Region 4, 6 and 9



American Samoa
Commonwealth of the Northern
Marianas Islands
Federated States of Micronesia
Guam
Repub. of the Marshall Islands
Repub. of Palau



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Roles of PACE Program Officers

- Serve as the **Lead POC** for “*Ending the HIV Epidemic*” in the regions assigned.
- **Spearhead the “*Ending the HIV Epidemic*” work** in partnership with individual federal agencies and non-federal organizations towards EHE.
- **Develop, implement, and evaluate** public health interventions through community partnerships and engagement
- Serve as **trusted partners of communities** to increase **EHE awareness** and enhance community participation in the EHE planning process.
- Serve as **connectors of community groups to existing HIV resources towards** accomplishing EHE objectives.



EHE Listening Sessions – Key Themes



- Addressing **workforce shortages** for medical providers, and mental health and substance use providers
- Leveraging **community strengths** by hiring community health workers, peer navigators, peer specialists, etc.
- Assessing **eligibility** and **intake** processes and forms for testing and care
- Allowing jurisdictions to **be innovative** and to adapt and adjust as they learn



READY

SET

PrEP

**This program makes
PrEP medications
available at no cost
for qualifying recipients**

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 **READY
SET
PrEP**

Why Ready, Set, PrEP is a Solution for HIV Prevention

- ▶ Many people at risk for HIV lack prescription drug coverage and cannot afford to pay for PrEP.
- ▶ Ready, Set, PrEP helps address cost barriers and associated stigma by making PrEP medications more accessible to those who can benefit from PrEP.
- ▶ Ready, Set, PrEP provides a way for people to take care of themselves and take control of their health.
- ▶ This program will engage audiences who can benefit from taking PrEP medications, such as older Americans, people of color, and women.
- ▶ HHS will also enhance partnerships with healthcare providers within health centers and pharmacies who work directly with these communities to encourage them to have conversations with their patients about HIV and PrEP.

For more information about Ready, Set, PrEP, visit [HIV.gov](https://www.hiv.gov)



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Who's Eligible for Ready, Set, PrEP?

To receive PrEP through the Ready, Set, PrEP program, an individual must:

- ▶ Test negative for HIV
- ▶ Have a valid prescription for PrEP
- ▶ Not have prescription drug coverage

For individuals enrolled in the program, there is **no cost** for medications. The costs of clinic visits and lab tests may depend on a person's income and where they receive the services.



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How To Enroll in Ready, Set, PrEP



- ▶ Before enrolling in the Ready, Set, PrEP program, talk to a healthcare provider to see if PrEP medication is right for you and obtain a prescription. If you do not have a provider, you can find one at locator.hiv.gov.
- ▶ Once you have the necessary prescription, visit GetYourPrEP.com or call toll-free 855-447-8410 to qualify and enroll. When completing the enrollment form, you must include the name of the healthcare provider who wrote your prescription.
- ▶ If you have any problems enrolling, call 855-447-8410 or ask for assistance in-person at a healthcare provider's office, including a community health center, where trained staff can provide support.

For more information about Ready, Set, PrEP, visit HIV.gov



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Timeline



May 2019

- ▶ HHS Secretary Alex M. Azar II announced the agreement between the Trump administration and Gilead Sciences, Inc., for the company to donate PrEP medications for up to 200,000 uninsured individuals each year for up to 10 years.

December 2019

- ▶ The Ready, Set, PrEP program officially launched and opened for enrollment.



Timeline



March 2020

- ▶ Avita Pharmacy, Longs Pharmacy Solutions, CVS Health, Health Mart, Rite Aid and Walgreens will donate services to distribute PrEP medications to qualified patients in over 21,500 combined locations across the 50 states including, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands or through mail order—all at no cost to patients.
- ▶ CVS Health, Walgreens, and Rite Aid will also provide patient counseling and take steps to promote patient adherence to the regimen.



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Timeline



April 2020

- ▶ As of April 1st 2020 Avita Pharmacy, Longs Pharmacy Solutions, CVS Health, Health Mart, Rite Aid and Walgreens will be the only pharmacies distributing PrEP medications.
- ▶ Mail order is an available option

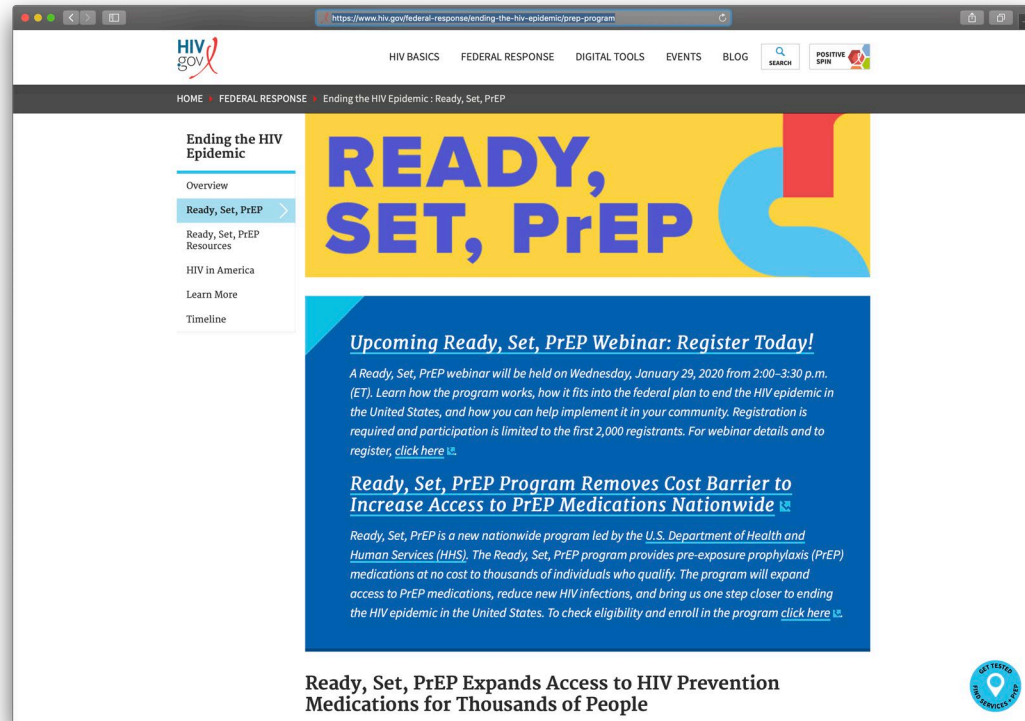


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Ready, Set, PrEP Online



- ▶ **HIV.gov:** Basic information about the program, eligibility and enrollment instructions
- ▶ **Enrollment Page:** Portal for patients and providers for eligibility determination and enrollment
 - ▶ Call center also available at 855.447.8410



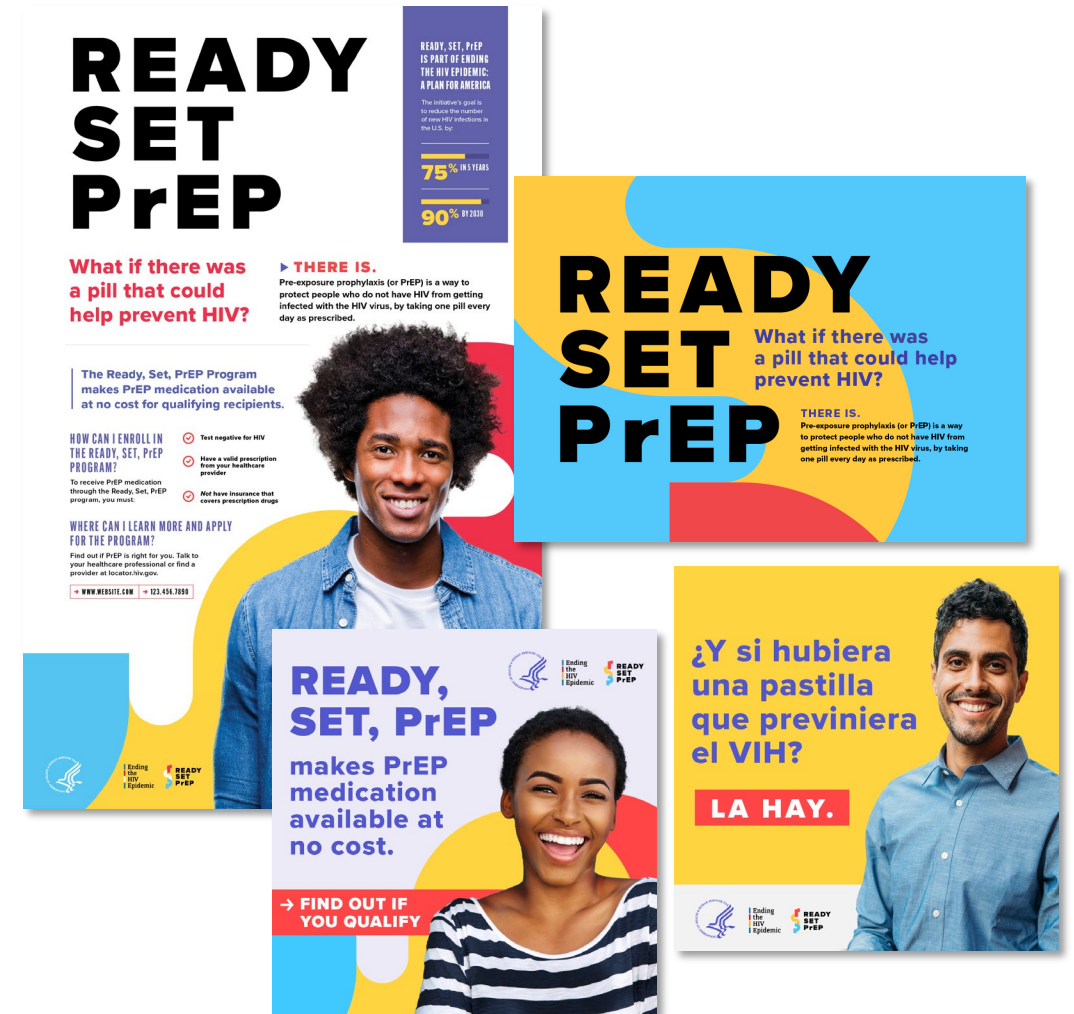
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Ready, Set, PrEP Materials

- ▶ **Fact Sheets**
 - ▶ Consumer (English/Spanish)
 - ▶ Healthcare Provider (English/Spanish)
 - ▶ Indian Health Service
- ▶ **Posters (English/Spanish)**
- ▶ **Information Card (English/Spanish)**
- ▶ **Social Media Toolkit**
- ▶ **Sharable Graphics (English/Spanish)**



Ready, Set, PrEP Social Media

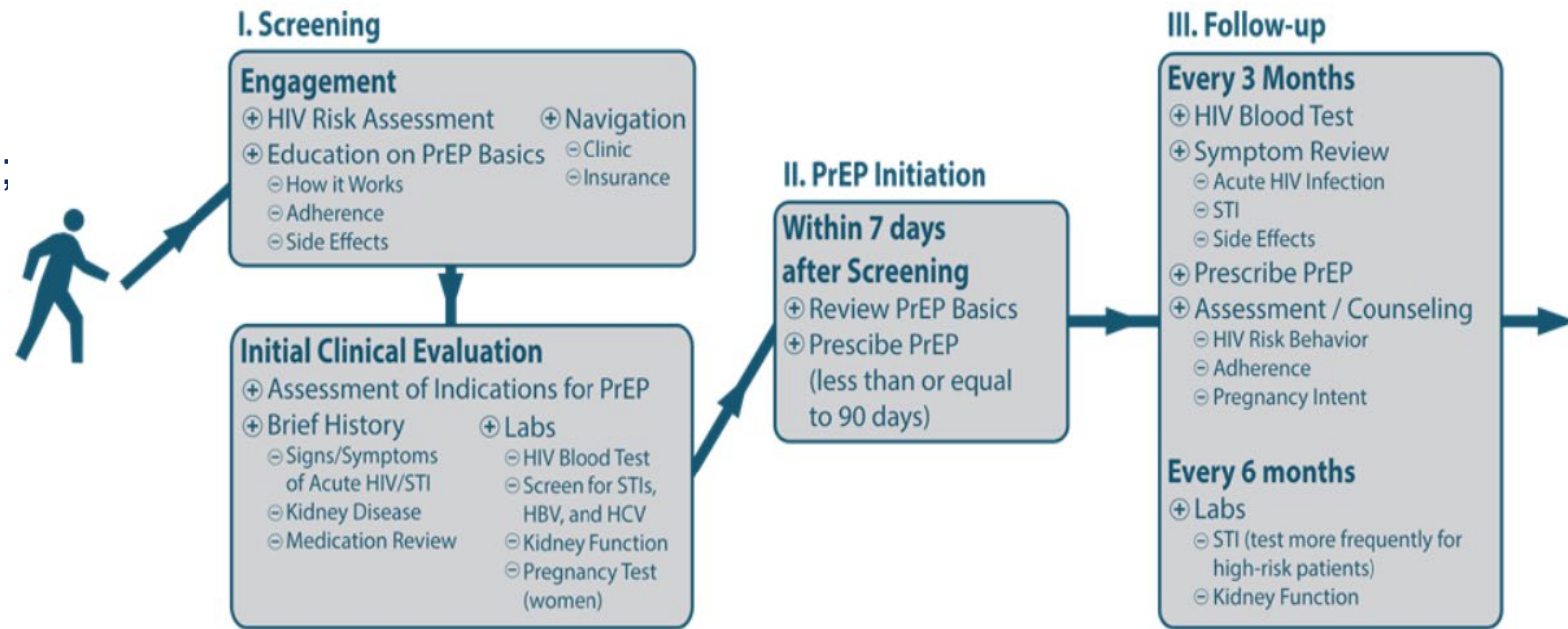
- ▶ **Social Media:** HIV.gov's Facebook, Twitter and Instagram channels, as well as shareable content for federal partners and stakeholders
- ▶ **Campaign Hashtags:**
 - ▶ #ReadySetPrEP #PrEP #PreventHIV #HHSPrEP #GetTested
#KnowYourStatus #HIVPrEP #PrEPHIV #HIVPrevention
- ▶ **Blog Posts:** HIV.gov Blog Post and Listserv Blast Email
- ▶ **Digital and radio advertisements**



Integrating PrEP into your HIV prevention program

The PrEP Care System includes:

- Engaging persons at risk;
- Assessment of indications for PrEP use;
- Laboratory and testing services;
- Risk-reduction support;
- Provision of clinical services; and adherence support.



PrEP Delivery Models

- PrEP delivery can be done using the clinic-based model or the collaborative model.
- Health departments, community based organizations (CBOs), and healthcare providers each play a role in PrEP delivery including promoting awareness and integration of Ready, Set, PrEP.



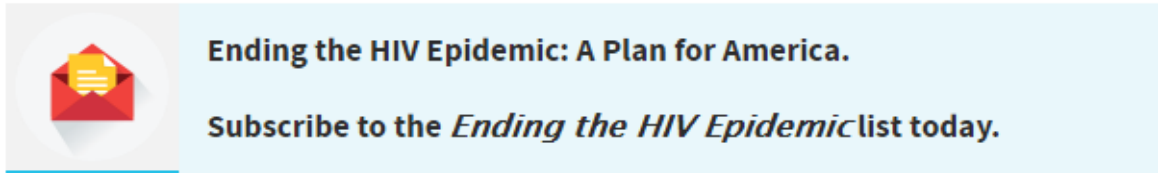
Support the Increase of PrEP Uptake through Ready, Set, PrEP

- Spread word of Ready, Set, PrEP through social and other media.
- Incorporate the Ready, Set, PrEP resources including fact sheets, posters, social media toolkit into programs materials.
- Ensure those who could benefit from PrEP are aware of Ready, Set, PrEP as an additional option to access PrEP medications at no cost.
- Educate PrEP Navigators and other potential providers about Ready, Set, PrEP.
- Build partnerships with local health departments, CBOs, healthcare providers, and others to work together to provide PrEP services.
- Provide feedback on ways to engage communities that can benefit from PrEP.
- Become more knowledgeable about HIV prevention by going to [CDC.gov/HIV](https://www.cdc.gov/HIV) and [HIV.gov](https://www.hiv.gov).



Thank you for joining the webinar today

- For more information, sign up for the Ending the HIV Epidemic listserv on [HIV.gov](https://www.hiv.gov) and visit:
<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>



- If you have additional questions about Ready, Set, PrEP, please contact:

ReadySetPrEP@hhs.gov



Questions, Answers, and Discussion



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