

PrEP Trends and Initiatives (Part 1)

San Francisco HIV Community Planning Council Meeting

July 24, 2023

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A Range of PrEP Options Available

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE

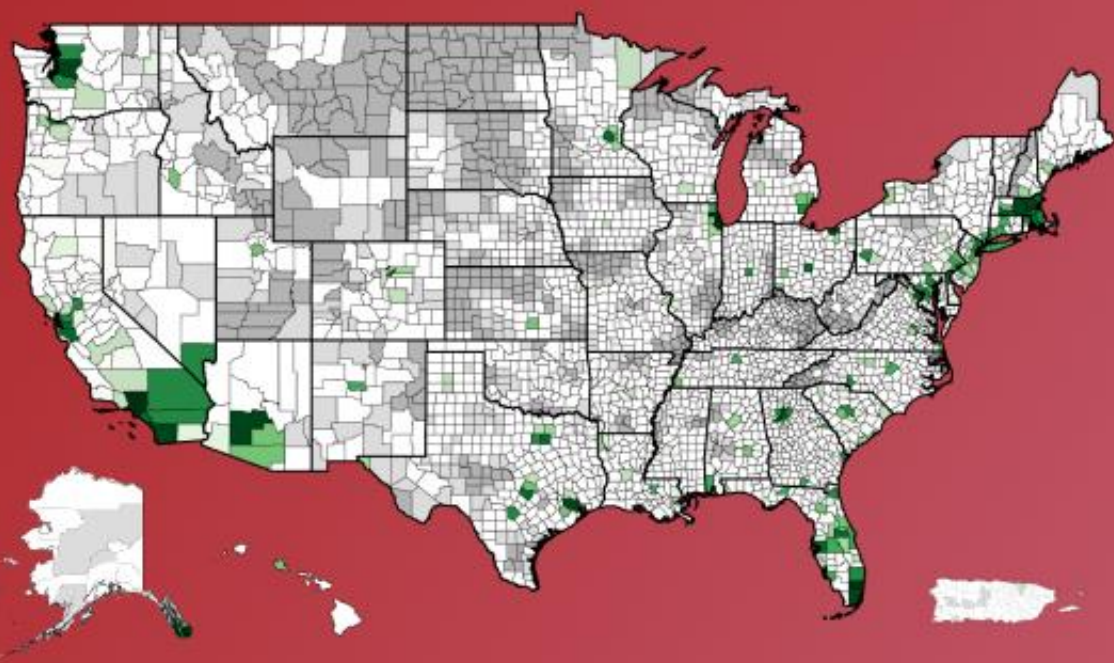
A CLINICAL PRACTICE GUIDELINE

- All sexually active adults and adolescents should have PrEP discussed/considered as an option

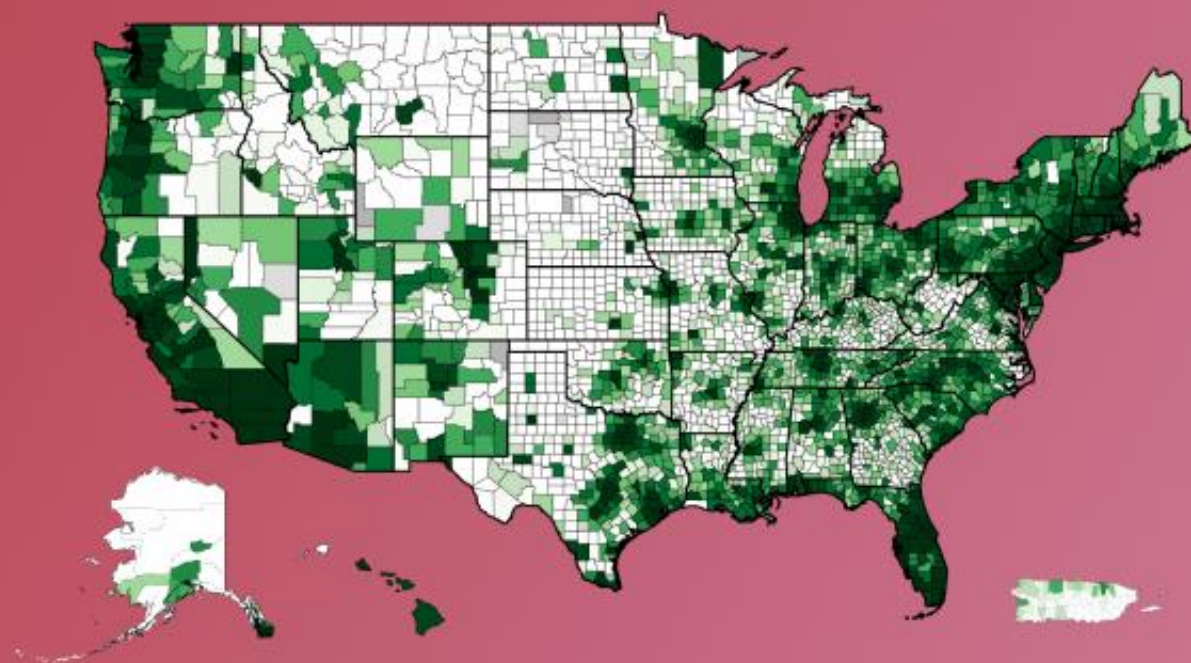
	Daily Oral TDF/FTC	Daily Oral TAF/FTC	2-1-1 Oral TDF/FTC	CAB-LA
Cis Men	✓	✓	✓	✓
Cis Women	✓			✓
Trans women	✓	✓	(✓)	✓
Trans men	✓			✓
PWID	✓			(✓)
Renal dz (↓CrCl)		✓		✓

From 2012 to 2022, **PrEP users increased** by **over 4400%** with an average **increase of 52% per year**.

2012



2022



Number of Persons Using PrEP, 2012, 2022

Data not available. 

0

5 - 6

7 - 8

9 - 11

12 - 14

15 - 19

20 - 28

29 - 44

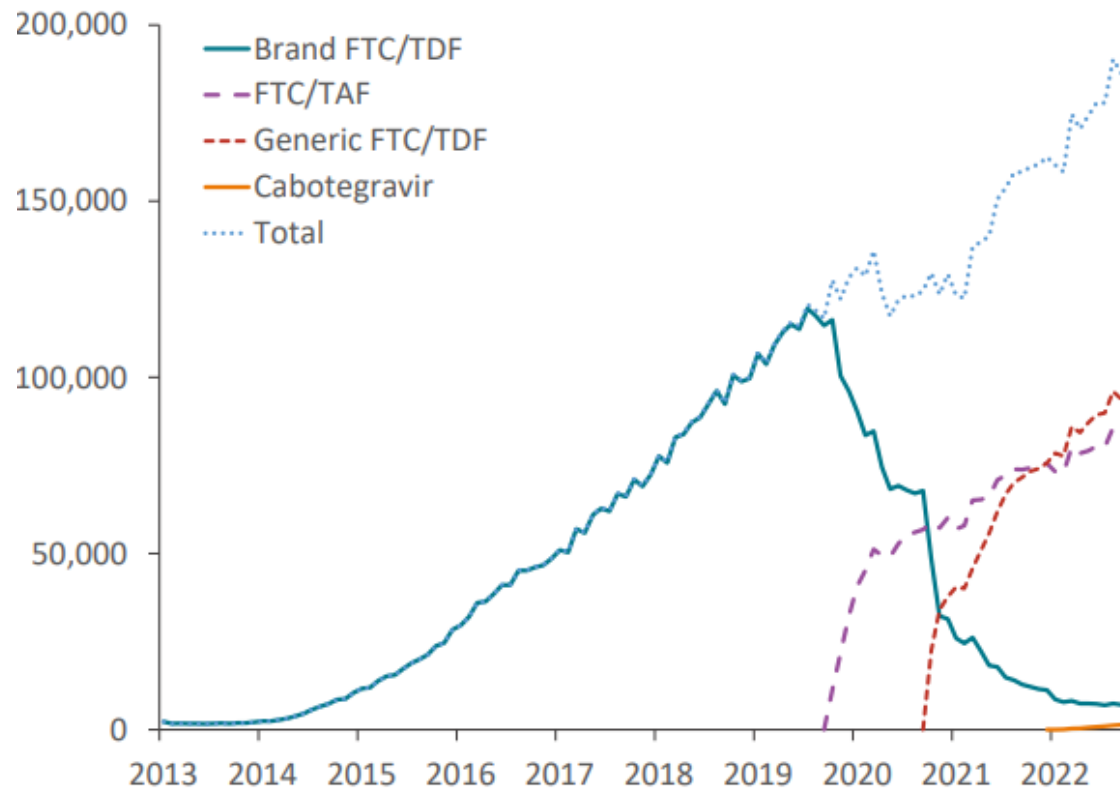
45 - 83

84 - 238

239+

Trends in PrEP use in the US using IQVIA database

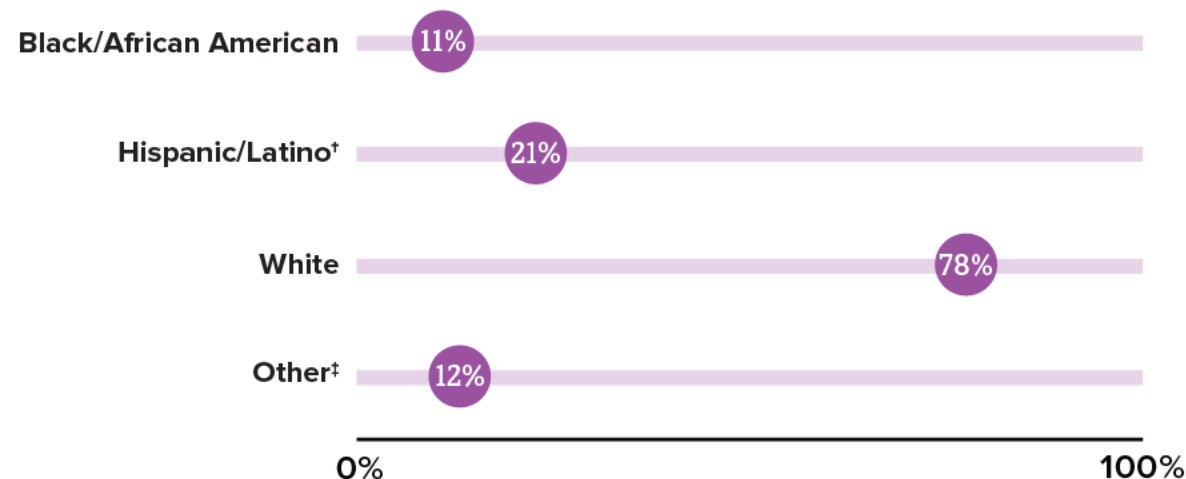
Zhu, CROI 2023 Abstract #980



- In September 2022, 186,367 persons were prescribed PrEP
 - Generic FTC/TDF: 93,808 (50.3%)
 - FTC/TAF: 84,141 (45.1%)
 - Brand FTC/TDF: 7,065 (3.8%)
 - CAB-LA: 1,353 (0.5%)
- From January 2022 through August 2022
 - 1,951 persons picked up CAB-LA prescription
 - 1,638 (84.0%) received a prescription for a second dose within one month of the first prescription

Differences in PrEP Coverage in the United States by Race and Ethnicity*

More work is needed to ensure equitable prescribing of PrEP. Of the 1.2 million people in the United States who could benefit from PrEP, only 30% were prescribed PrEP in 2021, with substantial differences by race and ethnicity.



Abbreviation: PrEP = Pre-exposure prophylaxis.

* Among people aged 16 and older.

† Hispanic/Latino people can be of any race.

‡ Includes American Indian/Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and multiracial people.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021.

HIV Surveillance Supplemental Report 2023;28(4).

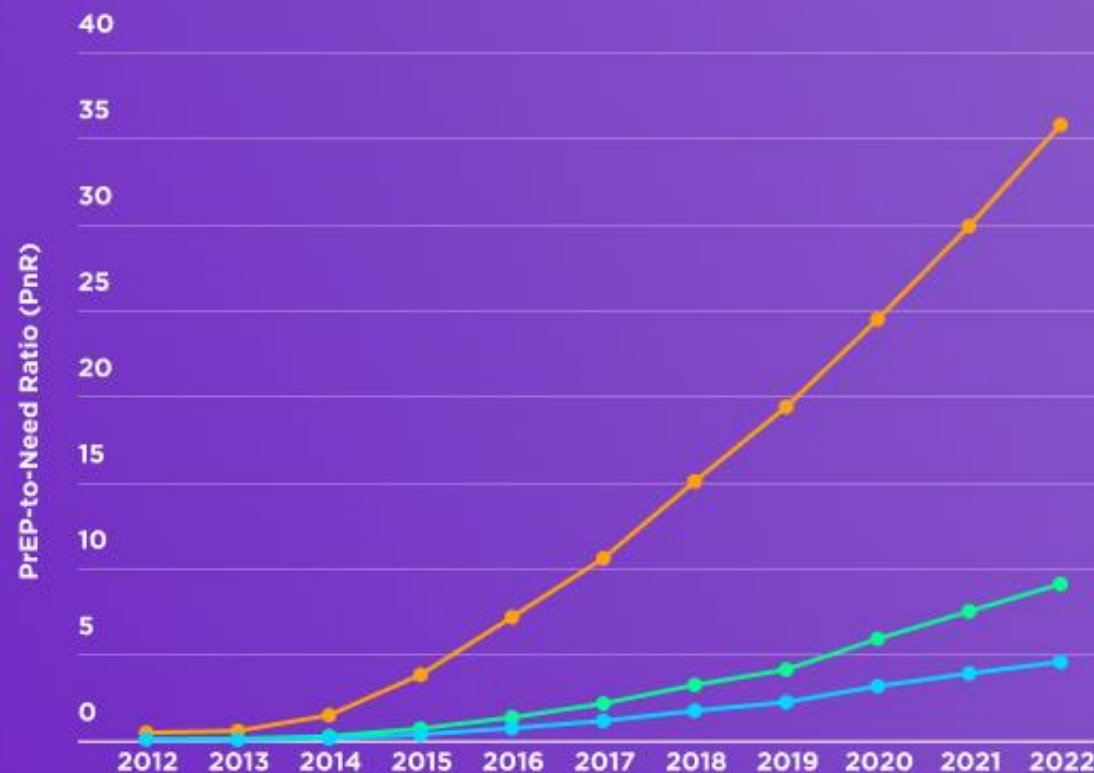


While the **rate of PrEP use** has **increased consistently** across all races/ethnicities, **equity in PrEP use** by race/ethnicity has **decreased** over time.

PrEP Rate (per 100,000) by Race Over Time, 2012-2022



PnR by Race Over Time, 2012-2022



● Black ● Hispanic ● White

*PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

In all U.S. regions in 2022, **Black individuals** had a **higher unmet need for PrEP** than **White individuals**. A lower PrEP-to-Need Ratio indicates a higher unmet need.



MIDWEST



NORTHEAST



SOUTH



WEST



Black

4.06

6.81

4.32

4.45



Hispanic

12.01

10.3

8.84

9.27



White

35.92

66.63

26.7

37.09

PrEP-to-Need Ratio, 2022

0.00 - 4.83

4.84 - 7.54

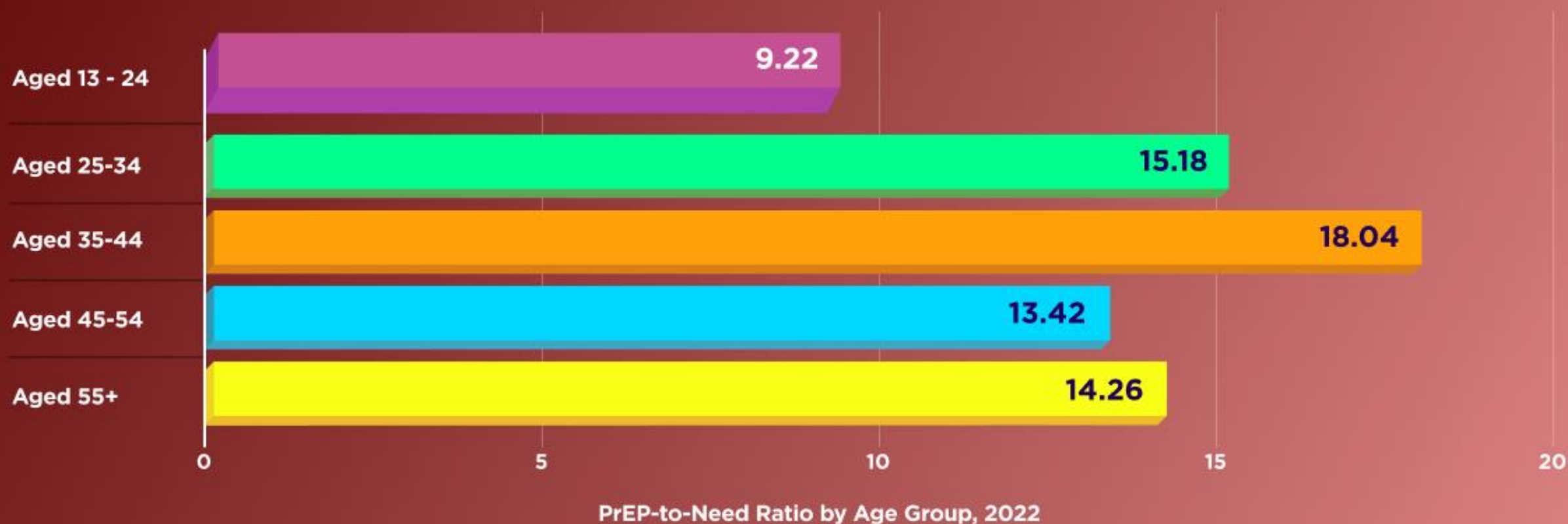
7.55 - 11.71

11.72 - 19.22

19.23+

**PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.*

In 2022, **teenagers and young adults (aged 13-24 years)** had the **greatest unmet need for PrEP** among all age groups, with a **PnR of 9**. That means for every person in that age group diagnosed with HIV, there were only 9 people using PrEP.



**PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2020. It is a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.*

In 2022, **92% of all PrEP users were male** and only **8% were female**, despite the fact that women represented 18% of new diagnoses in 2021.



PrEP Users by Sex, 2022

There were **16 male PrEP users** for every new HIV diagnosis among men.



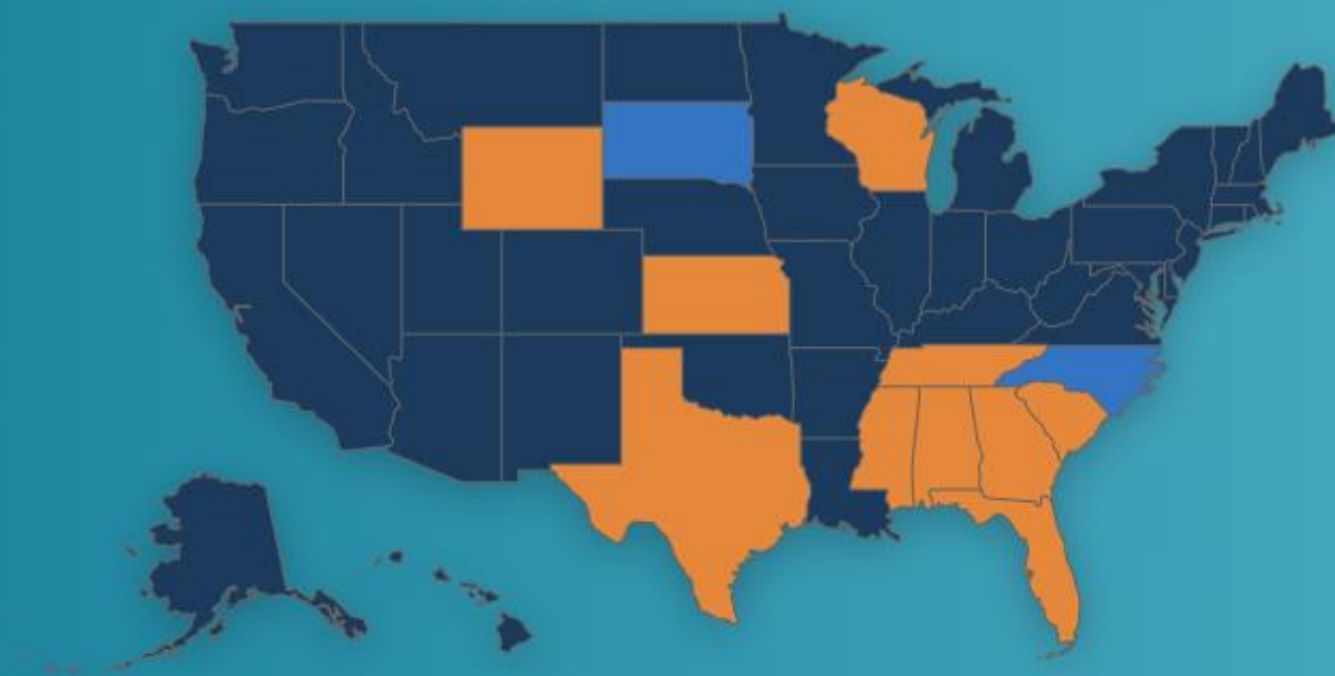
There were **6 female PrEP users** for every new HIV diagnosis among women.



In **2022**, states that **expanded their Medicaid programs** had **PrEP use rates** that were **1.4X higher** than states that **did not expand Medicaid**.

**For purposes of this analysis, District of Columbia is treated as a state.*

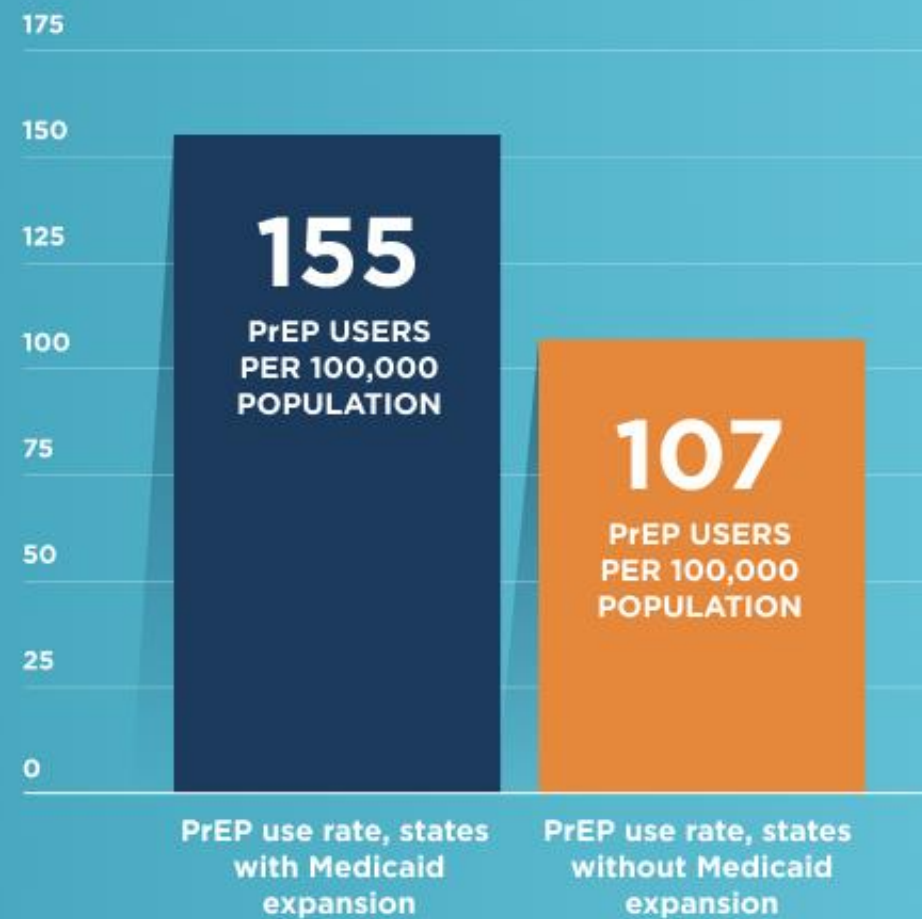
39 out of 51 states **expanded Medicaid**
as of December 2022.



Adopted and Implemented

Adopted but Not Implemented

Not Adopted



Need for a Federally Funded National PrEP Program to Address PrEP Inequities

PrEP4All and the Elton John AIDS Foundation Announce Strategic Partnership to Advance a National PrEP Program

Thursday, July 13th, 2023.

For media inquiries please contact Michael Chancley at Michael@PrEP4All.org

[PrEP4All](#) is proud to announce that our work to ensure equitable PrEP access for all in the United States will be supported by a two-year investment totaling nearly \$670,000 from the [Elton John AIDS Foundation](#). This new strategic partnership comes at a pivotal point in the movement for a [National PrEP Program](#) for uninsured and underinsured individuals in the United States. PrEP4All, a nonprofit dedicated to equitable PrEP access, was the first organization to call for such a program shortly after its foundation in 2018.



Overview of a National PrEP Program

Part A	A national bulk purchase of PrEP medications with availability through a large pharmacy network for people who are uninsured or covered by Medicaid. Access at the pharmacy should be seamless for the consumer.
Part B	Options for clinical settings to (1) provide on-site dispensing and (2) offer laboratory services for those without coverage. These opportunities can allow clinics to provide PrEP more frequently and effectively.
Part C	A national network of nontraditional community sites to offer PrEP, supported by telehealth. This network can reach people who do not regularly access clinical health services.

SF City Clinic – MSM on PrEP, by race/ethnicity

Figure 16.1 Proportion of MSM currently on PrEP by race/ethnicity, San Francisco City Clinic patients, 2015-2022

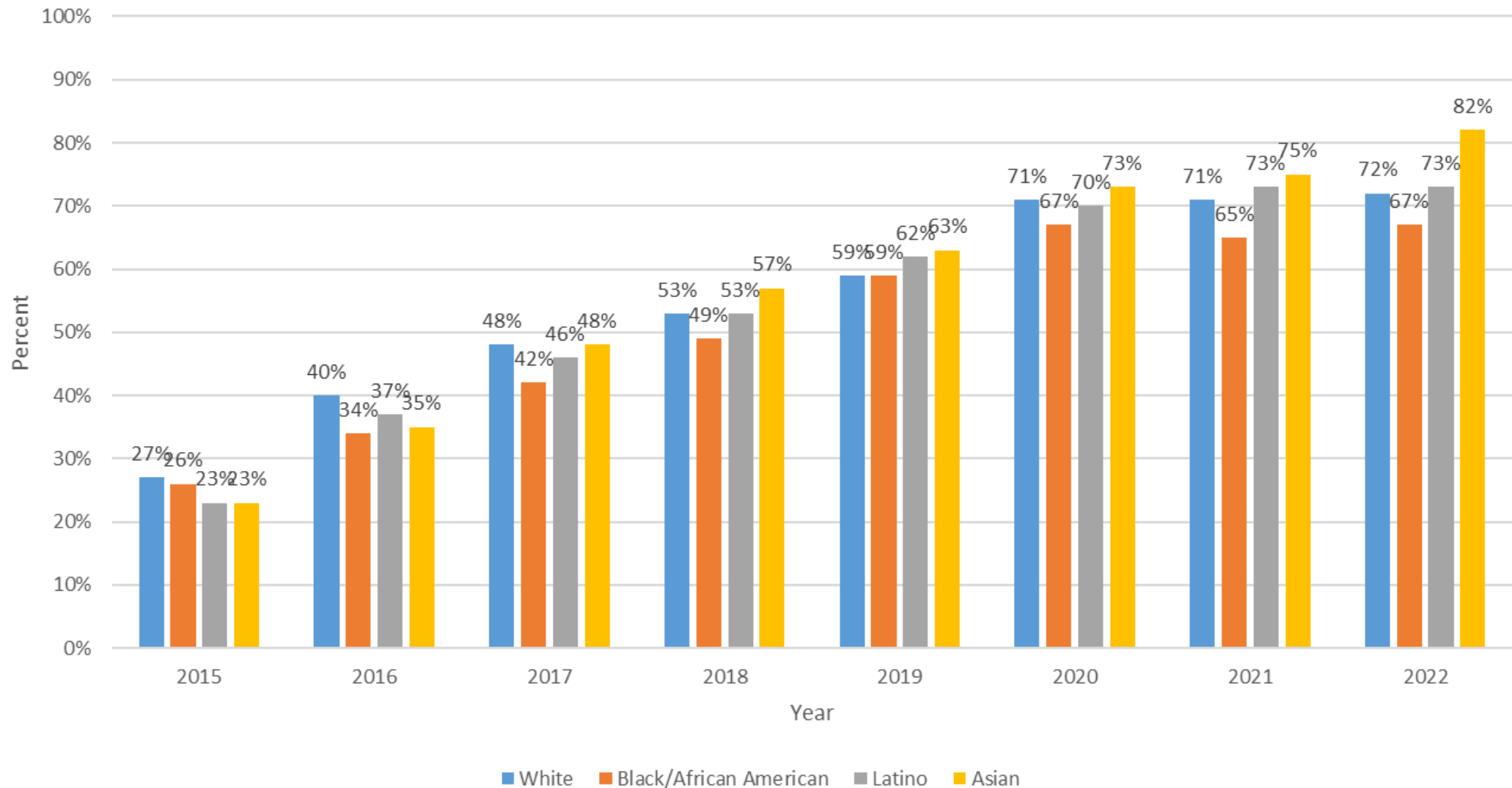
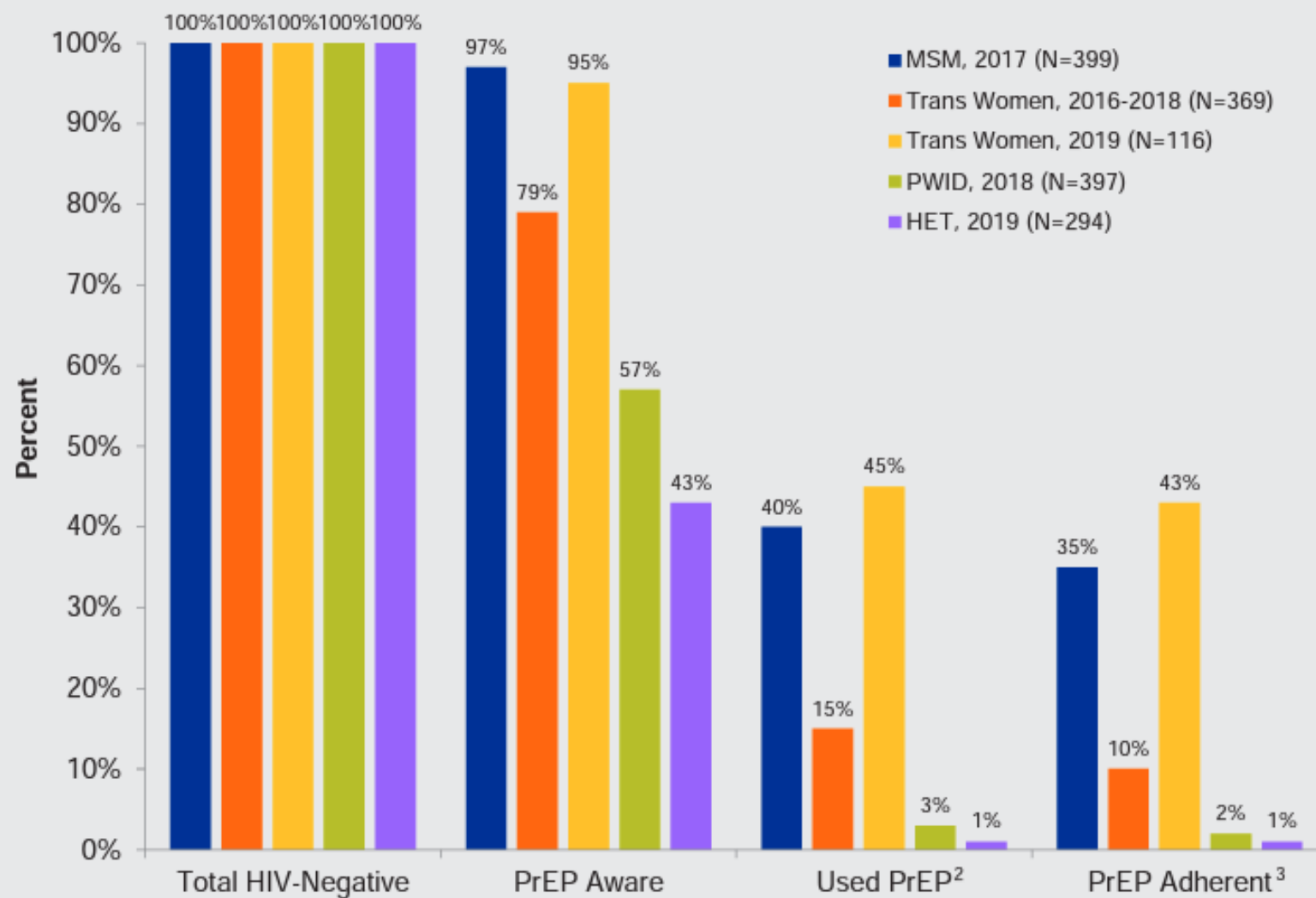


Figure 16.1 PrEP cascade¹ among MSM, trans women, persons who inject drugs, and high-risk heterosexuals, 2016-2019, San Francisco



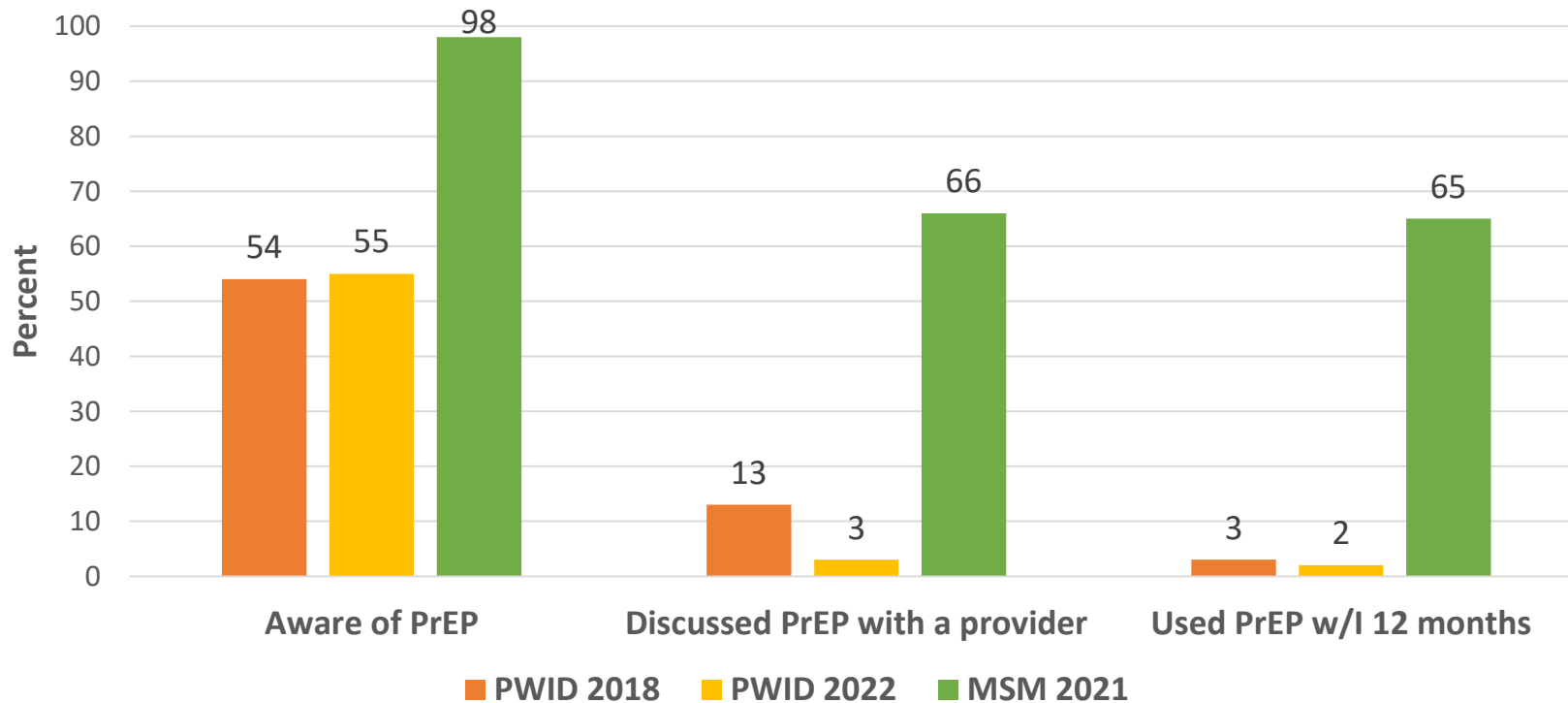
1 For each step of the PrEP continuum, the denominator was the whole sample.

2 PrEP use was defined as use in the last six months for MSM in 2017 and trans women in 2016-2018; and use in the last 12 months for trans women in 2019, PWID in 2018 and heterosexuals in 2019.

3 Adherence to PrEP was defined as taking all or nearly all daily pills.

PrEP Continuum in San Francisco, NHBS

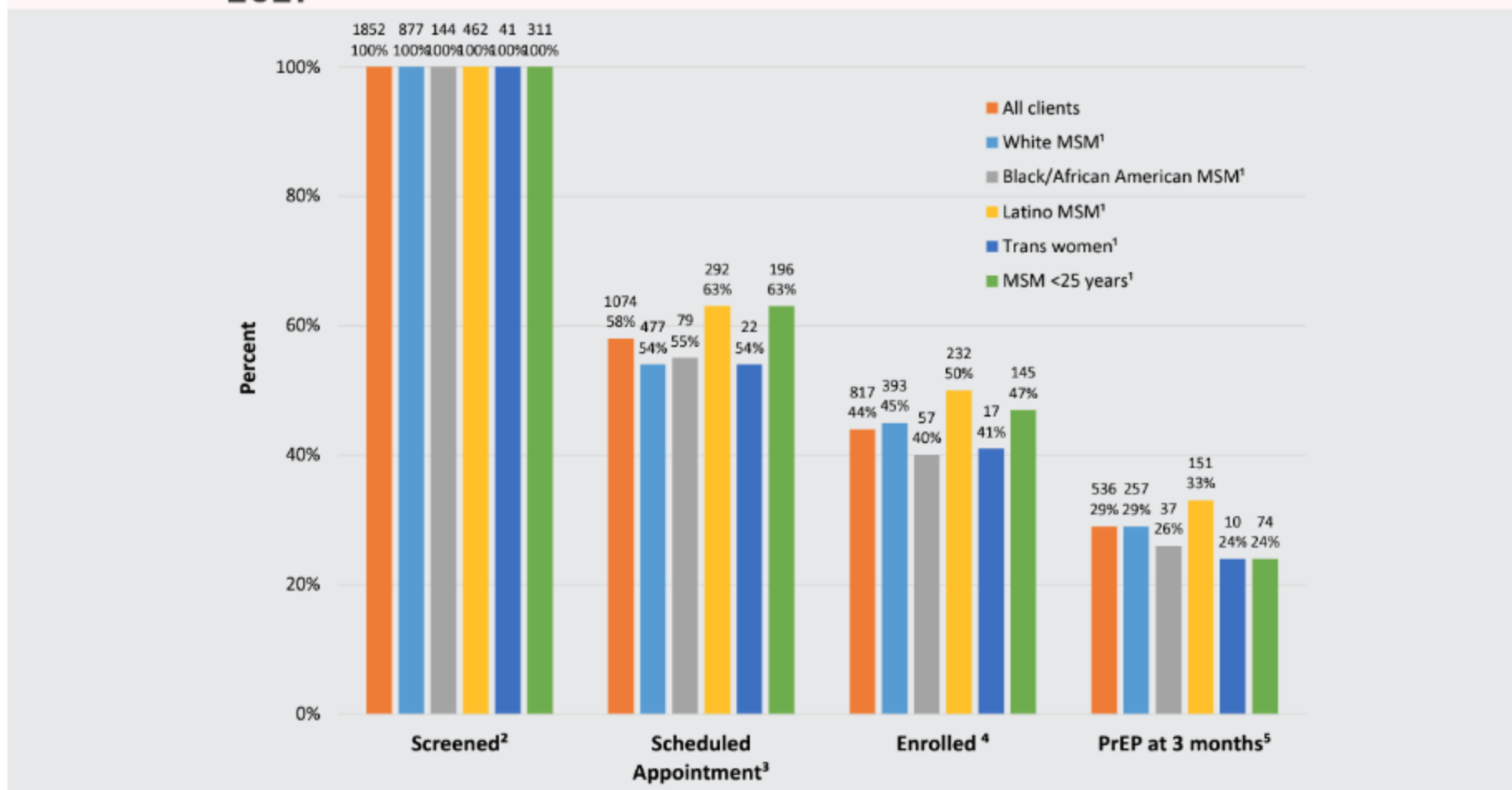
Suprasert, CROI Abstract #983



Factors associated with lack of PrEP awareness among PWID:

Factor	Odds Ratio
Black Race	0.5
< Fed Poverty Limit	0.35
Not testing for HIV	0.43
Not testing for HCV	0.48
Not testing for STI	0.44

Figure 16.5 PrEP screening, appointments, enrollment and PrEP at six months by priority populations among clients being served by the San Francisco AIDS Foundation, 2021



¹ These groups are priority populations and not mutually exclusive.

² PrEP screening was defined as all people who were seen for sexual health care at the SFAF, were HIV-negative, and did not report current PrEP use on screening date.

³ Scheduled appointment for PrEP was defined as scheduling an appointment for PrEP enrollment.

⁴ Enrolled in PrEP was defined as attending a PrEP enrollment visit and having a PrEP prescription.

⁵ PrEP at three months was defined as still being enrolled in the SFAF PrEP program at three month follow-up.

GTZ PrEP Committee



Co-Chairs: Albert Liu, MD, MPH and Nikole Trainor, MPH, MCHES

GTZ San Francisco PrEP Committee Mission Statement:

To Promote the Equitable Uptake and Persistence of PrEP Use
through User and Provider Support, based on PrEP Metrics

PrEP Committee Activities (2023-2024)

- **Promote equitable uptake and persistence on LA-PrEP**
 - Committee meetings to share updates and best practices
 - UCSF CFAR supplement to develop a regional approach/toolkit to LA-PrEP implementation (BAYLAP Alliance)
 - Develop LA-PrEP protocols for different settings, including street-based delivery
- **Collaboration with GTZ PEH/Overdose Committee to address increased infections in PEH/PWUD and extremely low PrEP uptake in these groups**
 - Health Access Point for PWUD/PEH (Ward 86, Glide, St James Infirmary)
 - Gilead grant to set up RAPID PrEP POP-UP
- **Collaborate with GTZ AYA committee to address significant drop off in PrEP use during COVID-19 pandemic**
 - Arranged for PrEP navigator to support CHPY clinics
 - Renewed education for providers and navigators on availability of Truvada Youth Emergency Fund
 - Develop workflows for storing and dispensing generic Truvada within clinics
 - Assist with obtaining rapid HIV test kits for youth clinics to facilitate same-day PrEP starts
- Committee meetings to discuss **strategies to increase PrEP use among cis/trans women**
- SF/East Bay/South Bay collaboration to **develop PrEP educational materials**
- Metrics: **Collate data from large PrEP providers** (SFCC, Strut, Ward 86, Kaiser SF) and DPH-funded sites, including demographics (age, race/ethnicity, gender identity)

BAYLAP interviews: Preliminary findings

(Data collection ongoing)

- **Advantages of LA-PrEP for Prioritized Communities**
 - Reduce pill-taking burden, enhanced privacy, reduced stigma
 - Helpful in clients living in multigenerational households, PEH
- **Lack of awareness of LA-PrEP among clients and providers**
 - No one in peer group talking about it
 - Questions about where to access it, cost, and side effects and efficacy
- **Importance of social/structural determinants of health**
 - Housing/food insecurity, transportation barriers, care deserts, racism, stigma, immigration status, homophobia/transphobia, language barriers, and cost/insurance
 - Important to integrate PrEP delivery into programs addressing these determinants to promote equitable uptake and access to PrEP
- **Provider and clinic-level barriers to LA-PrEP delivery**
 - Lack of clinic systems, workflows, and clinic staffing in place for delivery of LA-PrEP
 - Insurance challenge as a major barrier to LA-PrEP delivery

BAYLAP interviews: Preliminary recommendations

(Data collection ongoing)

- Recommendations
 - Need for simple, easy-to-understand **patient-facing educational materials** and campaigns to increase knowledge about LA-PrEP
 - Importance of the role of **trusted PrEP navigators and providers**
 - Need for **multiple access points for LA-PrEP**, including community clinics, hospitals, pharmacies, and mobile clinics/sites to reduce access barriers
 - Develop **workflows** with clear delineation of roles and responsibilities
 - Develop **provider trainings** on LA-PrEP prescribing, counseling, and insurance navigation
 - Provide **regular check-ins** with patients between injection visits, **transportation support** to/from clinics, ongoing **insurance navigation support**, support from **community pharmacists**