ENDING the HIV EPIDEMIC (EtHE)
Getting to ZERO Through Prevention

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Professor of Medicine
Financial Disclosures

- None
OUTLINE

• Overview
• Ending the HIV Epidemic
  • Undetectable=Untransmittable
  • Pre-exposure Prophylaxis
OCT 6
REMEMBER THEIR NAMES
FIGHT FOR THE LIVING

1) RELEASE AIDS DRUGS NOW!
2) EMERGENCY FEDERAL PROGRAM TO END AIDS NOW!
3) END HIV RELATED DISCRIMINATION!
4) QUALITY HEALTH CARE FOR ALL!

SHUT DOWN FEDERAL BUILDING. DEMONSTRATION AND MASS CIVIL DISOBEDIENCE. FRIDAY, OCT. 6; 6 AM. WESTWOOD FEDERAL BUILDING - WILSHIRE AND VETERAN BLVD.
FOR INFORMATION AND C.D. TRAINING CALL ACT UP/LA (213) 668-2357 OR 654-1639
SPONSORED BY: ACT UP/LA, ACT UP/LONG BEACH, ORANGE COUNTY VISIBILITY LEAGUE
Antiretroviral Therapy: The Future

- HIV-1 discovered
- 1983
- ZDV monotherapy
- 1987
- Triple Drug Therapy
- 1996
- Single Tablet Regimens
- 2006
- The Integrate Era
- 2012-13
- Long Acting Therapy?
- 2020
- ?????
- 2025

From JJ Eron, Jr, MD, at San Francisco, CA: May 6, 2016, IAS-USA.
# HIV Medication Chart

## Combination Antiretrovirals

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Combination</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atripla</td>
<td>EFV/TDF/FTC</td>
<td></td>
</tr>
<tr>
<td>Biktarvy</td>
<td>BIC/TAF/FTC</td>
<td></td>
</tr>
<tr>
<td>Combivir†</td>
<td>ZDV/3TC</td>
<td></td>
</tr>
<tr>
<td>Complera</td>
<td>RPV/TDF/FTC</td>
<td></td>
</tr>
<tr>
<td>Delstrigo</td>
<td>DOR/TDF/3TC</td>
<td></td>
</tr>
<tr>
<td>Descovy</td>
<td>TAF/FTC</td>
<td></td>
</tr>
<tr>
<td>Epzicom†</td>
<td>ABC/3TC</td>
<td></td>
</tr>
<tr>
<td>Genvoya</td>
<td>EGV/COBI/TAF/3TC</td>
<td></td>
</tr>
<tr>
<td>Juluca</td>
<td>DTG/RPV</td>
<td></td>
</tr>
<tr>
<td>Odefsey</td>
<td>RPV/TAF/FTC</td>
<td></td>
</tr>
<tr>
<td>Strivid</td>
<td>EVG/COBI/TDF/FTC</td>
<td></td>
</tr>
<tr>
<td>Symtuza</td>
<td>DRV/COBI/TAF/3TC</td>
<td></td>
</tr>
<tr>
<td>Trumeq</td>
<td>DTG/ABC/3TC</td>
<td></td>
</tr>
<tr>
<td>Trizivir†</td>
<td>ABC/3TC/ZDV</td>
<td></td>
</tr>
<tr>
<td>Truvada</td>
<td>TDF/FTC</td>
<td></td>
</tr>
</tbody>
</table>

## Protease Inhibitors (PI)

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evotaz</td>
<td>ATV/COBI</td>
</tr>
<tr>
<td>Kaletra*</td>
<td>Lopinavir, Ritonavir, LPV/RTV</td>
</tr>
<tr>
<td>Lexiva*</td>
<td>Darunavir, LPV/RTV</td>
</tr>
<tr>
<td>Prezista*</td>
<td>Darunavir, DRV</td>
</tr>
<tr>
<td>Reyataz†</td>
<td>Atazanavir, ATP</td>
</tr>
<tr>
<td>Viracept*</td>
<td>Nelfinavir, NFV</td>
</tr>
</tbody>
</table>

## Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emtriva*</td>
<td>Emtricitabine, FTC</td>
</tr>
<tr>
<td>Epivir†</td>
<td>Lamivudine, 3TC</td>
</tr>
<tr>
<td>Retrovir++</td>
<td>Zidovudine, ZDV</td>
</tr>
<tr>
<td>Viread†</td>
<td>Tenofovir DF, FTC</td>
</tr>
<tr>
<td>Ziagen†</td>
<td>Abacavir, ABC</td>
</tr>
<tr>
<td>Venlidy†</td>
<td>Tenofovir alafenamide, TAF</td>
</tr>
</tbody>
</table>

## Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edurant</td>
<td>Rilpivirine, RPV</td>
</tr>
<tr>
<td>Intelence</td>
<td>Etravirine, ETR</td>
</tr>
<tr>
<td>Pifelto†</td>
<td>Doravirine, DOR</td>
</tr>
<tr>
<td>Sustiva†</td>
<td>Efavirenz, EFV</td>
</tr>
<tr>
<td>Viramune†</td>
<td>Nevirapine, NVP</td>
</tr>
</tbody>
</table>

## Entry Inhibitors

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fuzeon</td>
<td>Enfuvirtide, T-20</td>
</tr>
<tr>
<td>Selzentry</td>
<td>Maraviroc, MVC</td>
</tr>
<tr>
<td>Trogarzo</td>
<td>Ibuzumab, IBA</td>
</tr>
</tbody>
</table>

## Integrase Inhibitors ( INSTI)

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isentress†</td>
<td>Raltegravir, RAL</td>
</tr>
<tr>
<td>Isentress HD</td>
<td>Raltegravir, RAL</td>
</tr>
<tr>
<td>Tivicay</td>
<td>Dolutegravir, DTG</td>
</tr>
</tbody>
</table>

## Boosting Agents

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norvir†</td>
<td>Ritonavir, RTV</td>
</tr>
<tr>
<td>Tybost</td>
<td>Cobicistat, COBI</td>
</tr>
</tbody>
</table>

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All pills shown in relative size/scale. Medication brand names appear in bold. Generic names and commonly used abbreviations appear in parentheses.

*Also available in liquid or powder form. †Generic formulation available. ‡Chewable form available.
### Summary of the global HIV epidemic (2017)

<table>
<thead>
<tr>
<th></th>
<th>People living with HIV in 2017</th>
<th>People newly infected with HIV in 2017</th>
<th>HIV-related deaths 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>36.9 million [31.1 million – 43.9 million]</td>
<td>1.8 million [1.4 million – 2.4 million]</td>
<td>940 000 [670 000 – 1.3 million]</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td>35.1 million [29.6 million – 41.7 million]</td>
<td>1.6 million [1.3 million – 2.1 million]</td>
<td>830 000 [590 000 – 1.2 million]</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>18.2 million [15.6 million – 21.4 million]</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>16.8 million [13.9 million – 20.4 million]</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td><strong>Children (&lt;15 years)</strong></td>
<td>1.8 million [1.3 million – 2.4 million]</td>
<td>180 000 [110 000 – 260 000]</td>
<td>110 000 [63 000 – 160 000]</td>
</tr>
</tbody>
</table>

Source: UNAIDS/WHO estimates

[Logo for World Health Organization]
People living with HIV by WHO region, 2017
(in millions)

- Africa: 25.7
- South-East Asia: 3.4
- Eastern Mediterranean: 3.5
- Americas: 1.5
- Europe: 2.3
- Western Pacific: 1.5
HIV testing and care continuum (2017)

- People living with HIV: 40 millions
- Aware of HIV status: 30 millions (75%)
- On treatment: 20 millions (59%)
- Viral load suppression: 10 millions (47%)

Source: UNAIDS/WHO estimates
ART coverage by sex among adults (2017)

Source: UNAIDS/WHO estimates
HIV/AIDS in the United States

- 1.1 M people living with HIV, of whom 14% are unaware of their infection
- 703,413 people with AIDS have died
- 38,281 newly diagnosed HIV infections in 2017
  - 21% among youths 13-24 years old
- MSM, Blacks/African Americans bear the greatest burden of HIV

Source: CDC, 2/2019
Major Geographic and Demographic Disparities for HIV Incidence in the U.S.

- 3007 counties in the United States
- During 2016-2017, > 50% of new HIV infections occurred in 48 counties, Washington, DC and Puerto Rico
- Majority of new HIV infections among Black/African American and Hispanic/Latino MSM; high incidence among transgender individuals and IDUs
- 7 mostly southern states have a disproportionate occurrence of HIV in rural areas
U.S. Areas with the Highest Burden of HIV Diagnosis

Source: CDC, June 2018

- States with disproportionate rural burden of HIV in 2016/2017
- Counties contributing to 50% of new HIV diagnoses in 2016/2017
Rankings of HIV Case Rates (all ages) by State\(^1\)
Diagnosed in 2016, United States

<table>
<thead>
<tr>
<th>State</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>26.3</td>
</tr>
<tr>
<td>Louisiana</td>
<td>24.6</td>
</tr>
<tr>
<td>Florida</td>
<td>24.0</td>
</tr>
<tr>
<td>Maryland</td>
<td>18.3</td>
</tr>
<tr>
<td>Nevada</td>
<td>17.9</td>
</tr>
<tr>
<td>Texas</td>
<td>16.1</td>
</tr>
<tr>
<td>South Carolina</td>
<td>15.3</td>
</tr>
<tr>
<td>New York</td>
<td>14.6</td>
</tr>
<tr>
<td>Mississippi</td>
<td>14.2</td>
</tr>
<tr>
<td>North Carolina</td>
<td>13.9</td>
</tr>
<tr>
<td>US</td>
<td>12.3</td>
</tr>
</tbody>
</table>

\(^1\) Source: US data: HIV Surveillance Report, 2016 (most recent available) Vol. 28, Table 24 (HIV data for all 50 states) [http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm)
Viral Suppression among Persons Aged ≥13 Years Living with Diagnosed HIV Infection, 2015—39 States and the District of Columbia

Total = 59.8%

Note. Viral suppression was defined as <200 copies/mL on the most recent VL test in 2015. Residence was based on most recent known address as of year-end 2015.
New HIV Diagnoses in the US for the Most-Affected Subpopulations, 2017

https://www.cdc.gov/hiv/statistics/overview/ataglance.html
New HIV Diagnoses in the US by Age, 2017

https://www.cdc.gov/hiv/statistics/overview/ataglance.html
HIV Diagnosis Rates\(^1\) by County of Residence\(^2\) Diagnosed in 2017, Florida

HIV Diagnosis Rate per 100,000 population
State Rate=24.1

- 0.0 - 6.7
- 6.8 - 10.0
- 10.1 - 13.6
- 13.7 - 20.5
- 20.6 - 43.4

Numbers on map are number of HIV diagnoses
State Total N=4,949

\(^1\)Source: Population data were provided by Florida CHARTS as of 6/30/2018.
\(^2\)County totals exclude diagnoses from Department of Corrections and Federal Correctional Institutions
Rankings of HIV Case Rates (all ages) by MSA¹
Diagnosed in 2016, United States

MIAMI DIVISION
FORT LAUDERDALE...
New Orleans–Metairie, LA
Baton Rouge, LA
Atlanta–Sandy Springs–...
ORLANDO–KISSIMMEE–...
Philadelphia Division
Jackson, MS
JACKSONVILLE, FL
Memphis, TN–MS–AR

Rate per 100,000 population

¹ Source: US data: HIV Surveillance Report, 2016 (most recent available) Vol. 28, Table 24 (HIV data for all 50 states) http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm
HIV/AIDS Diagnoses by Year of Diagnosis, 2008–2017, Florida
10 year % change (2008–2017) = 18% decrease
Saint Roch curing the Plague

J. Tintoretto
Editorial

Ending the HIV Epidemic
A Plan for the United States

AS Fauci, RR Redfield, G Sigounas, MD Weahkee, and BP Giroir
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.

- Diagnose all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
### Changing Criteria for Initiating ART

<table>
<thead>
<tr>
<th>CD4 Count (cells/mL)</th>
<th>1998</th>
<th>2001</th>
<th>2006</th>
<th>2008</th>
<th>2009</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;500</td>
<td>Offer if VL &gt;20,000</td>
<td>Offer if VL &gt;55,000</td>
<td>Consider if VL &gt;100,000</td>
<td>Consider in certain groups</td>
<td>Consider in certain patients</td>
<td>Treat</td>
</tr>
<tr>
<td>&gt;350–500</td>
<td>Offer if VL &gt;20,000</td>
<td>Consider if VL &gt;55,000</td>
<td>Consider if VL &gt;100,000</td>
<td>Consider in certain groups</td>
<td>Consider in certain groups</td>
<td>Treat</td>
</tr>
<tr>
<td>200–350</td>
<td>Offer, but controversy existed</td>
<td>Offer after discussion with patient</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
</tr>
<tr>
<td>&lt;200 or symptomatic</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
<td>Treat</td>
</tr>
</tbody>
</table>

VL = viral load
The Pivotal HPTN 052 Study

Prevention of HIV-1 Infection with Early Antiretroviral Therapy
HPTN 052 Study Team

- 1,763 HIV-serodiscordant couples in 9 countries
- 96% reduction in HIV transmission when ART started in HIV-infected partner at CD4 count of 350-550 compared to <250

Antiretroviral Therapy for the Prevention of HIV-1 Transmission
HPTN 052 Study Team

- After 5+ years of follow-up, protective effect of early ART was sustained (93% lower risk)
- No linked infections when HIV was stably suppressed by ART (i.e. undetectable viral load) in HIV+ partner
Bottom line from HPTN 052

Early Treatment and Viral Load Suppression Reduces Transmission:

Undetectable=Untransmittable
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.

Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.

Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
Benefits to Early ART Initiation Outweigh the Costs

**Early ART**

- Potency, durability, simplicity, and safety of current regimens
- Emergence of resistance
- Toxicity with earlier therapy
- Subsequent treatment options
- Risk of uncontrolled viremia at all CD4 levels
- Transmission

**Delayed ART**

- Drug toxicity
- Preservation of limited Rx options
- Risk of resistance
- Risk of transmission of resistant virus
- Increased cost

Conclusions

The initiation of antiretroviral therapy in HIV-positive adults with a CD4+ count of more than 500 cells per cubic millimeter provided net benefits over starting such therapy in patients after the CD4+ count had declined to 350 cells per cubic millimeter.
Initiation of Antiretroviral Therapy in Early Asymptomatic HIV Infection

The INSIGHT START Study Group
Persons Living with HIV (PLWH) in Miami-Dade County Along the HIV Care Continuum, 2017

- PLWH: 27,969 (100%)
- Ever in Care: 24,539 (88%)
- In Care: 19,241 (69%)
- Retained in Care: 17,812 (64%)
- Suppressed Viral Load: 16,268 (58%)

Florida Department of Health
Division of Disease Control and Health Protection

University of Miami Miller School of Medicine
Evidence-Based Recommendations

**Shorten Wait Time for Initial Appointment**
- May increase the likelihood of appointment completion

**Follow-Up After Missed Initial Appointment**
- Improve the initial clinic orientation process, implement reminder phone calls, use peer navigators, and accompany patients to medical appointments

**Retain Patients in Care**
- Significantly associated with virologic suppression and longer survival
- Address barriers to care such as transportation problems, unstable housing, substance abuse, and mental illness
- Consider longitudinal programs that can continuously engage patients who fall in and out of care

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Dombrowski JC, et al. AIDS. 2012;26:77-86.
STRATEGIES TO IMPROVE LINKAGE AND RETENTION IN CARE

San Francisco Experience: Same-Day Observed ART Initiation vs. Standard of Care

Significantly shorter time to viral suppression ($P<0.0001$)
- Same-day ART versus universal ART (2010-2013) and CD4-guided ART (2006-2009)

Similar rates of loss to follow-up
- Same-day (10%) versus non-same-day ART (15%)

Most same-day patients received INSTI-based regimens
- Similar safety and tolerability with non-same day ART
- No regimen modifications due to virologic failure
- No cases of treatment-emergent resistance (35% had transmitted mutations, 24% with major NNRTI mutations)

Dolutegravir (69%), elvitegravir/cobicistat (18%), darunavir/c (10%), raltegravir (2%).
Ending the HIV Epidemic: A Plan for America

Goal:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.
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Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men


Oral FTC–TDF provided protection against the acquisition of HIV infection among the subjects. Detectable blood levels strongly correlated with the prophylactic effect.

Pre-exposure Prophylaxis = No HIV Acquisition
Efficacy (MITT) 42% (18-60%) Through End of Study
Infection Numbers: 83 – 48 = 35 averted

N =
Placebo: 1248 1198 1157 1119 1030 932 786 638 528 433 344 239 106
FTC/TDF: 1251 1190 1149 1109 1034 939 808 651 523 419 345 253 116

P = 0.002
Clinical Trial Evidence for HIV Prevention Options (February 2016)

Prevention of sexual transmission

- **PROUD** – daily oral TDF/FTC (MSM – United Kingdom)
- **IPERGAY** – event-driven TDF/FTC (MSM – United Kingdom)
- **Partners PrEP** = daily oral TDF/FTC (Serodiscordant couples – Kenya, Uganda)
- **Partners PrEP** = daily oral TDF (Serodiscordant couples – Kenya, Uganda)
- **TDF2** = daily TDF/FTC (Heterosexual men and women – Botswana)
- **iPrEx** = daily oral TDF/FTC (MSM – North and South America, South Africa, Thailand)
- **CAPRISA 004** = BAT-24 dosing vaginal tenofovir gel (Women – South Africa)
- **RV 144** = six injectable ALVAC/AIDSVAX (Heterosexual men and women – Thailand)
- **The Ring Study** = monthly vaginal ring containing dapivirine (Women – South Africa, Uganda)
- **ASPIRE** = monthly vaginal ring containing dapivirine (Women – Malawi, South Africa, Uganda, Zimbabwe)
- **MTN 003/VOICE** = daily dosing vaginal tenofovir gel (Women – South Africa, Uganda, Zimbabwe)
- **FACTS 001** = event-driven vaginal tenofovir gel (Women – South Africa)
- **MTN 003/VOICE** = daily oral TDF/FTC (Women – South Africa, Uganda, Zimbabwe)
- **MTN 003/VOICE** = daily oral TDF (Women – South Africa, Uganda, Zimbabwe)

**Effect size (CI)**

- **86% (58; 97)**
- **86% (44; 99)**
- **75% (55; 87)**
- **67% (44; 81)**
- **62% (22; 84)**
- **44% (15; 63)**
- **39% (6; 60)**
- **31% (1; 51)**
- **31% (1; 51)**
- **27% (1; 46)**
- **15% (-21; 40)**
- **6% (-21; 40)**
- **0% (-40; 30)**
- **-4% (-49; 27)**
- **-49% (-129; 3)**
- **49% (10; 72)**

**DELIVERY SYSTEM**

- Vaccines
- Oral pills
- Vaginal gel
- Vaginal ring

**ACTIVE DRUG**

- ALVAC/AIDS VAX
- Tenofovir
- Tenofovir/emtricitabine (TDF/FTC)
- Dapivirine
- Tenofovir disoproxil fumarate (TDF)

Adapted from: Salim S. Abdool Karim, CAPRISA
Adherence, Drug levels and Efficacy

Dosing Estimated PrEP Efficacy

<table>
<thead>
<tr>
<th>Dosing</th>
<th>Estimated PrEP Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2x/week</td>
<td>76%</td>
</tr>
<tr>
<td>4x/week</td>
<td>90%</td>
</tr>
<tr>
<td>Daily</td>
<td>99%</td>
</tr>
</tbody>
</table>

Who Should Be Offered PrEP?
CDC Guidelines

“Substantial risk of HIV Infection”

<table>
<thead>
<tr>
<th>MSM</th>
<th>Heterosexual Women and Men</th>
<th>IDU</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-positive sexual partner</td>
<td>HIV-positive sexual partner</td>
<td>HIV-positive injecting partner</td>
</tr>
<tr>
<td>Recent bacterial STI</td>
<td>Recent bacterial STI</td>
<td>Sharing injection equipment</td>
</tr>
<tr>
<td>High number of sex partners</td>
<td>High number of sex partners</td>
<td></td>
</tr>
<tr>
<td>History of inconsistent or no condom use</td>
<td>History of inconsistent or no condom use</td>
<td></td>
</tr>
<tr>
<td>Commercial sex work</td>
<td>Commercial sex work</td>
<td></td>
</tr>
</tbody>
</table>

Center for Disease Control and Prevention Guidelines – 2017 update
HIV Pre-Exposure Prophylaxis (PrEP) is Underutilized

- 1.1 million individuals in United States are at substantial risk for HIV and should be offered PrEP (CDC)

- Estimated number of U.S. PrEP users, end-2018: 269,000 (AVAC PrEPWatch, 2/2019)
### 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><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.
HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos

44% of people who could potentially benefit from PrEP are African American – approximately 500,000 people...

...but only 1% of those – 7,000 African Americans – were prescribed PrEP*

25% of people who could potentially benefit from PrEP are Latino – nearly 300,000 people...

...but only 3% of those – 7,600 Latinos – were prescribed PrEP*

*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Smith, DK., et al. CROI 2018; March 4-7, Boston, MA, USA.
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.

Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.

Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
FL South SE AETC

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