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# THE AIDS ACTION BULLETIN

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▼ "IF ANYTHING IS SACRED THE HUMAN BODY IS SACRED." – WALT WHITMAN ▼

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## AAB PREVENTION UPDATE

### **PrEP For HIV Prevention: PrEP Studies at the International AIDS Conference 2016**

By LYNDA DEE

**T**here were a number of interesting PrEP (pre-exposure prophylaxis) presentations at the International AIDS Conference which was held in Durban, South Africa from July 18-22, 2016. Scott McCallister from Gilead presented 2016 CDC HIV transmission risk data in the US, an overview of 32 international studies of FTC/TDF (Truvada) usage for (PrEP) since it was licensed in the US in 2012 and US PrEP utilization data. Truvada, which is part of a cocktail regimen for people with HIV has demonstrated as much as a 90% effective rate in reducing the risk of HIV transmission when it is taken properly.

While the Centers for Disease Control (CDC) estimates that an individual living in the US has a 1 in 99 chance of HIV infection during their lifetime, the risk of

HIV infection differs from state to state. **The risk of HIV infection is 1 in 49 in Maryland.**

Lifetime risk of HIV infection by race/ethnicity and gender is as follows:

Black men, 1 in 20; Black women, 1 in 48

Hispanic men, 1 in 48; Hispanic women, 1 in 227

White men, 1 in 132; White women, 1 in 880

But the risk of HIV infection is much higher in some sub-groups. **The lifetime risk of HIV in Black and Hispanic men who have sex with men (MSMs) is astronomical!**

**Black MSM have a 1 in 2 chance of contracting HIV.**

**Hispanic MSM have a 1 in 4 chance of contracting HIV.**

Data was reviewed from the 8,478 people who participated in 32 Truvada for PrEP studies, including 7,002 men with 64 seroconversions, 1,388 women with 2 seroconversions and 76 transgender women (TGW) with 1 seroconversion, equaling a total of 7,061 cumulative patient years of PrEP use. The total number of HIV seroconversions was 67 in 8,478 people. This equals a rate of 0.95

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of 100 HIV infection per person year. The lowest person rate occurred in an African PrEP study of discordant couples (one person is HIV+ and one person is not). The IPERGAY study conducted in MSM in France and Canada had a 0.9% person year rate of risk of HIV infection. The PROUD study in MSM in the United Kingdom had a 1.2 % rate and the IPREX study in MSM and TGW had a 2.2% person year rate of HIV infection. The highest rates of 4.7% person year risk were seen in two studies of women conducted in Africa.

Again, some studies have shown as high as a 90% risk reduction rate of HIV transmission when PrEP is taken as indicated. This means that PrEP may work up to 90% of the time if you take it properly. The CDC still recommends condom use even when using PrEP. All Truvada study participants received this information during counseling sessions. But many reported condomless sex.

PrEP usage data in the United States by geographical regions was also presented. The highest percentage of PrEP use in the northeast was in New York with 15.9% and the lowest was Vermont with 0.1%. The highest in the west was in California with 16.7% and the lowest in Alaska with 0.0%. In the Midwest, Illinois was the highest with 5.4% and South Dakota was the lowest with 0.0%. In the South, Texas was the highest with 6.8% and West Virginia was the lowest with 0.1%. Maryland is listed with the southern states and rates at number 6 of 17 states in the south with 1.5% PrEP

use. Hopefully this will change since the Baltimore City Health Department was one of the states that recently received a CDC grant to promote PrEP use.

Massachusetts, New York, Illinois have highest rates of Truvada for PrEP use per population, but some states with highest lifetime risk of an HIV diagnosis still have very low numbers of people on Truvada for PrEP. This includes states with high populations of Black men who have a 44% rate of a new HIV infections even though they represent only 12% of the population, and states in the southeast with high populations of young gay and bisexual men.

The number of unique individuals starting Truvada for PrEP has increased to 79,684 people (60,872 men and 18,812 women) through the end of 2015 which is a 738% increase from 2012 to 2015. The highest rate of Truvada for PrEP use is in men (76.4%) and in those age 25 and up (85.0%).

Despite this increasing trend of Truvada for PrEP use in men, barriers must still be addressed in women, especially women under 25 who have historically high infection rates of HIV infection. In spite of the high uptake of PrEP in men, PrEP use in women has decreased by approximately 25% from 2012 to 2015.

Unfortunately, the Gilead PrEP utilization data was limited because it did not include the numbers of prescriptions filled by Medicaid patients and in people enrolled in some private insurance companies like Kaiser Permanente.

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There was also interesting data from the ATN 113 study for PrEP, a demonstration project in the United States presented by Sybil Hosek. This is the first study of its kind in adolescent MSM ages 15-17. The study was conducted in Boston, Chicago, Denver and Los Angeles. Participants were accrued online and received open label Truvada once daily as well as behavioral risk interventions and adherence support. Between August 2013 and September 2014, 78 adolescents were enrolled in this study. The mean age was 16.5. There were 33.3% mixed race participants, 29.5% Black, and 20.5% Latino participants. Men self-identified as MSM (58%) and bi-sexual (28%).

Sexually transmitted infections (STIs) were diagnosed and treated in 15.4% of participants when the study began. STIs decreased during the study and were diagnosed in 12.3% of participants at week 24 and 10.6% at week 48.

A majority of participants had sufficient PrEP drug levels when they were on a monthly visit schedule which means they were taking their PrEP. But adherence decreased when they were switched to quarterly visits. Unfortunately, 3 persons seroconverted which is a person year rate of 6.41%, the highest infection rate seen to date. The HIV transmission rate in ATN 113 in MSM 15-17 is twice as high as in the ATN 110 study in MSM 18-22 presented by Dr. Hosek last year.

Condomless sex was reported by the majority of participants throughout the study. There was no significant correlation between condomless sex and PrEP adherence. People who feared that others would think they had HIV were more likely to be non-adherent. The main reasons for missing PrEP doses was being away from home (32%), being too busy (28%), forgetting (26%) and changing routines (19%).

The purpose of ATN 113 was to collect PrEP safety data in MSM adolescents 15-17 which was previously non-existent. The ATN 113 data will be presented to the FDA in an effort to expand FDA approval of Truvada for PrEP in people between 15-17 years old. Truvada for PrEP is currently only approved for people over 18 years old. Until the FDA approves Truvada for PrEP in adolescents, it will not be available in youth-friendly settings where adolescents feel more comfortable receiving PrEP care. This study also suggests that young adolescents will need more support services to remain PrEP adherent. ▼

