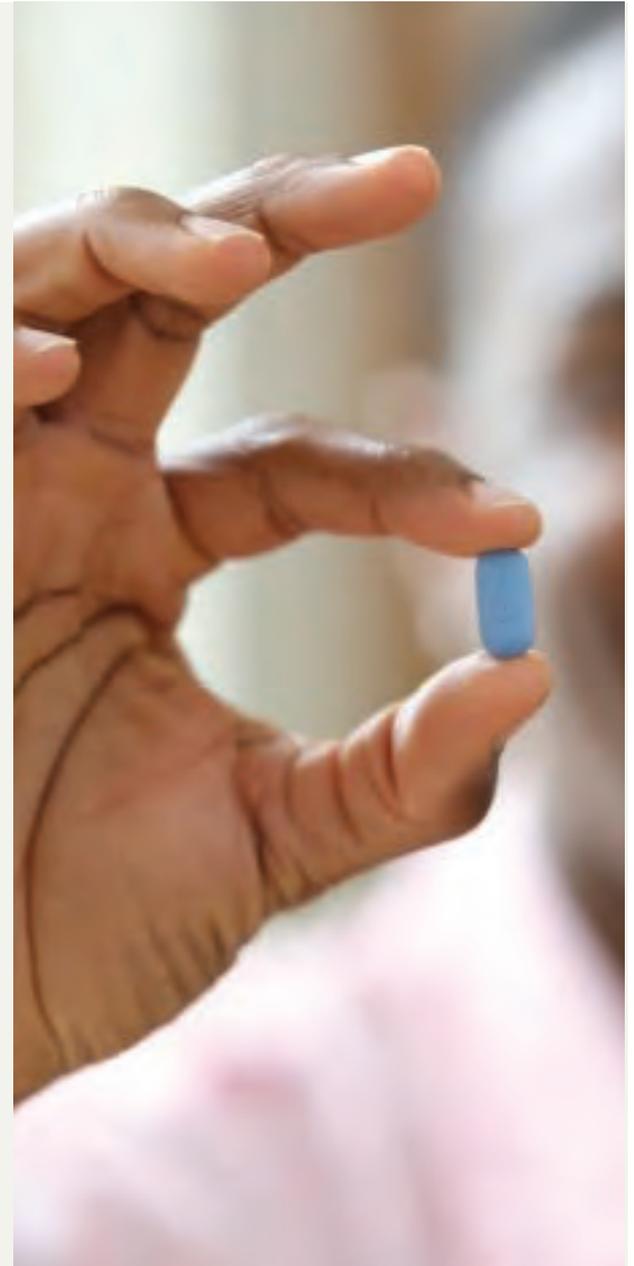


# WHAT'S UP WITH PrEP?

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*A Conversation with Federal Staff about  
Effectively Deploying the Newest Tool in the  
HIV Prevention Toolbox to Help Reach  
National HIV/AIDS Strategy Goals*



## What's Up with PrEP?

*A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals*

# Our Moderators

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**Richard Wolitski, Ph.D.**

Acting Director  
Office of HIV/AIDS & Infectious Disease Policy  
HHS



**Nadine Gracia, M.D. M.S.C.E.**

Deputy Assistant Secretary for Minority Health  
and Director, Office of Minority Health  
HHS

# Webinar Objectives

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After this webinar, participants will:

1. Have an understanding of what pre- and post-exposure prophylaxis (PrEP and PEP) are, for whom they are appropriate, and the roles these HIV prevention tools play in the National HIV/AIDS Strategy.
2. Be able to engage in conversations and planning with colleagues in their agency/office about how their work can help advance awareness and uptake of PrEP and PEP in order to help achieve national goals of reducing the number of new HIV infections and reducing HIV-related health disparities.

# PrEP: Pre-Exposure Prophylaxis

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PrEP is a new prevention method in which **people who do not have HIV** infection **take a pill daily to reduce their risk** of becoming infected.

# PEP: Post-Exposure Prophylaxis

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**PEP** involves taking anti-HIV drugs  
as soon as possible after a potential exposure



to prevent HIV infection

# What's Up With PrEP? A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals

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**J. Nadine Gracia, MD, MSCE**

*Deputy Assistant Secretary for Minority Health*

*Director, Office of Minority Health*

*U.S. Department of Health and Human Services*

**HHS Webinar for Federal Staff on Pre-Exposure Prophylaxis (PrEP)**

Washington, DC

June 2, 2016



# Agenda

1:00-1:07	<b>Welcome and Opening</b>	<i>R. Wolitski, OHAIDP and N. Gracia, OMH</i>
1:07-1:12	<b>NHAS Prioritizes PrEP</b>	<i>Amy Lansky, ONAP</i>
1:12-1:18	<b>What the Research Tells us About PrEP</b>	<i>Carl Dieffenbach, NIH</i>
1:18-1:26	<b>CDC Clinical Practice Guidelines on PrEP</b>	<i>Dawn Smith, CDC</i>
1:26-1:34	<b>What about PEP?</b>	<i>Ken Dominguez, CDC</i>
1:34-1:48	<b>Implementing PrEP: Examples from Agencies &amp; the Field</b>	<i>R. Wolitski (facilitator) and Theo Hoge, MD</i>
1:48-2:07	<b>Questions for Presenters</b>	<i>participants</i>
2:07-2:10	<b>PrEP &amp; PEP Resources</b>	<i>N. Gracia</i>
2:10-2:14	<b>Closing</b>	<i>R. Wolitski</i>

**What's Up with PrEP?**

*A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals*

## National HIV/AIDS Strategy Prioritizes PrEP

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**Amy Lansky, Ph.D., M.P.H.**

Acting Director  
Office of National AIDS Policy  
The White House

**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



**NHAS Prioritizes PrEP**

**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



**ESTRATEGIA NACIONAL CONTRA  
EL VIH/SIDA**  
para los **ESTADOS UNIDOS:**

ACTUALIZADA HASTA 2020

JULIO 2015



**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

**INDICATOR SUPPLEMENT**

AUGUST 2015



**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

**FEDERAL ACTION PLAN**

DECEMBER 2015



**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

**COMMUNITY ACTION  
PLAN FRAMEWORK**

DECEMBER 2015



# THE GOALS

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Reducing new HIV  
infections

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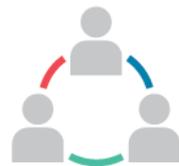
Improving access to care  
and health outcomes

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Reducing HIV-related  
health disparities

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Achieving a more  
coordinated national  
response

# Advances in 4 Key Areas Are of Critical Focus through 2020

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**Widespread HIV testing and linkage to care** enabling people living with HIV to access treatment early.



**Full access to PrEP services** for those whom it is appropriate and desired, with support for medication adherence for those using PrEP.



**Broad support for people living with HIV** to remain engaged in comprehensive care, including support for treatment adherence.

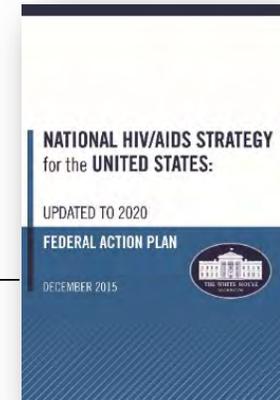


**Universal viral suppression** among people living with HIV.

# Federal Action Plan:

## *Raising Awareness about PrEP and PEP*

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- **8 action items related to PrEP and PEP**
  - **HRSA, CDC, SAMHSA, VA** are delivering technical assistance, trainings, and information on PrEP implementation to staff and award recipients.
  - **NIH, CDC** are conducting research and disseminating lessons learned to inform ways to make PrEP available to those for whom it is appropriate and desired.
  - **OHAIDP** has convened a Federal workgroup to review Agency activities on PrEP, identify gaps, and create a common delivery model for PrEP.

**What's Up with PrEP?**

*A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals*

## What the Research Tells Us About PrEP

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**Carl Dieffenbach, Ph.D.**

Director, Division of AIDS  
National Institute of Allergy and Infectious Diseases  
NIH

# What the Research Tells Us About PrEP

**Carl W. Dieffenbach, Ph.D.**

Director

Division of AIDS, NIAID

June 2, 2016



National Institute of  
Allergy and  
Infectious Diseases

# Lesson Learned From ARV-based Prevention Research

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- **The active agent must be at the site of exposure in sufficient concentration for ample duration to abrogate infection**

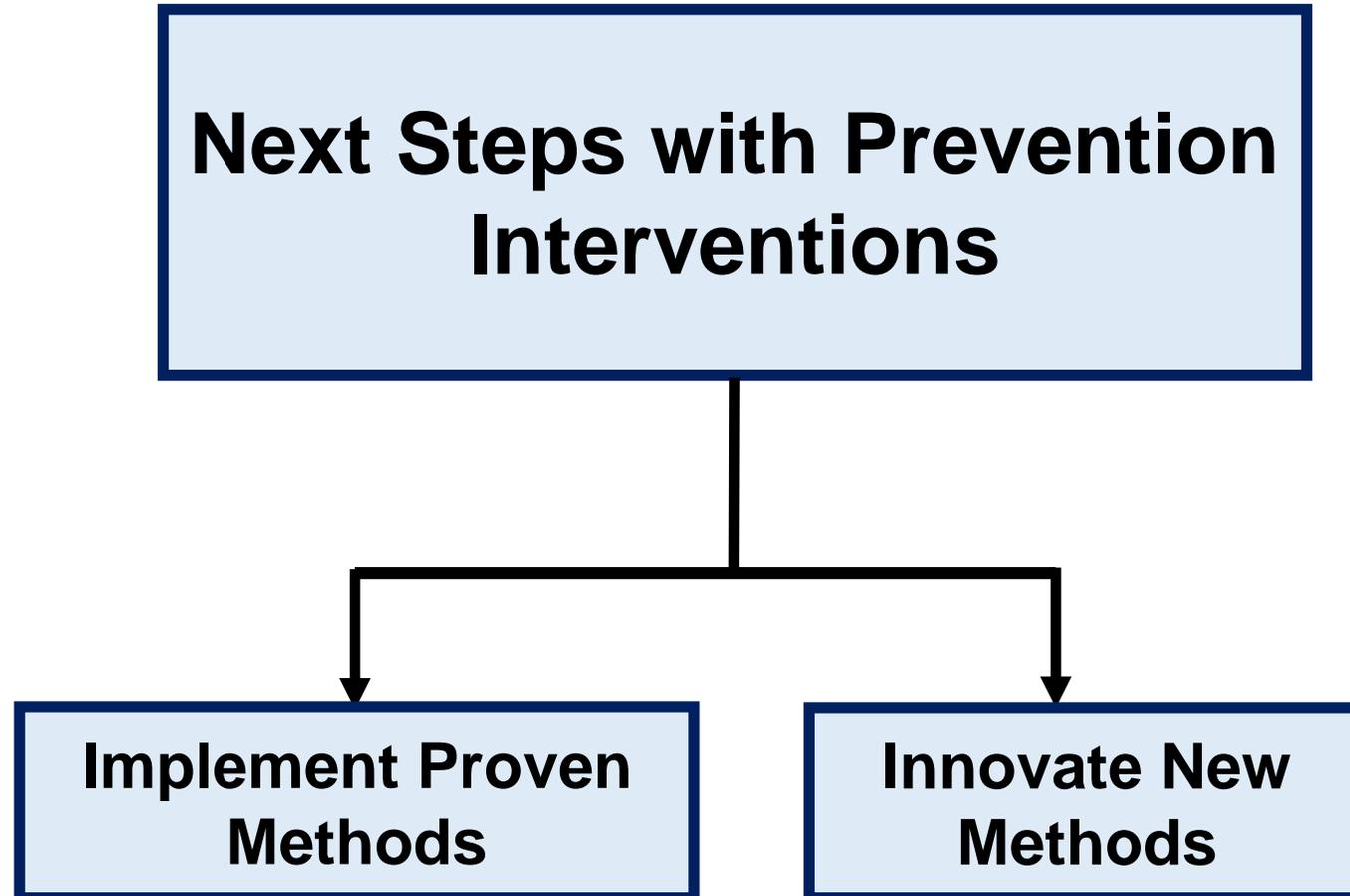
# HIV Prevention: Guiding Principles

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- **No one magic bullet for prevention, even PrEP**
- **HIV testing is the entry point**
- **Effective delivery of HIV treatment is critical**
- **Know your epidemic and select prevention packages based upon effectiveness and cost**
- **Prevention packages should create interest and demand for HIV prevention in the target population**
- **Monitor and evolve prevention strategies with changes in the epidemic**

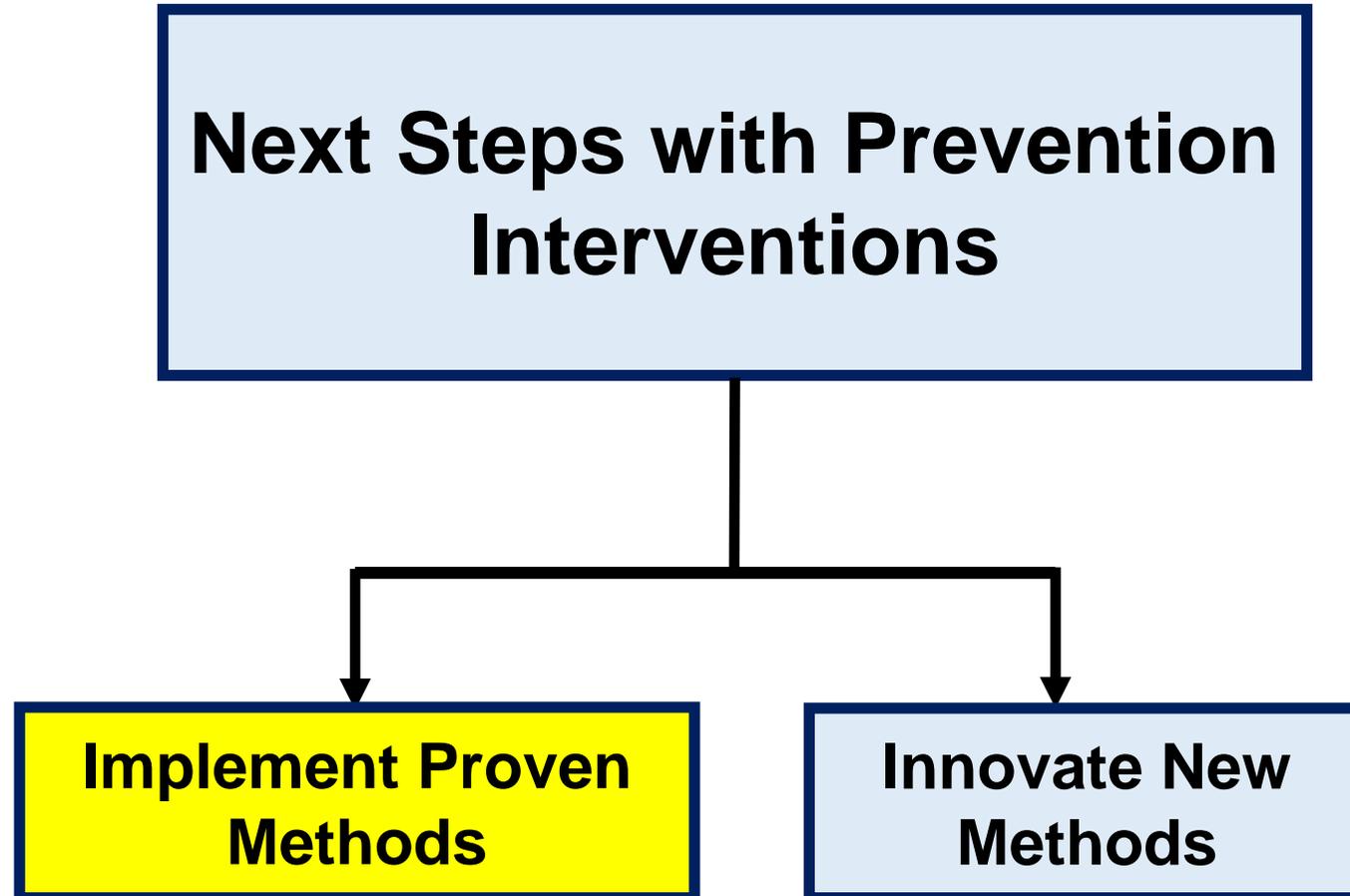
# The Science of HIV/AIDS: Much to Do

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# The Science of HIV/AIDS: Much to Do

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# The Promise and Pitfalls of PrEP

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- **PrEP, as defined as a daily pill containing FTC/TDF, is the FDA-approved biomedical prevention modality**
- **PrEP is amazingly effective, IF the PrEP user adheres**
- **PrEP is not a magic bullet, must be delivered in the context of comprehensive prevention packages**
- **Need to address adherence issue**

# Provider Awareness: Points to Consider

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- **Providers need to be clear on what PrEP is and is not – part of a comprehensive prevention package**
- **Counseling on adherence**
- **Reminder that condoms prevent STIs and HIV**
  - If going condomless, bring the PrEP user back to test and treat STIs
  - Reinforcement of adherence messages

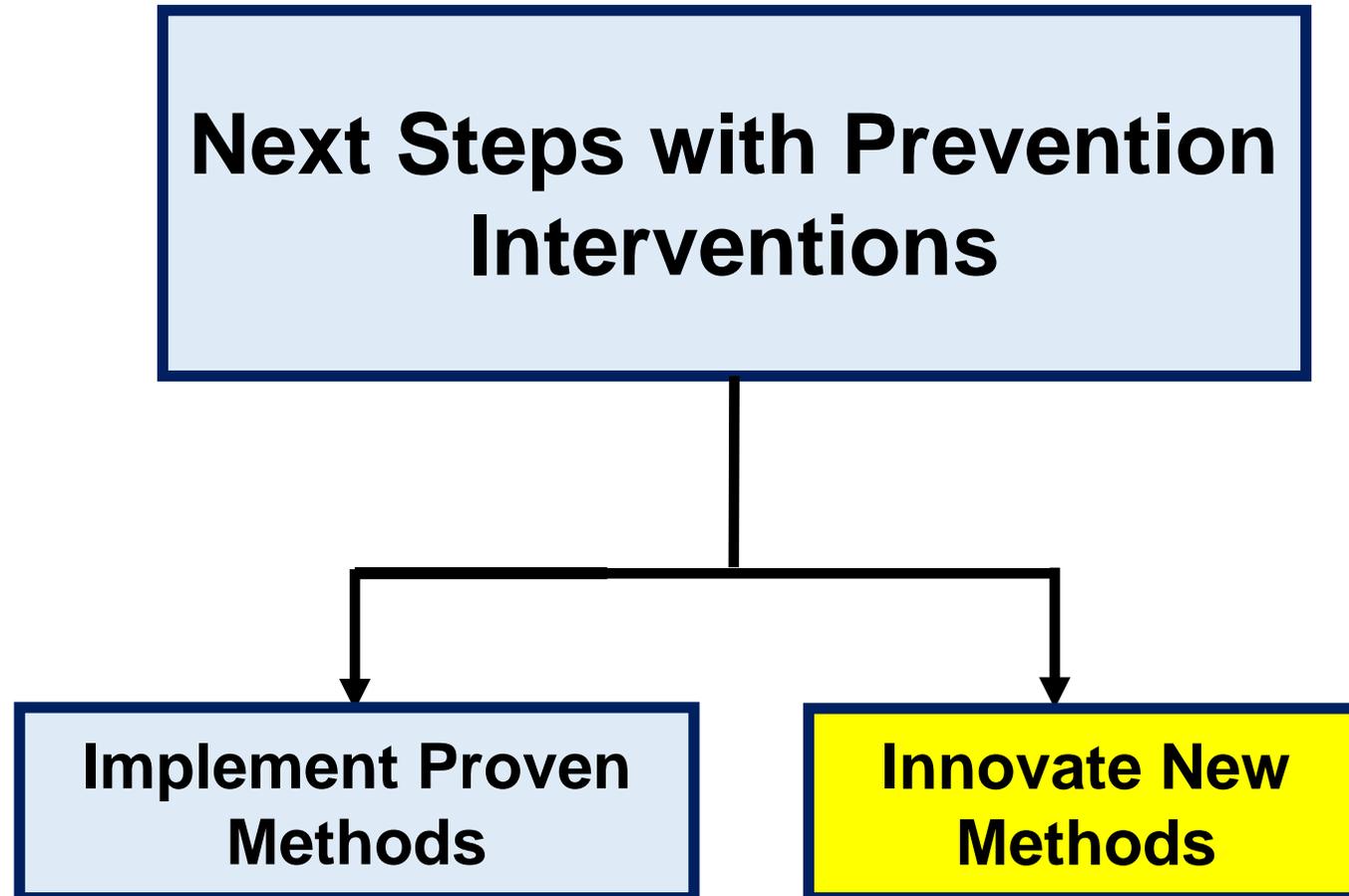
*“The bottom line is, PrEP works, but doctors need more prep about PrEP”*

Anne Schuchat, M.D.

Principal Deputy Director of CDC/ATSDR

# The Science of HIV/AIDS: Much to Do

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# New PrEP Agents

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- **Broadly neutralizing antibodies**
  - Vectored immunoprophylaxis
- **Microbicides**
  - Long acting rings, +/-contraceptive
  - Other sustained release delivery systems
- **Long-acting injectable agents:**
  - GSK 744LA (integrase inhibitor)
  - Others in the pipeline

# Optimistic, Long-Range Vision

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- **An HIV vaccine is within our grasp**
- **Microbicides and PrEP will fill a niche with sustained release formulations**
- **Broadly neutralizing antibodies will be evaluated and may prove to be important for prevention, treatment and cure**
- **As the therapeutic armamentarium improves, PrEP will also evolve to 1-6 doses a year**
- **These tools will help control the HIV pandemic**

**What's Up with PrEP?**

*A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals*

## **CDC Clinical Practice Guidelines for PrEP**

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**Dawn Smith, M.D., M.S., M.P.H.**

Biomedical Interventions Activity Lead, Epidemiology  
Branch, Division of HIV/AIDS Prevention, National Center  
for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
CDC



# PrEP in Brief: A component of the National HIV/AIDS Strategy

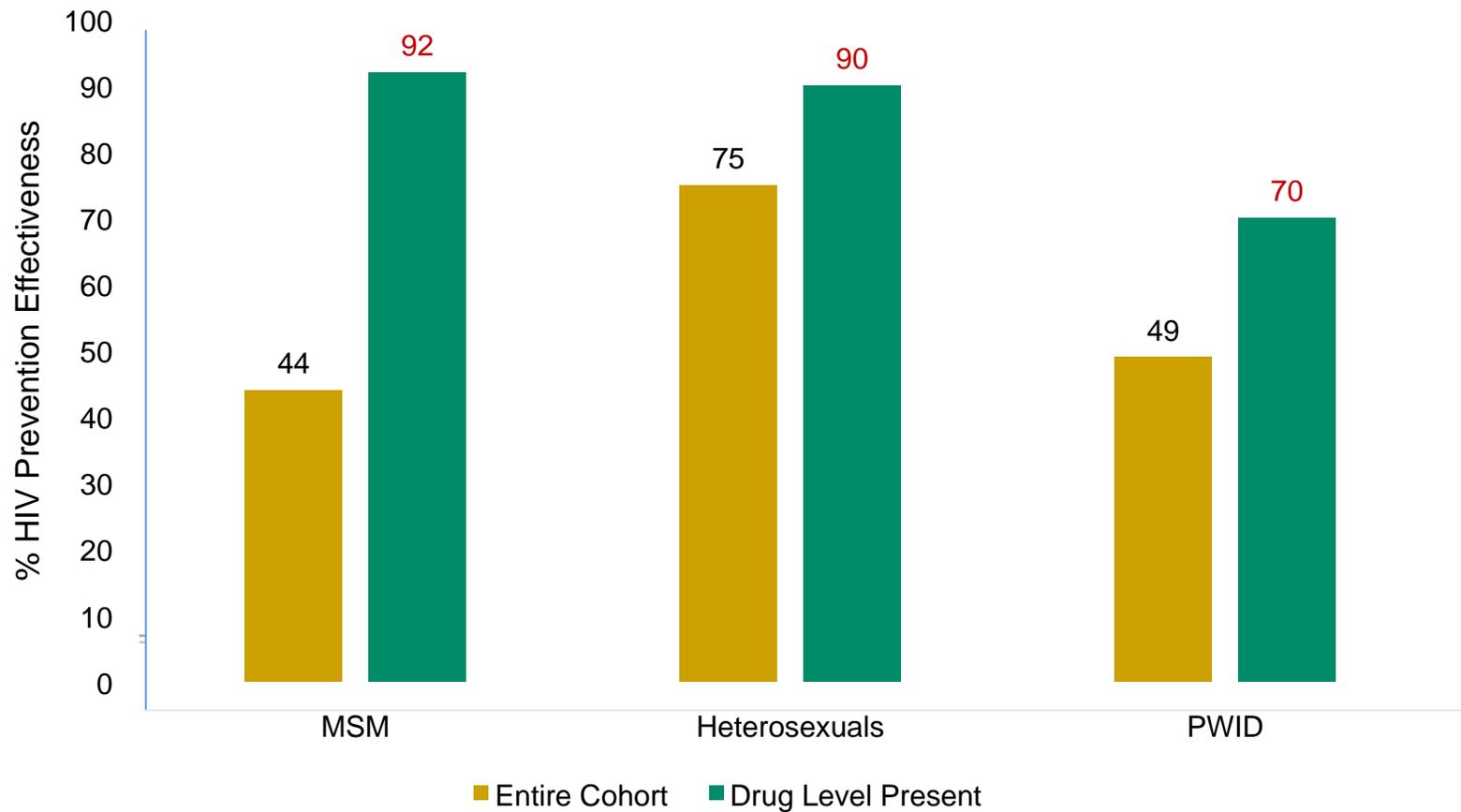
**Dawn K. Smith, MD, MS, MPH**

**Biomedical Interventions Activity Lead, Epidemiology Branch,  
Division of HIV/AIDS Prevention, NCHHSTP, CDC**

Federal Staff Webinar: What's up with PrEP

June 2, 2016

# Daily Oral PrEP Effectiveness by Adherence in Initial Randomized Trials



# CDC PrEP Guidelines Summary

Component	Recommendation
Risk assessment	<ul style="list-style-type: none"><li>• PrEP is indicated for adult MSM, heterosexually-active women and men, and PWID who are at substantial risk for HIV infection through ongoing exposures</li></ul>
Lab screen before prescribing	<ul style="list-style-type: none"><li>• HIV test, test for acute HIV infection if symptomatic</li><li>• Adequate renal function (eCrCl <math>\geq</math> 60 mL/min)</li></ul>
Prescribing	<ul style="list-style-type: none"><li>• 1 daily TDF/FTC tablet (Truvada)</li><li>• Prescribe no more than 90 day supply</li></ul>
Follow-up	<ul style="list-style-type: none"><li>• Test for HIV and pregnancy every 3 months</li><li>• Test for sexually transmitted infections (STIs) every 6 months, even if asymptomatic</li><li>• Counsel on risk reduction and medication adherence</li><li>• Test creatinine clearance at 3 months and then every 6 months</li></ul>
Discontinuation	<ul style="list-style-type: none"><li>• At least every 12 months, assess risk behavior, medication adherence, and need for continuing PrEP use</li></ul>

# People at Substantial Risk of HIV Infection (Meet Indications for PrEP)

MSM	Heterosexual Men and Women	PWID
<p>In the past 6 months:</p> <ul style="list-style-type: none"> <li>• HIV-positive sexual partner</li> <li>• Bacterial STI (esp. GC or syphilis)</li> <li>• More than one sex partner not known to have HIV infection</li> <li>• Inconsistent or no condom use</li> <li>• Commercial sex work</li> </ul>		<p>In the past six months</p> <ul style="list-style-type: none"> <li>• HIV-positive injecting partner</li> <li>• Sharing injection equipment</li> </ul>
	In high-prevalence area	

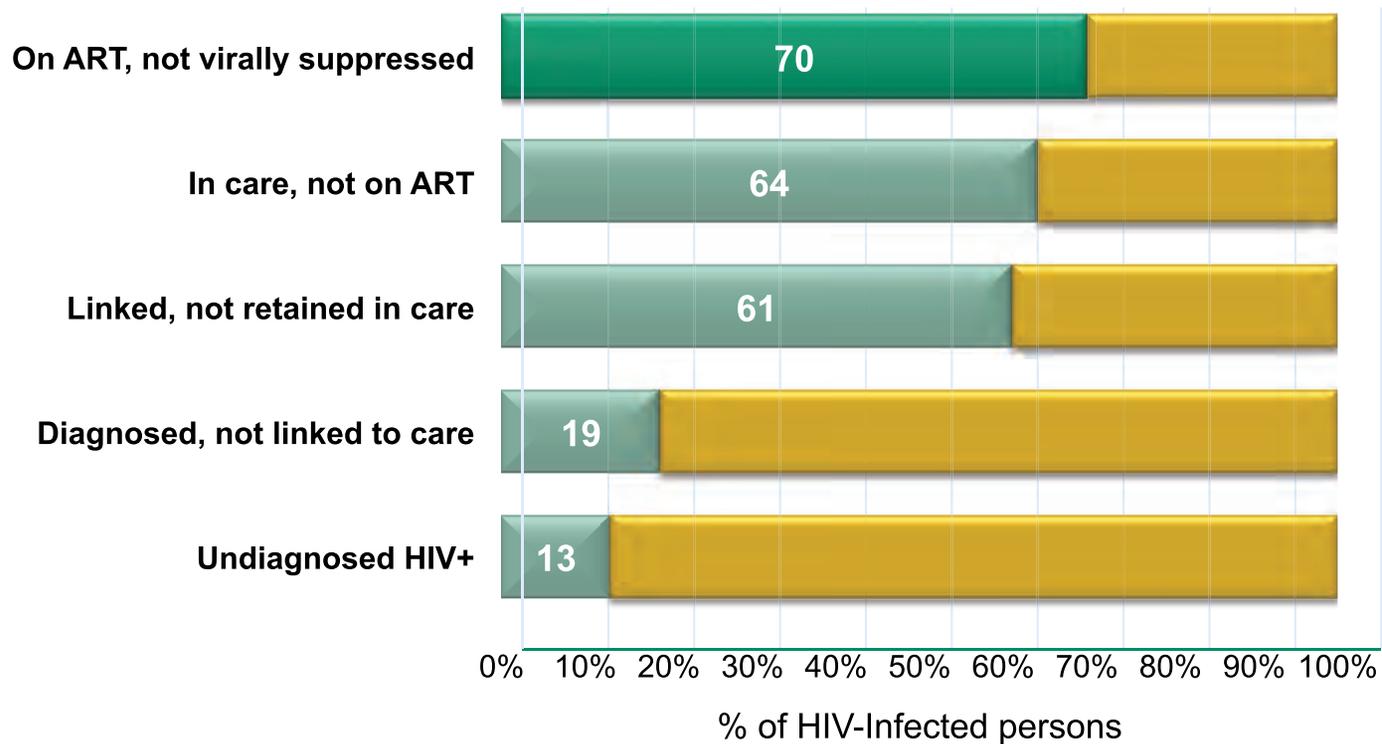
## Estimated percentages and numbers of adults with indications for preexposure prophylaxis (PrEP), by transmission risk group — United States, 2015

Transmission Risk Group	% with PrEP indications*	Estimated no.	(95% CI)
Men who have sex with men, aged 18–59 yrs	<b>24.7</b>	492,000	(212,000–772,000)
Adults who inject drugs, aged ≥18 yrs	<b>18.5</b>	115,000	(45,000–185,000)
Heterosexually active adults, aged 18–59 yrs	<b>0.4</b>	624,000	(404,000–846,000)
Men	0.2	157,000	(62,000–252,000)
Women	0.6	468,000	(274,000–662,000)
Total	—	<b>1,232,000</b>	(661,000–1,803,000)

**Abbreviation:** CI = confidence interval.

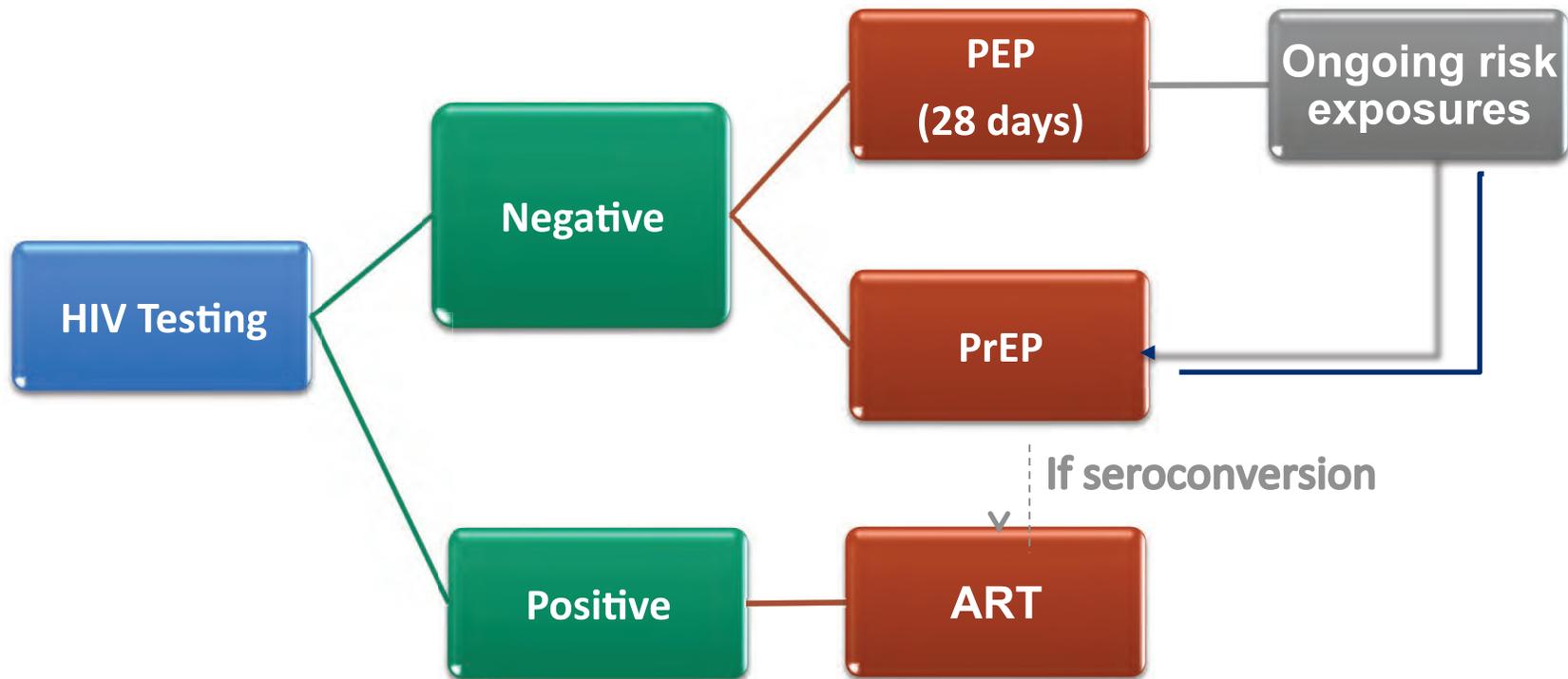
\* Percentage of all estimated persons in each transmission risk group and demographic subset with PrEP indications.

# Why PrEP for Negatives and ART for PLWHA



Source: [www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update-5-things.pdf](http://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update-5-things.pdf) - 15k - 2015-08-05

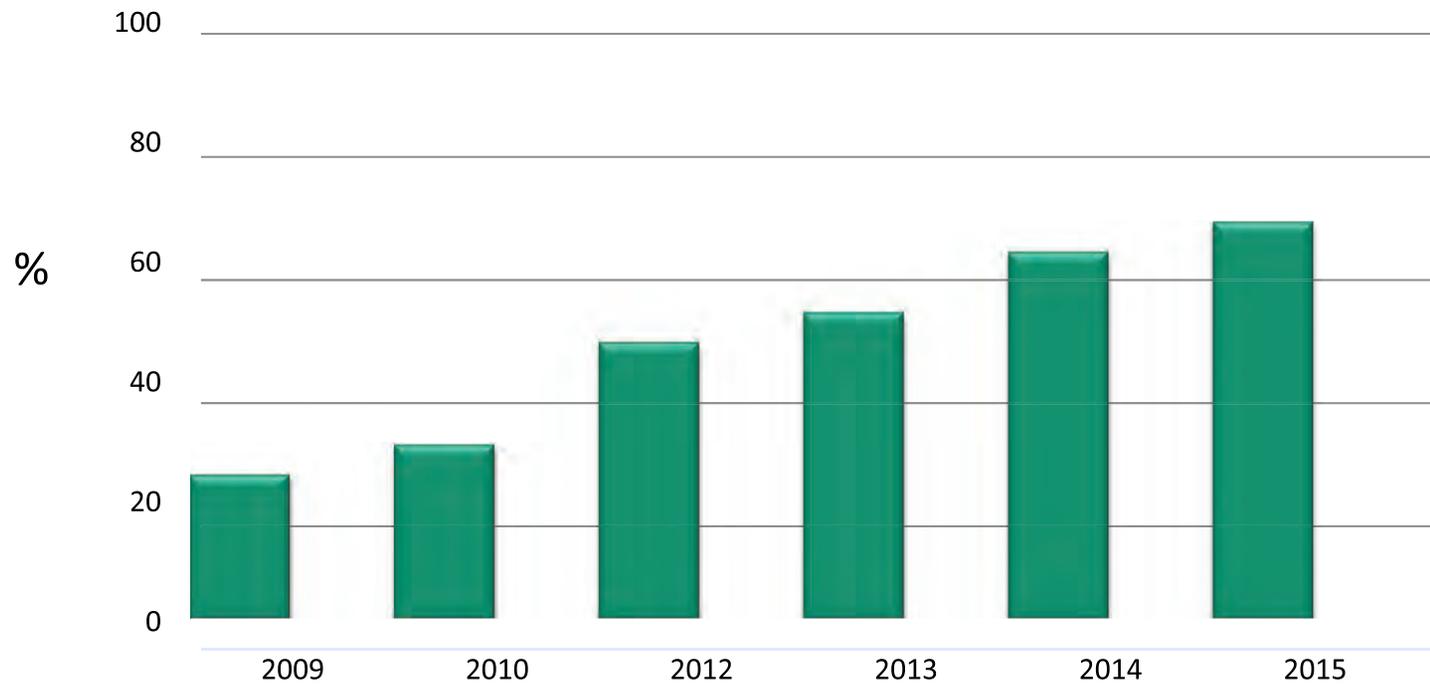
# PEP, PrEP, or ART?



# Primary Care Clinician Experience Prescribing PrEP

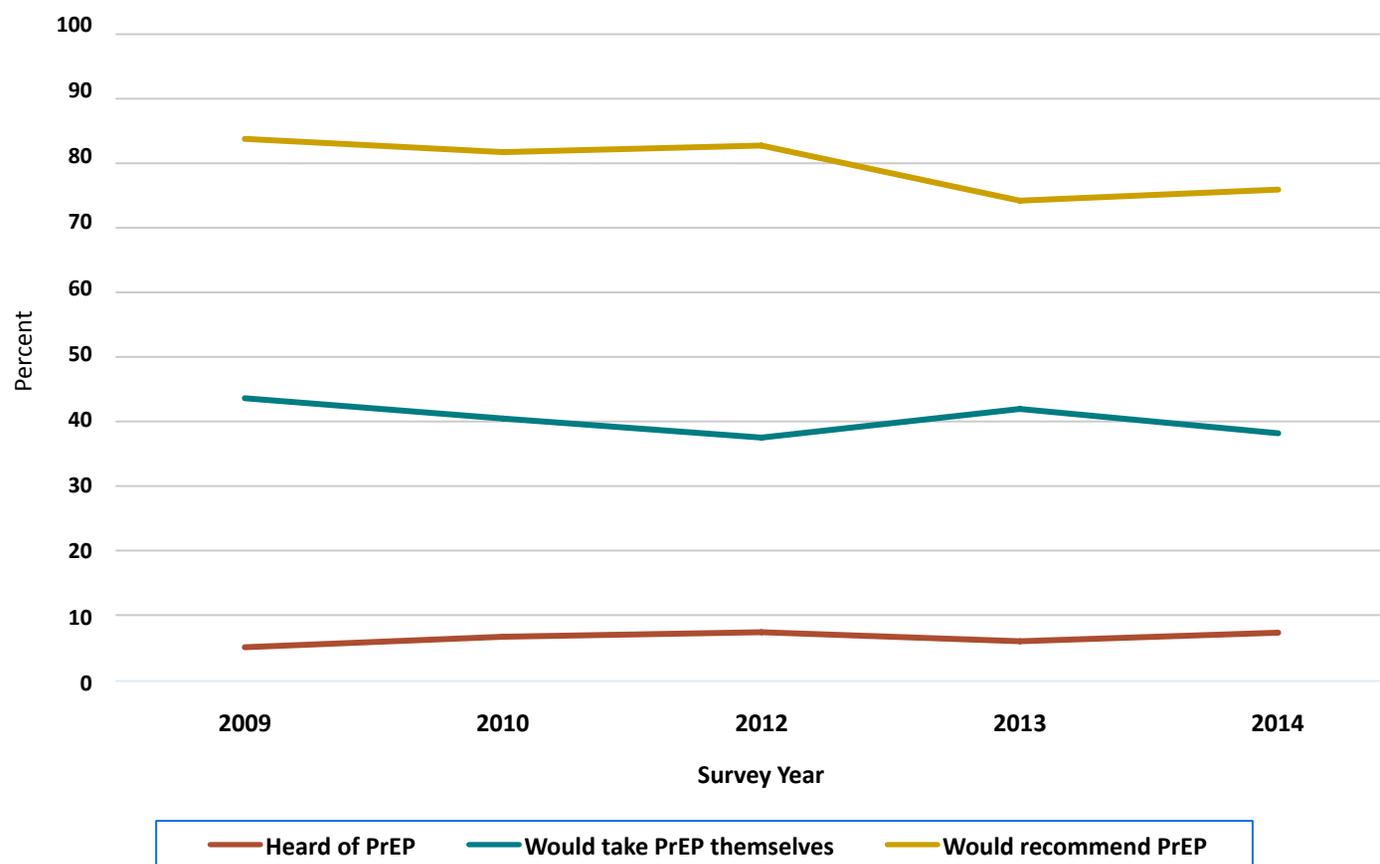
- In 2009
  - 1% had ever prescribed PrEP
  - 7% had ever prescribed nPEP
- By 2015
  - 7% had prescribed PrEP
  - 14% had prescribed nPEP

# Primary Care Clinician PrEP Awareness, DocStyles, 2009-2015

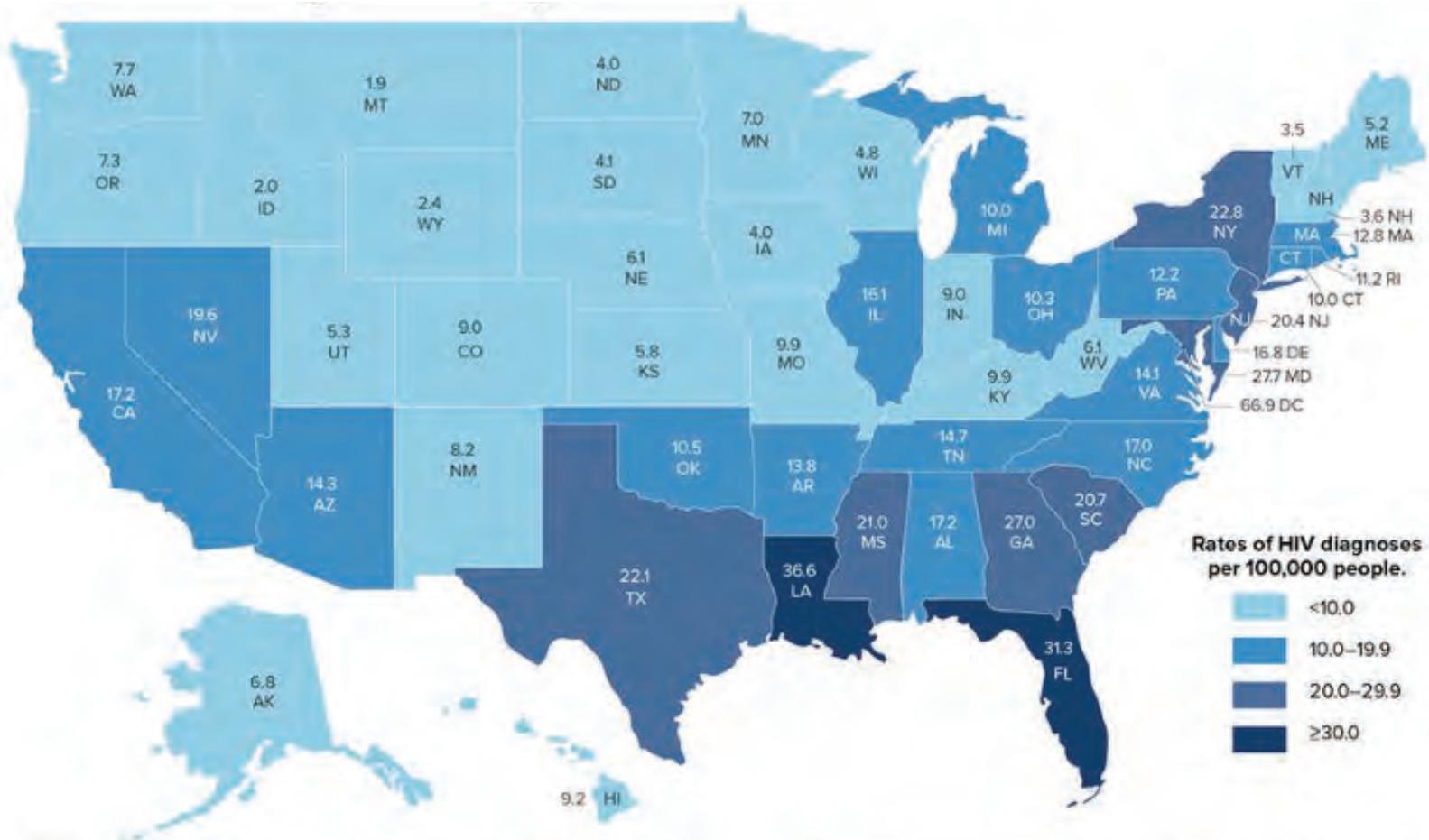


Unpublished data, DocStyles

# PrEP awareness and attitudes in the general population



# Rates of HIV diagnoses among adults and adolescents in the US in 2014, by state



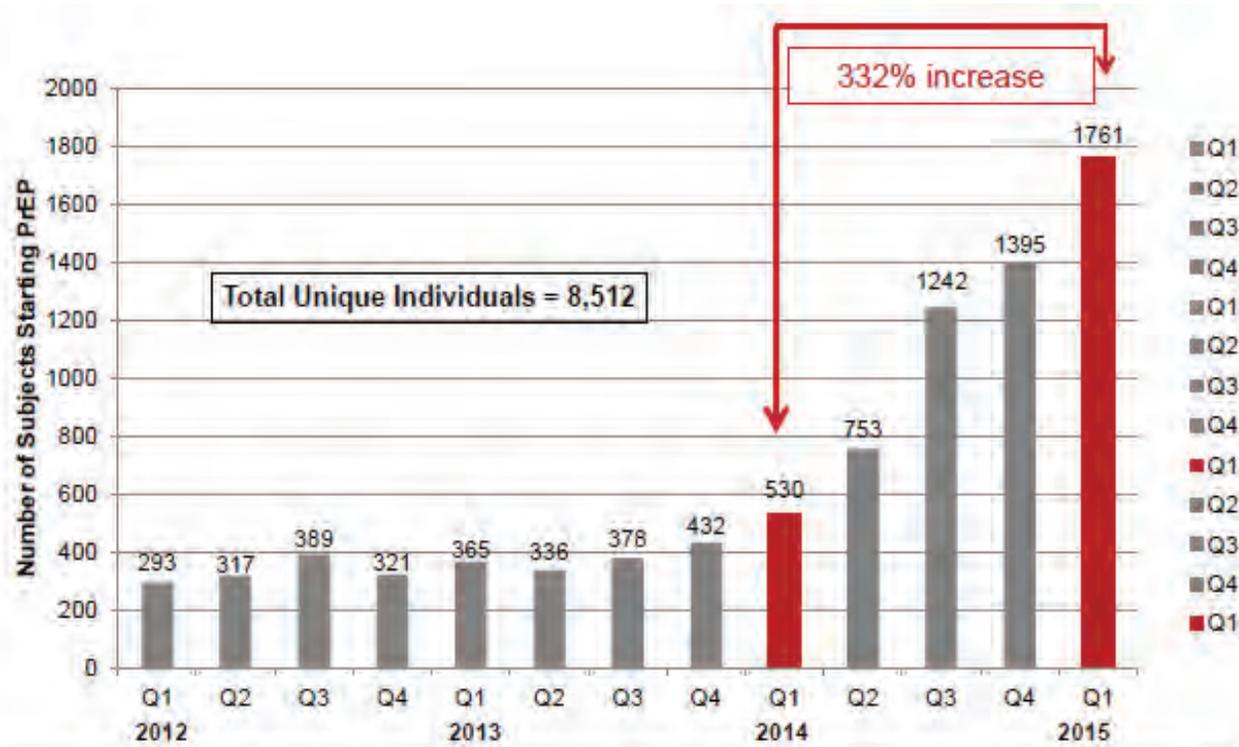
Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2014](#)  . *HIV Surveillance Report*

# Lifetime Risk\* of an HIV Diagnosis

	"One in n"				
	MSM	Heterosexuals		PWID	
		Female	Male	Female	Male
<b>All race/ethnicities</b>	6	241	473	23	36
<b>Black/African American</b>	2	49	86	6	9
<b>Hispanic/Latino</b>	4	242	390	21	21
<b>Native Hawaiian/Pacific Islander</b>	7	395	2,706	45	62
<b>American Indian/Alaska Native</b>	12	493	1,116	19	43
<b>Asian</b>	14	910	1,760	223	178
<b>White</b>	11	1,083	2,514	47	103

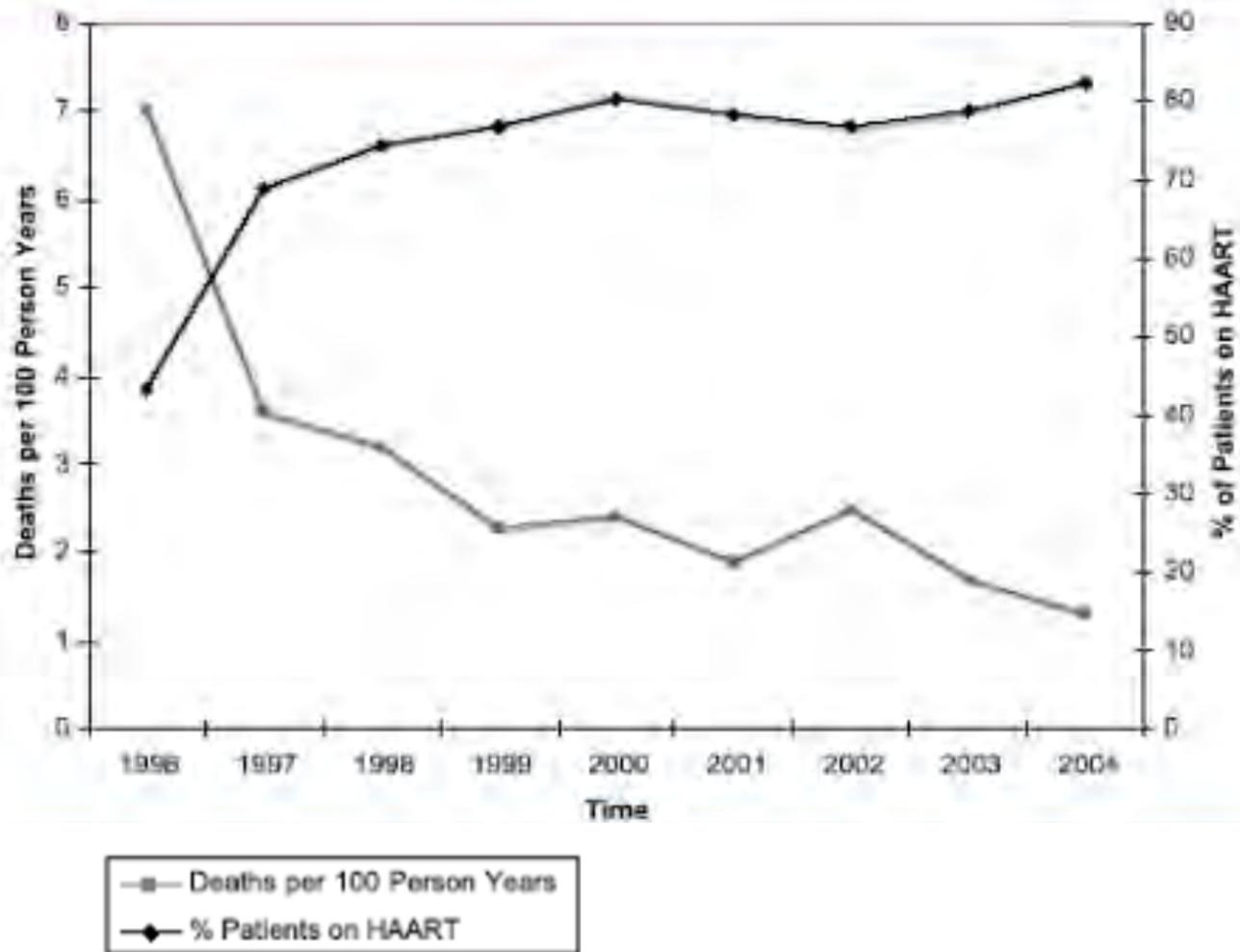
\*From age 13 years Source: Hess K, et al . CROI 2016, <http://www.croiwebcasts.org/console/player/29467?mediaType=slideVideo&>

# Gilead Estimates of National PrEP Uptake, by Quarter, 2012-2015



IMS National Prescription Database accounts for approx. 39% of all TVD prescriptions

# Impact of HAART Uptake



Source: Palella et al JAIDS. 2006;43(1):27-34



**Dr. Dawn K. Smith**  
**dsmith1@cdc.gov**  
**404.429.0904**

**The United States will become a place where new HIV infections  
are rare...**

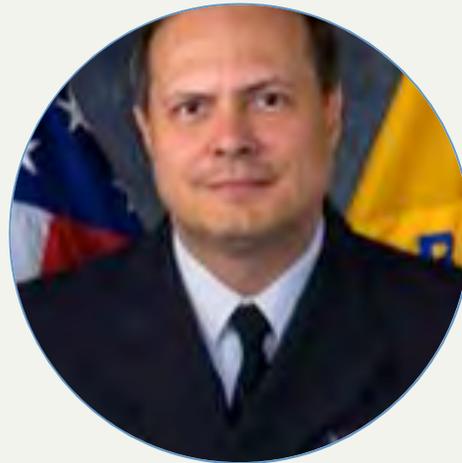
*National HIV/AIDS Strategy*

The findings and conclusions in  
represent the official position



## What About Post-Exposure Prophylaxis (PEP)?

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**CAPT Ken Dominguez, M.D., M.P.H. (USPHS)**

Medical Epidemiologist

Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

CDC

# Updated Recommendations for Antiretroviral Postexposure Prophylaxis (PEP) After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States

Kenneth Domínguez MD, MPH  
Centers for Disease Control and Prevention (CDC),  
National Center for HIV/AIDS, Viral Hepatitis, STD, and Tuberculosis  
Prevention, Division of HIV/AIDS Prevention  
Atlanta, Georgia, USA

June 2, 2016  
Federal Staff Webinar  
What's Up with PrEP?



# What is PEP?

- **PEP (postexposure prophylaxis)** : The provision of antiretroviral medication after an isolated risky exposure to HIV to prevent HIV infection



- **Occupational PEP (oPEP)** –for exposures during the process of providing healthcare services
- **Nonoccupational PEP (nPEP)** – for isolated exposure to sexual, injection drug use-related, or other type of nonoccupational exposure.

# What is the scientific basis for PEP?

- Highest level of evidence in humans is a case-control study –
  - demonstrated 81% reduction in HIV transmission risk for health care workers with percutaneous exposures who received oPEP with zidovudine.

↓ 81%

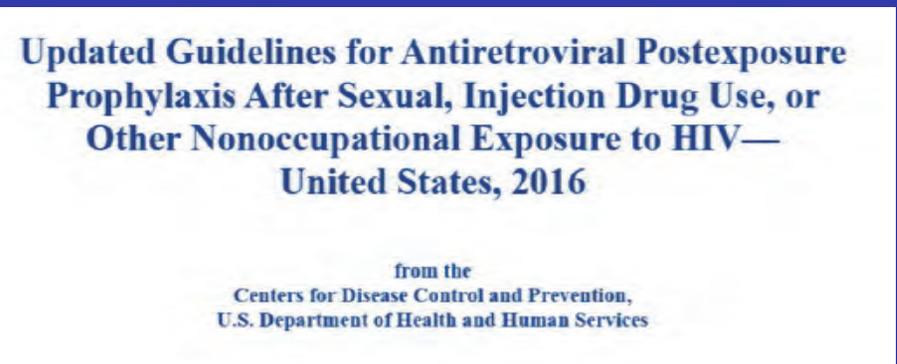
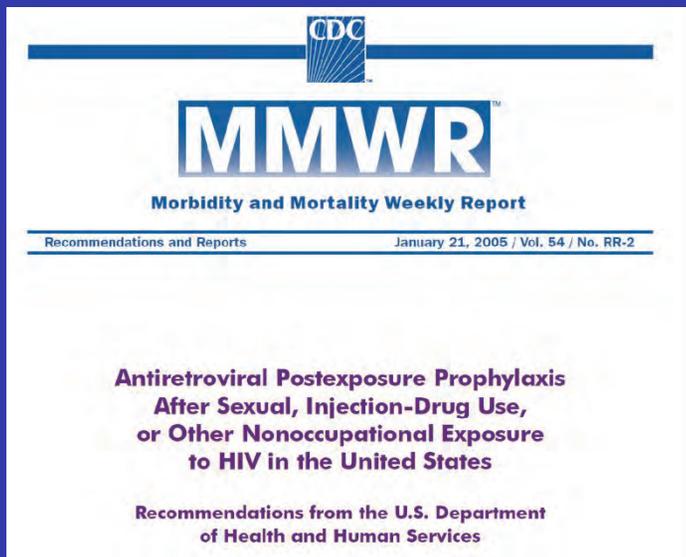


Citation: Cardo DM, et al. A case-control study of HIV seroconversion in health care workers after percutaneous exposure. *New Engl J Med.* 1997;337(21):1485-1490.



# Updated CDC nPEP Recommendations (2016)

- Last recommendations published by CDC in 2005
- Updated version released April 18, 2016



<https://stacks.cdc.gov/view/cdc/38856>

# CDC oPEP Recommendations (2013)

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY SEPTEMBER 2013, VOL. 34, NO. 9

US PUBLIC HEALTH SERVICE GUIDELINE

## Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis

David T. Kuhar, MD;<sup>1</sup> David K. Henderson, MD;<sup>2</sup> Kimberly A. Struble, PharmD;<sup>3</sup>  
Walid Heneine, PhD;<sup>4</sup> Vasavi Thomas, RPh, MPH;<sup>4</sup> Laura W. Cheever, MD, ScM;<sup>5</sup>  
Ahmed Gomaa, MD, ScD, MSPH;<sup>6</sup> Adelisa L. Panlilio, MD;<sup>1</sup>  
for the US Public Health Service Working Group

<https://stacks.cdc.gov/view/cdc/20711>



# Key Changes in Updated nPEP Recommendations

- Reviews additional evidence
  - from animal studies, human observational studies
  - Use of new antiretroviral medications as nPEP
- New preferred and alternative 3-drug antiretroviral nPEP regimens
- Includes pediatric nPEP regimens



## CDC nPEP Recommendations

- Healthcare providers should rapidly evaluate persons for nPEP when care is sought within 72 hours after a potential nonoccupational exposure that presents a substantial risk of HIV acquisition



# CDC nPEP Recommendations

- All persons considered for nPEP should undergo HIV testing, preferably with a combined rapid HIV antigen-antibody or antibody blood test.
- If a rapid HIV test is unavailable and nPEP is indicated
  - nPEP should be initiated without delay and
  - nPEP can be discontinued if the patient is later determined to be HIV-uninfected.



# CDC nPEP Recommendations

- nPEP is recommended when
  - the source of the body fluid is known to be HIV-positive and
  - the reported exposure would present a substantial risk of transmission.



# Substantial risk for HIV Infection

- Exposure of vagina, rectum, eye, mouth, or other mucous membrane, nonintact skin, or percutaneous (e.g., needlestick or cut through skin) contact *with*
- Blood, semen, vaginal secretions, rectal secretions, breast milk, or any body fluid that is visibly contaminated with blood
- When the source is known to be HIV positive



# CDC nPEP Recommendations

- A case-by-case determination about nPEP use is recommended when the:
  - HIV infection status of the source is unknown and
  - exposure would present a substantial risk of transmission if the source was HIV-infected .



# CDC nPEP Recommendations

- nPEP is not recommended when
  - the reported exposure presents no substantial risk of HIV transmission
  - care is sought > 72 hours after potential exposure.



# CDC nPEP Recommendations

- All persons offered nPEP should be prescribed a 28-day course of a 3-drug antiretroviral regimen



# CDC nPEP Recommendations

- Preferred regimen for otherwise healthy adults and adolescents
  - tenofovir DF (300 mg) with emtricitabine (200 mg) once daily plus 
  - raltegravir 400 mg twice daily or dolutegravir 50 mg once daily  
- Regimens are also provided for children, pregnant women, and persons with decreased renal function



Note: Preferred nPEP regimen is tenofovir DF + emtricitabine [once daily] + raltegravir [twice daily]



# CDC nPEP Recommendations

- As a part of evaluation for nPEP, should provide any indicated prevention, treatment, or supportive care for other exposure-associated health risks and conditions such as
  - bacterial sexually transmitted infections
  - traumatic injuries
  - viral hepatitis B or C infections
  - pregnancy



# CDC nPEP Recommendations

- Provide risk-reduction counseling and intervention services to persons who report behaviors or situations that place them at risk for future HIV exposures such as
  - injection drug use
  - sex without condoms
  - receipt of one or more courses of nPEP



PrEP

# National Clinicians' Consultation Center

<http://nccc.ucsf.edu/>

- Healthcare providers who plan to use other than the preferred or alternative nPEP regimens should consult an expert.
- National Clinicians' Consultation Center provides consultative services for
  - Postexposure prophylaxis
  - Preexposure prophylaxis
  - Perinatal transmission
  - General HIV management



# Accessing nPEP Medications

- Insurance coverage (if prescription drug coverage included)
  - Private
  - Public - Medicaid, or Medicare (benefits differ by state)
- Crime Victims Compensation
  - <http://www.ovc.gov/map.html>
- Patient assistance programs of the drug manufacturers
  - [http://www.pparx.org/en/prescription\\_assistance\\_programs/list\\_of\\_participating\\_programs](http://www.pparx.org/en/prescription_assistance_programs/list_of_participating_programs)
  - <https://www.nastad.org/sites/default/files/PrEP-and-PEP-PAP-fact-sheet.pdf>
- Other means- Massachusetts HIV Drug Assistance Program - nPEP service (for Massachusetts residents)
  - <http://crine.org/hdap/npep/npep-enrolled-sites/>



# Implementing PrEP: Examples from Federal Agencies

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**Richard Wolitski, Ph.D.**

Acting Director  
Office of HIV/AIDS & Infectious Disease Policy  
HHS

# EXAMPLES OF FEDERAL AGENCY ACTIONS FROM NATIONAL HIV/AIDS STRATEGY FEDERAL ACTION PLAN

## 1.B.3 Expand access to effective HIV prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

YEAR	AGENCIES	ACTION ITEMS
2018	HRSA, CDC	Develop and deliver technical assistance, trainings, and information to HRSA programs on PrEP and PEP implementation strategies.
2018	OMH, OHAIDP	Conduct a webinar to increase awareness of PrEP and PEP among partner agencies.
2016	OHAIDP (lead), CDC, HRSA, SAMHSA, NIH	Develop an inventory of current, federally funded PrEP programs, policies, research, and technical assistance activities to serve as the basis for a gap analysis to identify high-priority research and policy needs, as well as potential geographic and population targets where PrEP access should be scaled up.
2016-2020	CDC	Increase awareness and uptake of biomedical interventions such as PrEP and PEP through HIV prevention programs and demonstration projects and by rapidly disseminating lessons learned as they are identified.
2018-2020	SAMHSA	Provide training to current award recipients about linking patients in behavioral health programs to PrEP and PEP, and seek opportunities for award recipients to provide information about PrEP and PEP as part of routine HIV testing and outreach.
2018	HHS	Distribute community and provider education on PEP and PrEP, including the dissemination of toolkits for reducing barriers in medication access.
2018	SAMHSA	Provide medication-assisted treatment (MAT) services with pharmacotherapies approved by the FDA for the treatment of opioid use disorders and support integrated care that addresses HIV infection as a part of treatment for substance use disorders.
2018	HHS, CDC, HRSA, SAMHSA	In accordance with Federal, State, Tribal, and local laws, support and educate communities on risk reduction activities for persons who inject drugs and expand access to services for medication-assisted therapies for persons with opioid addiction.
2018	CDC	Increase screening for syphilis, rectal gonorrhea, and chlamydia among gay and bisexual men at risk for HIV who are seen at state and locally funded STD clinics to ensure access to PrEP and PEP for those for whom it is appropriate and desired. CDC also will assess the feasibility of implementing system-level interventions to increase screening in primary care settings.
2018	NH	Conduct research to inform ways to make PrEP available to those for whom it is appropriate and desired.
2020	VA	Through outreach and social media campaigns, increase the number of facilities that have local guidance or procedures in place for prescribing PrEP.

## **Implementing PrEP: Examples from a Physician**

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**Theo Hodge, Jr., M.D.**  
Physician in Private Practice  
Washington, DC

## Implementing PrEP: Examples from a Physician

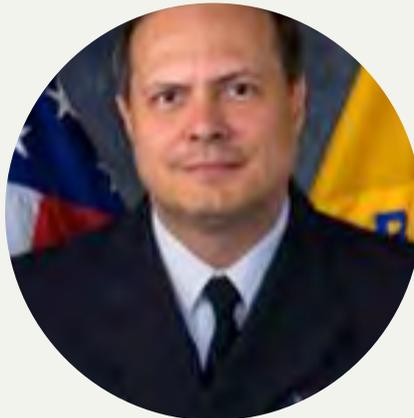


**What's Up with PrEP?**

*A Conversation with Federal Staff about Effectively Deploying the Newest Tool in the HIV Prevention Toolbox to Help Reach National HIV/AIDS Strategy Goals*

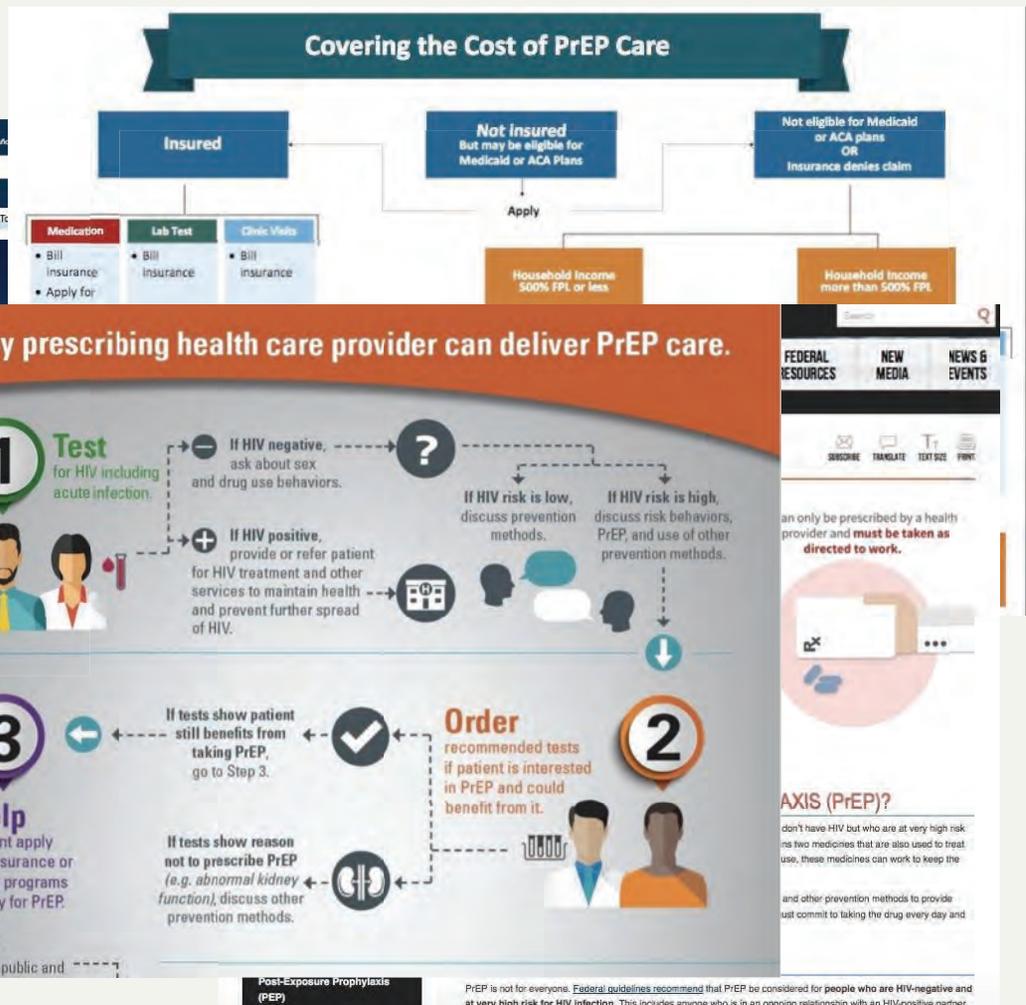
## QUESTIONS FOR PANEL

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# PrEP & PEP Resources

This block contains several overlapping resource images. On the left is a portion of the FDA website. In the center is a 'PrEP Basics' infographic with the heading 'ARE YOU READY FOR PrEP?' and 'PrEP 101'. It includes sections for 'PrEP Basics', 'How Does It Work?', and 'PrEP can help prevent you from getting HIV if you are exposed to the virus'. On the right is a portion of the U.S. Department of Veterans Affairs website.



Compilations of selected PrEP & PEP resources from Federal partners to be shared with all webinar participants.

## What's Up with PrEP?

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# PRESENTERS

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# Webinar Evaluation

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PRE-EXPOSURE PROPHYLAXIS (PrEP)

SUBSCRIBE TRANSLATE TEXT SIZE PRINT

PrEP can only be prescribed by a health care provider and **must be taken as directed to work.**

PrEP is a new prevention method in which **people who do not have HIV infection take a pill daily to reduce their risk** of becoming infected.

People who use PrEP must **commit to taking the drug every day** and seeing their health care provider **every 3 months for follow-up.**

**WHAT IS PRE-EXPOSURE PROPHYLAXIS (PrEP)?**

"PrEP" stands for Pre-Exposure Prophylaxis. PrEP is a way for people who don't have HIV but who are at very high risk of getting it to prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used to treat HIV. If you take PrEP and are exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from taking hold in your body.

PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months.

**CAN ANYONE USE PrEP?**

PrEP is not for everyone. Federal guidelines recommend that PrEP be considered for **people who are HIV-negative and at very high risk for HIV infection.** This includes people who in an ongoing relationship with an HIV-positive partner.

**REDUCE YOUR RISK**

- Lower Your Sexual Risk for HIV
- Understanding Risk Activities
- When One Partner is HIV+
- Substance Abuse/Use
- Pregnancy & Childbirth
- Pre-Exposure Prophylaxis
- Post-Exposure Prophylaxis (PEP)

**blog.AIDS.gov** ABOUT POLICIES & PROGRAMS

**PREP**

**TOOLS TO HELP INDIVIDUALS LOCATE PREP PRESCRIBERS**

June 1, 2016 • By Nate Feik, M.P.H., ORISE Fellow, Office of HIV/AIDS and Infectious Disease Policy, U.S. Department of Health and Human Services

More and more, individuals are learning about the potential impact of HIV pre-exposure prophylaxis (PrEP). As awareness grows, so does the number of individuals seeking providers with whom they can discuss this highly effective HIV-prevention tool. Across the country, directories and locator tools in various forms are helping to link individuals with healthcare providers who...

With New Data, States Can Better Focus HIV Prevention for Gay, Bisexual, and Other Men Who Have Sex with Men

May 17, 2016 • By Eugene McCray, M.D., Director, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC

As CDC reported [PDF 2.3 MB] in December, our nation is making substantial but uneven progress on HIV prevention for gay, bisexual, and other men who have sex with men (MSM). Over the past decade, new HIV diagnoses declined significantly among white MSM, but increased among Latino MSM. Among black MSM, the sharp increases we...

**PREP: WILL WE SUCCEED OR FAIL?**

May 12, 2016 • By Richard Wolitski, Ph.D., Acting Director, Office of HIV/AIDS and Infectious Disease Policy, U.S. Department of Health and Human Services

Last week I was invited to participate in a Congressional briefing on HIV pre-exposure prophylaxis (PrEP) that was sponsored by the HIV Prevention Action Coalition and the Congressional HIV/AIDS Caucus. The briefing brought together speakers with policy, clinical, and community experience in working to improve awareness of, access to, and use of PrEP. I was...



**Looking Ahead**



# Looking Ahead





# Looking Ahead





**Looking Ahead**



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