



# HIV PrEP and PEP: Where are we and what is the path forward?

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# Disclosures

- *Presenter has no financial interest to disclose.*
- *This continuing education activity is managed by The St. Louis STI/HIV Prevention Training Center and accredited by Missouri State Medical Association (MSMA) in cooperation with the Chicago Department of Public Health.”*

# Agenda

- Overview of HIV PrEP in 2024
- Where are there gaps in PrEP access?
- What are barriers?
- Integration of HIV PrEP and PEP with services to address other syndemics and providing more comprehensive care

# HIV PrEP in 2024



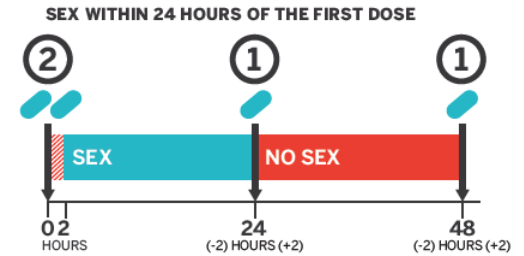
## Daily Oral PrEP

TDF/FTC  
(Truvada)

TAF/FTC  
(Descovy)

## On Demand (2-1-1) Oral PrEP

TDF/FTC  
(Truvada)

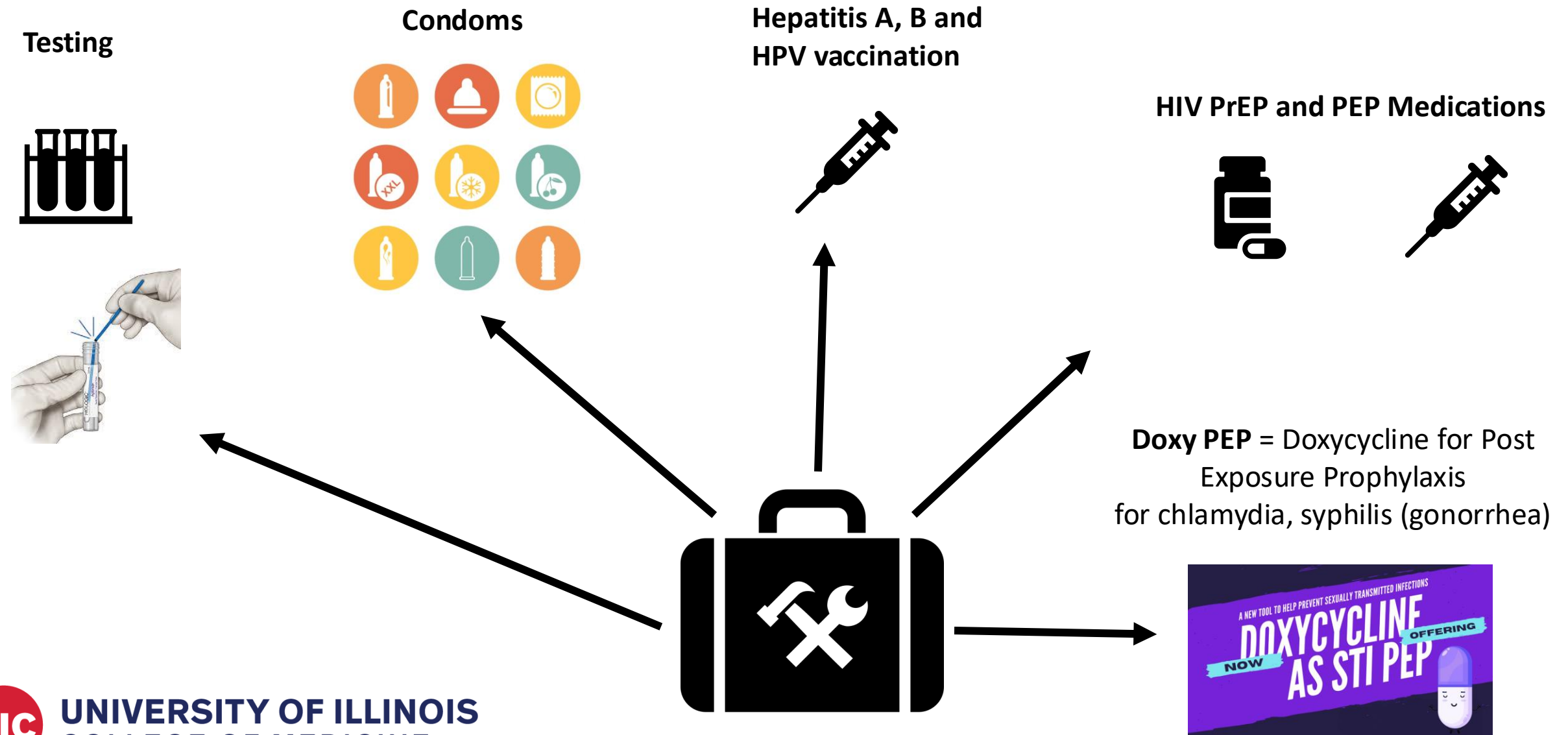


## Long Acting Injectable

Every other month

Cabotegravir  
(Apretude)

# HIV PrEP/PEP as part of the sexual health toolbox



# Where are the gaps?

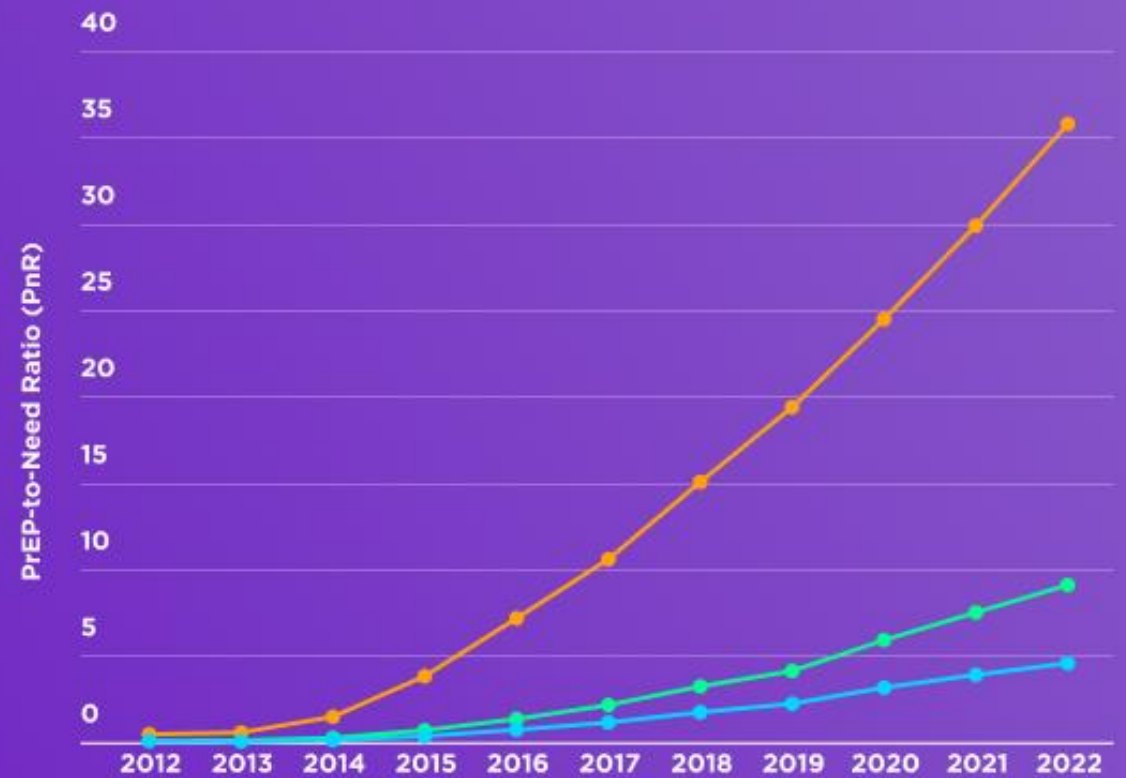
- We know the science - **HIV PrEP & PEP WORKS!**
- Not everyone is benefitting from this science
- Not everyone is able to access and receive services who would benefit
- Not everyone is able to stay in care

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

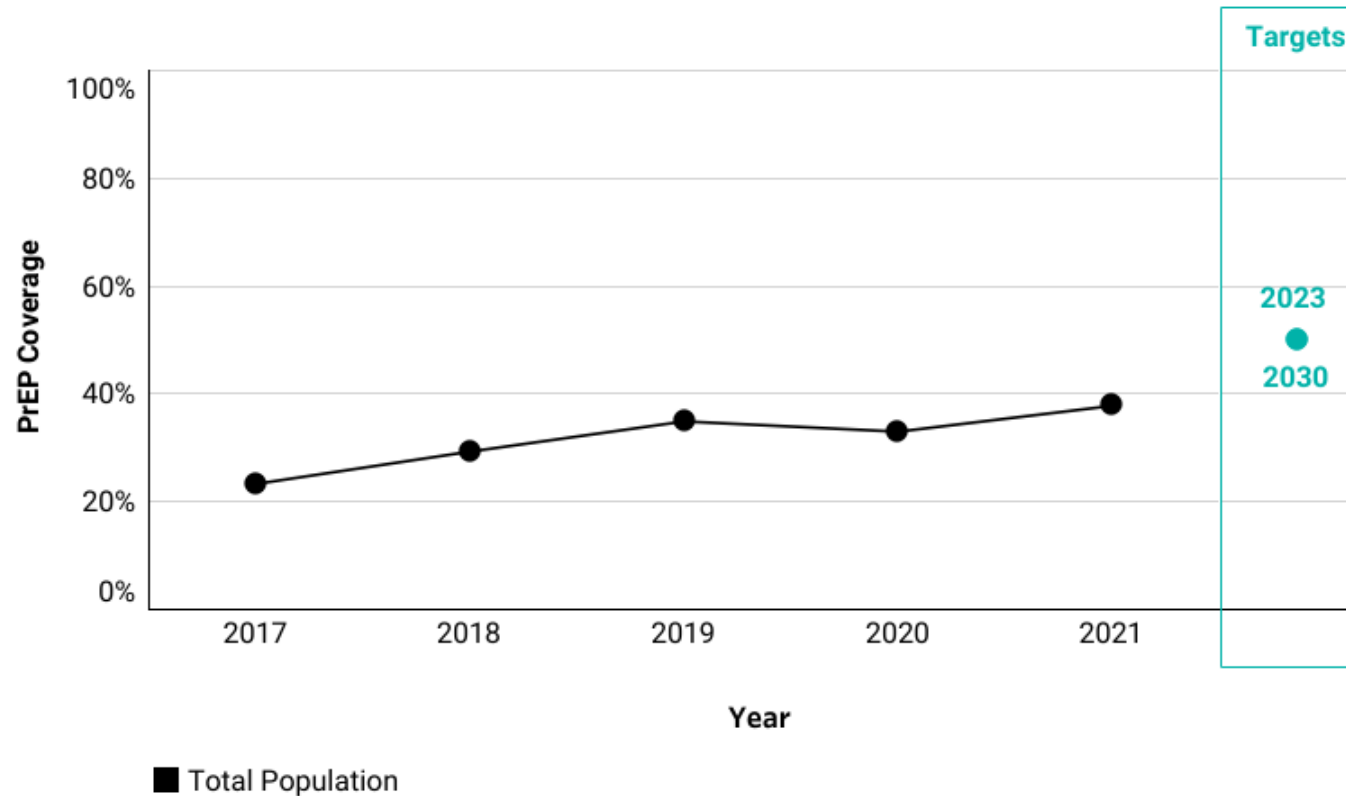


● Black ● Hispanic ● White

\*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.

## PrEP Coverage, Cook County, IL, 2017-2021

*Progress Measure: Increase the percentage of people with indication of PrEP classified as having been prescribed PrEP to 50% by 2023 and 50% by 2030 (Goal 8, Strategy 17)*

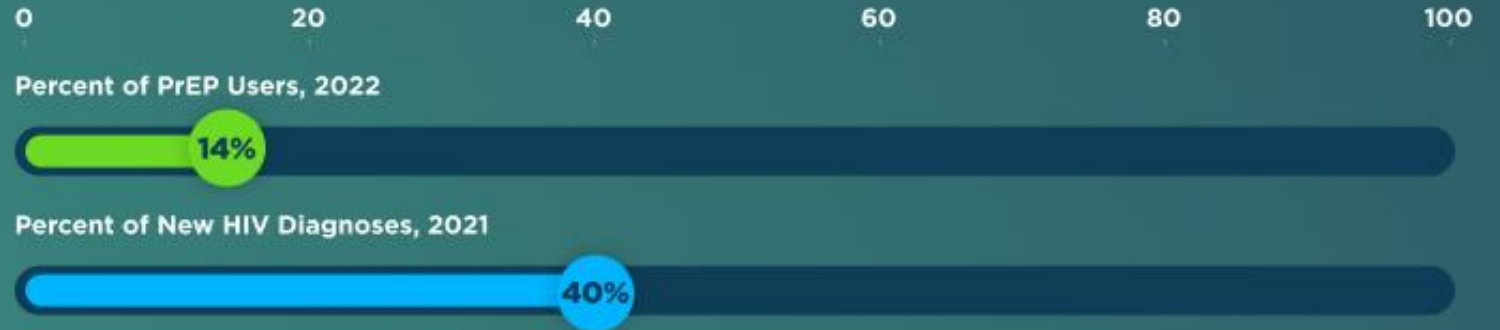


Data Source: U.S. Health and Human Services. America's HIV Epidemic Analysis Dashboard (AHEAD) (as of 5/16/2023). Visualization source: GTZ HIV Dashboard. (1) Definition(s): 'PrEP Coverage' defined as number of persons aged  $\geq 16$  years classified as having been prescribed PrEP divided by the estimated number of persons who had indications for PrEP.  
[See About the Data for more information on methods and data](#)

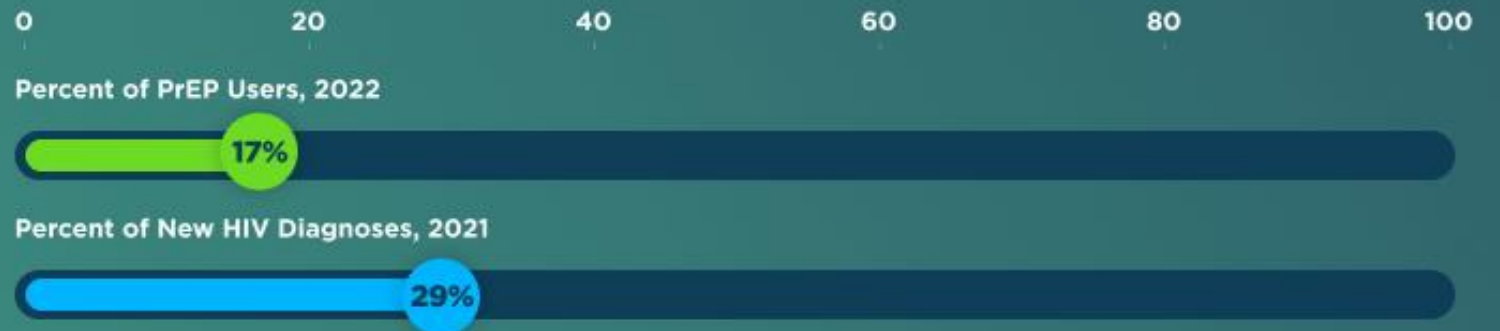




**Black  
People**



**Hispanic/  
Latinx  
People**



**White  
People**



Black people represented only **14% of PrEP users (2022)** but accounted for **40% of new HIV diagnoses (2021)**, indicating a significant unmet need for PrEP.

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

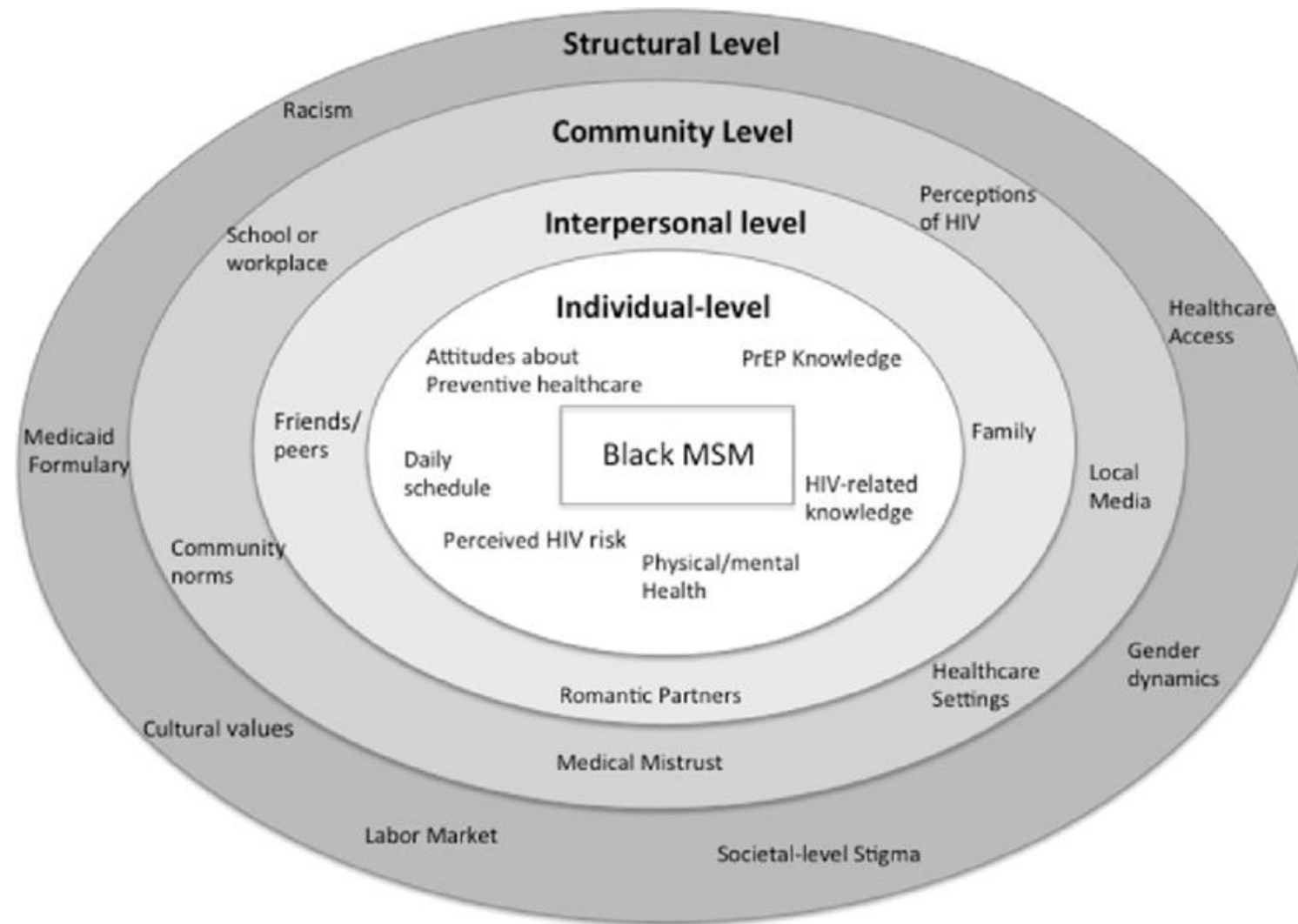
There were **16 male PrEP users** for every new HIV diagnosis among men.



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



# Why?..... There are many barriers



# Provider/Healthcare System Barriers

- Still....PrEP=infectious disease specialty issue...NO!!
- Think broader! PrEP= primary care, ob/gyn, urgent care, emergency department (after HIV testing or HIV PEP)
- Break free from our traditional models of care for PrEP
  - Use all points of care, even if ED or inpatient
  - Tele-PrEP
  - Mobile services
  - Engage and integrate community based/informed models

# Provider/Healthcare System Barriers

- Still stigma and reluctance in discussing sex, HIV testing (provider AND patient)
- Provider knowledge gaps regarding On-Demand and Injectable PrEP
- There is no national system to support HIV PrEP services
- Insurance barriers (high co pays, approvals)
- Implementation Logistics of Long Acting PrEP in clinics
  - Coordination with insurance/pharmacy benefits
  - Staff resources for administration, coordination of appointments, follow up

# How do we integrate sexual health, HIV testing and PreP into healthcare?

- Many entry points and many reasons!!!
- Broader integration of sexual health in healthcare

I want to take birth control



I'm here for my annual check up

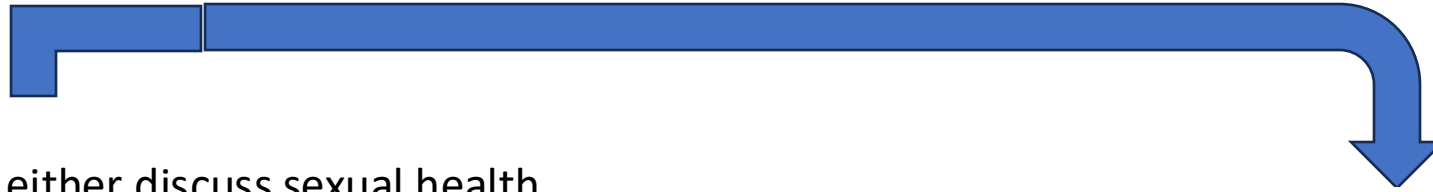


I think I was exposed to chlamydia



I need my pap smear done





Many ways to either discuss sexual health or qualify for HIV testing:

- Routine sexual history by provider
- Sexual health concerns from person
- STI concerns
- Routine HIV testing in primary care or Emergency Department
- Pregnancy
- Routine vaccination discussion



# Concluding Thoughts

- Science is clear – HIV PrEP and PEP works
- We have options for HIV PrEP – Two for daily PrEP, one for 2-1-1, one long acting injectable
- But gaps – especially in certain populations in most need



# Barriers remain

- Widespread implementation. Not just ID issue. Primary care, ob/gyn, STI clinics, community clinics
- Needs to be integrated into care for many conditions – sexual health, contraception/preconception, time of STI testing or dx, Hep B/C testing, primary/routine care
- Need to make HIV negative test => conversation about PrEP
- Provider barriers – time, comfort/training, practice integration
- Address Social Determinants of Health that impact all of syndemics

# Questions?

- Email: [trottera@uic.edu](mailto:trottera@uic.edu)
- Resources:
  - CDC: 2021 PrEP guidelines <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf> ;
  - HIV PrEP and PEP: <https://www.cdc.gov/hiv/guidelines/preventing.html>