PrEP, Health Disparities, and Future Directions

Patrick Sullivan, DVM, PhD
Rollins School of Public Health, Emory University

September 29th, 2016
Presentation Plan

• Health disparities
• Scaling prevention tools for MSM: what do we know?
• The PrEP Continuum
• PrEP Uptake
• HealthMindr: A comprehensive prevention app for MSM
• PrEP@Home
Rates of Persons Living with an HIV Diagnosis, by County, 2012

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.

* Data are not shown to protect privacy.  ** State health department requested not to release data.

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.
HIV Prevalence Disparities by Race/Ethnicity, Chicago, 2013

Estimated HIV Prevalence Rate Ratios by Race/Ethnicity, 2013

- The rate of black males living with an HIV diagnosis is 1.8 times that of white males.
- The rate of Hispanic/Latino males living with an HIV diagnosis is 0.8 times that of white males.
- The rate of black females living with an HIV diagnosis is 11.0 times that of white females.
- The rate of Hispanic/Latina females living with an HIV diagnosis is 3.0 times that of white females.

Source: www.aidsvu.org
Rates of New HIV Diagnoses, Chicago, 2010-2014
Rates of New HIV Diagnoses, by Race, Chicago, 2010-2014

White, non-Hispanic

Black, non-Hispanic

Hispanic
Percent of men who are MSM among population and people living with HIV/AIDS, United States and Chicago, 2014

Sources:
Clinical trial evidence for oral and topical tenofovir-based prevention (April 2015)

<table>
<thead>
<tr>
<th>Study</th>
<th>Effect size (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partners PrEP - daily oral TDF/FTC</td>
<td>75% (55; 87)</td>
</tr>
<tr>
<td>(Discordant couples - Kenya, Uganda)</td>
<td></td>
</tr>
<tr>
<td>Partners PrEP - daily oral tenofovir</td>
<td>67% (44; 81)</td>
</tr>
<tr>
<td>(Discordant couples - Kenya, Uganda)</td>
<td></td>
</tr>
<tr>
<td>iPrEx - daily oral TDF/FTC</td>
<td>44% (15; 63)</td>
</tr>
<tr>
<td>(MSM - North and South America, Thailand, South Africa)</td>
<td></td>
</tr>
<tr>
<td>PROUD - daily TDF/FTC</td>
<td>86% (58; 96)</td>
</tr>
<tr>
<td>(MSM - UK)</td>
<td>(90% CI)</td>
</tr>
<tr>
<td>IPERGAY - intermittent TDF/FTC</td>
<td>86% (40; 69)</td>
</tr>
<tr>
<td>(MSM – France, Canada)</td>
<td></td>
</tr>
<tr>
<td>TDF2 - daily TDF/FTC</td>
<td>62% (22; 84)</td>
</tr>
<tr>
<td>(Heterosexual men and women - Botswana)</td>
<td></td>
</tr>
<tr>
<td>CAPRISA 004 - “BAT-24” dosing vaginal tenofovir gel</td>
<td>39% (6; 60)</td>
</tr>
<tr>
<td>(Women - South Africa)</td>
<td></td>
</tr>
<tr>
<td>FACTS 001 - “BAT-24” dosing vaginal tenofovir gel</td>
<td>0% (-1; 2)</td>
</tr>
<tr>
<td>(Women - South Africa)</td>
<td></td>
</tr>
<tr>
<td>MTN 003/Voice - daily vaginal dosing tenofovir gel</td>
<td>15% (-21; 40)</td>
</tr>
<tr>
<td>(Women - South Africa, Uganda, Zimbabwe)</td>
<td></td>
</tr>
<tr>
<td>FEMPrEP - daily oral TDF/FTC</td>
<td>6% (-52; 41)</td>
</tr>
<tr>
<td>(Women - Kenya, South Africa, Tanzania)</td>
<td></td>
</tr>
<tr>
<td>MTN 003/Voice - daily oral TDF/FTC</td>
<td>-4% (-49; 27)</td>
</tr>
<tr>
<td>(Women - South Africa, Uganda, Zimbabwe)</td>
<td></td>
</tr>
<tr>
<td>MTN 003/Voice - daily oral tenofovir</td>
<td>-49% (-129: 3)</td>
</tr>
<tr>
<td>(Women - South Africa, Uganda, Zimbabwe)</td>
<td></td>
</tr>
<tr>
<td>Bangkok tenofovir study - daily oral tenofovir</td>
<td>49% (10; 72)</td>
</tr>
<tr>
<td>(IDUs - Thailand)</td>
<td></td>
</tr>
</tbody>
</table>

PrEP works, but adherence is key

Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention

Trials of oral and topical tenofovir-based PrEP show that these strategies reduce risk of HIV infection if they are used correctly and consistently. Higher adherence is directly linked to greater levels of protection.

Source: Salim S. Abdool Karim, CAPRISA

AVAC Report 2013: Research & Reality
www.avac.org/report2013
“Drugs don’t work in patients who don’t take them.”

- C. Everett Koop
Scale of HIV Prevention Interventions for MSM: What Do We Know?
Estimated percent of new HIV infections among MSM prevented by three prevention approaches, four countries

Source: Sullivan et al, Lancet 2012
Cumulative proportion of infections among MSM averted by early implementation of antiretroviral therapy for MSM living with HIV infection period at 4 levels of coverage in 4 countries.

Source: Sullivan et al, Lancet 2012
Estimated percent of new HIV infections among MSM prevented by oral PrEP at varying levels of adherence, four countries.

Source: Sullivan et al, Lancet 2012
HIV infections estimated to be averted by PrEP, reduction in UAI, and early ARV treatment in a stochastic simulation model of HIV transmissions among MSM in Africa

Source: Brookmeyer et al, PLoS ONE 2014
HIV infections estimated to be averted by PrEP, reduction in UAI, increased HIV testing, and early ARV treatment in a stochastic simulation model of HIV transmissions among MSM in Africa.

Source: Brookmeyer et al, PLoS ONE 2014
PrEP Coverage, Adherence, and Impact

Jenness et al, J Infect Dis 2016, in press
To make modest impacts on HIV transmissions among MSM, we will need to achieve 30-50% coverage of multiple interventions.

So how are we doing?
Fig. 1 Estimated coverage of primary HIV prevention interventions among men who have sex with men in the USA and estimated levels of coverage required to reduce HIV incidence, 2010–2015. NHBS National HIV Behavioral Surveillance, AMIS American Men’s Internet Survey, KFF Kaiser Family Foundation, NR not reported, PrEP preexposure prophylaxis, nPEP nonoccupational postexposure prophylaxis. Shaded area represents the coverage of multiple primary HIV prevention interventions estimated by models to result in meaningful (i.e., 25–30%) reductions in HIV incidence among MSM.

https://jebjones.shinyapps.io/intervention_coverage


Sources:
Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group, 2010–2014—United States and 6 Dependent Areas

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays and missing transmission category, but not for incomplete reporting. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact and injection drug use.

Sources:

Age Group

<table>
<thead>
<tr>
<th></th>
<th>15-17</th>
<th>18-24</th>
<th>25-29</th>
<th>30-39</th>
<th>40+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>50</td>
<td>67</td>
<td>59</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DK</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44</td>
</tr>
</tbody>
</table>

P = <0.001

Sources:

Sources:
The PrEP Continuum

HIV/AIDS VIEWPOINTS

Applying a PrEP Continuum of Care for Men Who Have Sex With Men in Atlanta, Georgia

Colleen F. Kelley,¹,² Erin Kahle,² Aaron Siegler,² Travis Sanchez,² Carlos del Rio,¹,³ Patrick S. Sullivan,² and Eli S. Rosenberg²

¹Division of Infectious Diseases, Department of Medicine, Emory University School of Medicine, ²Department of Epidemiology, and ³Hubert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, Georgia

(See the Editorial Commentary by Mayer and Krakower on pages 1598–600.)

Reductions in human immunodeficiency virus (HIV) incidence with pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM) will require significant coverage of those at risk. We propose a simplified frame-
Theoretical model of the PrEP care continuum, factors relevant to uptake, and areas for intervention.

<table>
<thead>
<tr>
<th>Awareness/willingness</th>
<th>Factors Relevant to PrEP Uptake</th>
<th>Interventions to Enhance PrEP Uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Awareness of PrEP</td>
<td>• Mass media campaigns</td>
</tr>
<tr>
<td></td>
<td>• Risk/benefit perceptions</td>
<td>• Community mobilization</td>
</tr>
<tr>
<td></td>
<td>• Barriers to seeking PrEP</td>
<td>• Alternative PrEP formulations</td>
</tr>
<tr>
<td></td>
<td>• PrEP cost</td>
<td>• Community-based efforts to</td>
</tr>
<tr>
<td></td>
<td>• PrEP side-effects</td>
<td>destigmatize PrEP</td>
</tr>
<tr>
<td></td>
<td>• Perceived PrEP stigma</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access to Healthcare</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Individual</td>
<td>• Medication and/or co-payment</td>
</tr>
<tr>
<td></td>
<td>• Has public or private health insurance</td>
<td>waivers</td>
</tr>
<tr>
<td></td>
<td>• Regularly sees primary care doctor</td>
<td>• Free service provision</td>
</tr>
<tr>
<td></td>
<td>• Can afford medication</td>
<td>• Enhanced access</td>
</tr>
<tr>
<td></td>
<td>• Transportation</td>
<td>• Centralized provision</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likely to Receive Rx</th>
<th></th>
<th>• Provider education/training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Healthcare provider</td>
<td>• Electronic tools to assess sexual</td>
</tr>
<tr>
<td></td>
<td>• Aware of PrEP</td>
<td>risk and indicate PrEP</td>
</tr>
<tr>
<td></td>
<td>• Willing to prescribe PrEP</td>
<td>• Automated systems to minimize</td>
</tr>
<tr>
<td></td>
<td>• Screens for risk and determines patient eligible</td>
<td>provider burden</td>
</tr>
<tr>
<td></td>
<td>• Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adequately report behavior eligible for PrEP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PrEP not contraindicated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adherence/Efficacy</th>
<th></th>
<th>• Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Side-effects/medication tolerance</td>
<td>• Medication adherence</td>
</tr>
<tr>
<td></td>
<td>• Risk compensation</td>
<td>• Sexual risk reduction</td>
</tr>
<tr>
<td></td>
<td>• Dosing schedules</td>
<td>• Home support systems to minimize</td>
</tr>
<tr>
<td></td>
<td>• Long-term adherence and PrEP continuation</td>
<td>patient testing burden</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Electronic adherence reminders/support</td>
</tr>
</tbody>
</table>
The PrEP care continuum for (A) the total InvolveMENt cohort, (B) black MSM (C) white MSM and (D) HIV seroconverters in the InvolveMENt cohort.
Theoretical model of the PrEP care continuum, factors relevant to uptake, and areas for intervention.


Factors Relevant to PrEP Uptake

- Awareness of PrEP
- Risk/benefit perceptions
- Barriers to seeking PrEP
  - PrEP cost
  - PrEP side-effects
  - Perceived PrEP stigma

Interventions to Enhance PrEP Uptake

- Mass media campaigns
- Community mobilization
- Alternative PrEP formulations
- Community-based efforts to destigmatize PrEP

Awareness/willingness

- Individual
  - Has public or private health insurance
  - Regularly sees primary care doctor
  - Can afford medication
  - Transportation

Access to Healthcare

- Healthcare provider
  - Aware of PrEP
  - Willing to prescribe PrEP
  - Screens for risk and determines patient eligible
- Patient
  - Adequately report behavior eligible for PrEP
  - PrEP not contraindicated

Likely to Receive Rx

- Provider education/training
  - Electronic tools to assess sexual risk and indicate PrEP
  - Automated systems to minimize provider burden

Adherence and Efficacy

- Counselling
  - Medication adherence
  - Sexual risk reduction
  - Home support systems to minimize patient testing burden
  - Electronic adherence reminders/support

© The Author 2015. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.
PrEP Locator | Find Your Provider

About Us | Locator Data | FAQ | Add Provider | Add Locator To Your Site | Contact

Chicago

- PrEP for uninsured
- PrEP access assistance

 Northwestern Medical Group
  1460 N Halsted Street
  5th Floor
  Chicago, IL 60610
  312-926-3627
  Distance from your location: 1 mile

 Planned Parenthood of Illinois
  152 W Milwaukie
  Chicago, IL 60642
  773-252-2240
  Distance from your location: 0.9 miles

 Seton Family Health Center
  711 W North Avenue
  Chicago, IL 60610
  312-283-0996
  Distance from your location: 1.2 miles

 Planned Parenthood of Illinois
  1200 N Larrabee
  Chicago, IL 60610
  312-266-1033
  Distance from your location: 1.2 miles

 Rush University Medical Center
  600 S Paulina
  Suite 160-143
  Chicago, IL 60612
  312-942-5900
  Distance from your location: 1.7 miles

 Rush University Medical Center Specialty

Add PrEP Locator to Your Site
Suggest a provider for the directory

Powered By: EMORY UNIVERSITY

Suggest A Provider | Privacy Policy | Terms of Use
HealthMindr: A comprehensive HIV prevention platform for MSM
Figure A18. PrEP self-assessment.

Figure A20. PrEP self-assessment.

Figure A21. PrEP self-assessment.
PrEP Screening

Talk to a Doctor About PrEP

CDC guidelines suggest talking to your doctor about PrEP if you have multiple partners, do not use condoms, or have any sexual partners with a known HIV positive or unknown HIV status.

Find a Location That Offers PrEP

Figure A26. PrEP self-assessment result recommend talking to a doctor about PrEP

Find Locations

Atlanta

Sandy Springs

Figure A27. PrEP provider locations map.

View Locations

You can select a preferred testing location for the types of tests listed below. You can filter the list to narrow down the choices or view the locations on a map to find the best one.

- AbsoluteCARE Medical Center and Pharmacy
- Pride Medical
- Emory Midtown Infectious Disease Clinic
- Atlanta ID Group
- Dr. Manuel Patino's Office
- Georgia ID Group

Figure A28. PrEP provider locations list.
## Participant Demographics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total (n=121)</th>
<th>Atlanta (n=72)</th>
<th>Seattle (n=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>31 (18-66)</td>
<td>31 (18-66)</td>
<td>30 (18-56)</td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>62 (51)</td>
<td>34 (47)</td>
<td>28 (57)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>25 (21)</td>
<td>24 (33)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10 (8)</td>
<td>3 (4)</td>
<td>7 (14)</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>13 (11)</td>
<td>5 (7)</td>
<td>8 (16)</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>1 (1)</td>
<td>0 (0)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>10 (8)</td>
<td>6 (8)</td>
<td>4 (8)</td>
</tr>
<tr>
<td><strong>Sexual orientation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gay/homosexual</td>
<td>104 (87)</td>
<td>64 (89)</td>
<td>40 (83)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>14 (12)</td>
<td>8 (11)</td>
<td>6 (13)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (2)</td>
<td>0 (0)</td>
<td>2 (4)</td>
</tr>
<tr>
<td><strong>Most recent HIV test result</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsure</td>
<td>8 (7)</td>
<td>7 (10)</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Never tested</td>
<td>18 (15)</td>
<td>14 (20)</td>
<td>4 (8)</td>
</tr>
</tbody>
</table>
App Pages Accessed by Users

- Initial assessment
- Assessment outcome
- Ordering
- Product information
- My test plan
- FAQs
- Plan an HIV test
- Find testing locations
- PrEP information
- Testing location...
- STI information
- PrEP screening
- Couples testing...
- RNA test information
- Compare HIV tests
- Find my testing frequency
- nPEP information
- Help me choose which...
- nPEP screening
- HIV treatment resources

Percent of Users

First Visit

Ever
App Pages Accessed by Users

- Initial assessment
- Assessment outcome
- Ordering
- Product information
- My test plan
- FAQs
- Plan an HIV test
- Find testing locations
- PrEP information
- Testing location information
- STI information
- PrEP screening
- Couples testing information
- RNA test information
- Compare HIV tests
- Find my testing frequency
- nPEP information
- Help me choose which HIV test
- nPEP screening
- HIV treatment resources

Percent of Users

First Visit

Ever

App Pages Accessed by Users

- Initial assessment
- Assessment outcome
- Ordering
- Product information
- My test plan
- FAQs
- Plan an HIV test
- Find testing locations
- PrEP information
- Testing location information
- STI information
- PrEP screening
- Couples testing information
- RNA test information
- Compare HIV tests
- Find my testing frequency
- nPEP information
- Help me choose which HIV test
- nPEP screening
- HIV treatment resources

Percent of Users

First Visit

Ever
Preliminary Evaluation Results (n=99)

• 78% of those reported dissatisfied with current condoms ordered new condoms

• 87% report using the ordered condoms

• 2/3 of test kit orders were not planning on being tested soon

• 50% of users who did not have a testing schedule now do

• 10% of PrEP-eligible men started PrEP
PrEP starts: HealthMindr Pilot

• 8/80 PrEP eligible started PrEP

• “I went through and put in my (screener) responses and it basically said ‘Hey maybe you should check out PrEP as an option and by the way here are some places you could go.’ ... I was seen (for PreP) at [provider] within a week ... Easy breezy. (Healthmindr) was the piece that crossed the threshold from inaction to actual action. ... This (Healthmindr) will saves lives, and I can even say maybe my life.” - Pilot participant
PrEP at Home

• Need to bring PrEP to scale
• CDC Guidance: at least four follow-up visits per year
• 492,000 US MSM behaviorally eligible for PrEP
• 1,968,000 patient visits per year for clinic-based HIV, STI and creatinine testing
• A home care kit could alleviate the economic burden on patients, providers and the healthcare system

Sources:
2. Smith et al 2015; MMWR 64(46);1291-1295
Standard PrEP Initiation and follow up at 1 and 3 months

Subsequent follow-up visit, participant receives kit from central lab

Participant uses kit, returns mailer to lab

Lab receives kit. Results collated with behavioral survey.

Results sent to provider

Provider can renew RX, or treat or refer to telemedicine counseling as needed
PrEP@Home Video
## Participant Test Summary Form

### Participant Information

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Doe John E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
</tr>
<tr>
<td>First</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Optimal</td>
</tr>
<tr>
<td></td>
<td>Elevated</td>
</tr>
<tr>
<td></td>
<td>High</td>
</tr>
</tbody>
</table>

Date Specimens Collected: 6/13/2016
Date Specimens Tested: 6/17/2016

### Section 1: HIV Testing

- **HIV**: Oraquick
- Interpretation: Non-Reactive HIV test

### Section 2: Symptomatic Screening for Acute HIV

- Fever, Swollen Glands, Sore Throat, Muscle and Joints Aches and Pains, Fatigue, and Headache
- Interpretation: No Acute HIV symptoms

### Section 3: STIs – Oral / Rectal / Genital

- **Syphilis**: Positive
- **Chlamydia / Gonorrhea**: Positive
- Test type: Syphilis – RPR, Chlamydia / Gonorrhea – Abbott RealTime
- Interpretation: Gonorrhea pharyngeal tested positive

### Section 4: Kidney Function

- **Creatinine Levels**: Normal
- Interpretation: GFR is within the normal range

### Section 5: Medication Adherence

- **Self-Reported Adherence**: Negative
- Interpretation: Has not missed a dose in the past 7 days

### Section 6: HIV Behavioral Risk

- **Self-Reported Risk Survey**: Denies
- Interpretation: Has reported increased condomless sex since last visit with PrEP provider.

### Section 7: Recommendations

- **X** Bring in immediately for STI treatment.*
- Consider requesting telephone medication adherence counseling
- X Bring in immediately for acute HIV testing.†
- Consider requesting telephone risk reduction counseling
- Call or visit to evaluate side effects.
- Other: ____________________________
• Provider: “Anything to help me do PrEP well, to be able to provide the services, I think it’s fantastic.”
• Provider: “I think it’s great. I think that we have to decentralize … particularly for folks who don’t have good experiences or access to providers … the idea that you have to come into a visit in order to get some of the medical care particularly around PrEP where (patients are) usually generally young healthy folks is not necessary.”
• Patient: “I think it’s pretty useful especially for the STI testing … I would highly encourage this to be out in the world. I think it will help a lot.”
• 4/15 patients rated themselves as more likely to remain on PrEP if a home kit was available.
Pilot testing

• Provider: “Anything to help me do PrEP well, to be able to provide the services, I think it’s fantastic.”

• Provider: “I think it’s great. I think that we have to decentralize ... particularly for folks who don’t have good experiences or access to providers ... the idea that you have to come into a visit in order to get some of the medical care particularly around PrEP where (patients are) usually generally young healthy folks is not necessary.”

• Patient: “I think it’s pretty useful especially for the STI testing ... I would highly encourage this to be out in the world. I think it will help a lot.”

• 4/15 patients rated themselves as more likely to remain on PrEP if a home kit was available.
Next Steps

• PrEP Strategic Summit – January 2016
• For the field
  • Approvals (?) and consensus on adolescent PrEP
• For Emory team
  • Remote PrEP provision – mobile app, telemedicine
  • Further study of home monitoring kits
  • Optimization of PrEP Continuum in cohort of young black MSM in Atlanta
Team and funders

- Colleagues
  - Hannah Cooper
  - Carlos del Rio
  - Ralph DiClemente
  - Paula Frew
  - Colleen F. Kelley
  - Mark Mulligan
  - John Peterson (GSU)
  - Eli Rosenberg
  - Laura F. Salazar (GSU)
  - Travis Sanchez
  - Gina Wingood
  - Aaron Siegler

- Colleagues
  - Steve Goodreau
  - Rob Brookmeyer
  - Chris Beyrer
  - Rob Stephenson
  - Joanne Stekler
  - Rob Driggers
  - Adam Vaughan

- Dedicated team of staff:
  - Project coordinators
  - Recruiters
  - Event staff
  - Retention specialists
  - Data managers, analysts

**Supported by**

National Institutes of Health #:
- R01-MH085600
- R01-HD067111
- R21-MH103187
- R01-AI094575
- P30-AI050409

MAC AIDS Fund
Gilead Sciences