WEBINAR 1
Empowering Metro Atlanta providers: Increasing HIV PrEP Utilization

Disclosures

- None

Agenda

1. Introduction and Overview

2. Highlight the Epidemiology of HIV in Atlanta, Georgia

3. Delve into Scientific Data Supporting HIV PrEP Use

4. Introduce HIV PrEP Trainings Tailored for Primary Care Providers (PCP)

5. Conclusion and Action Steps

Ending the HIV Epidemic (EHE) in the U.S.

HIV Prevalence

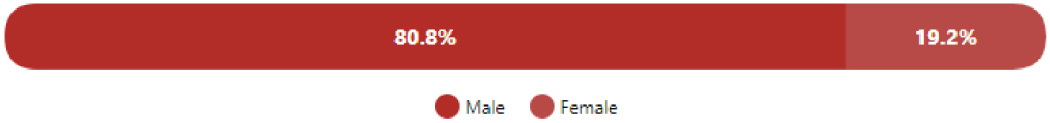
Number of people living with HIV, 2021

39,172

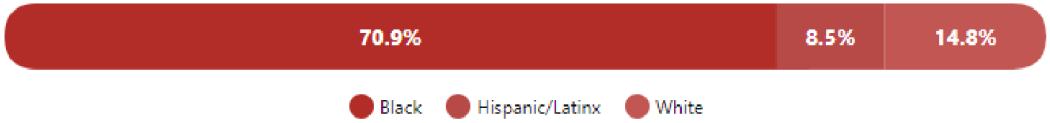
Rate of people living with HIV per 100,000 population, 2021

1,118

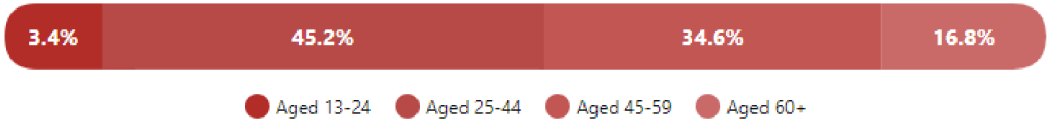
Percent of people living with HIV, by Sex, 2021



Percent of people living with HIV, by Race/Ethnicity, 2021



Percent of people living with HIV, by Age, 2021



Rate of people living with HIV per 100,000 population, by Geography, 2021

Source: AIDSVu

New HIV Diagnoses

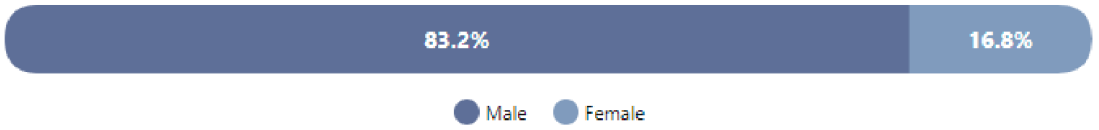
Number of new HIV diagnoses, 2021

1,453

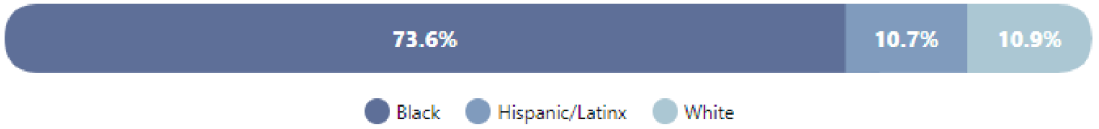
Rate of new HIV diagnoses per 100,000 population, 2021

41

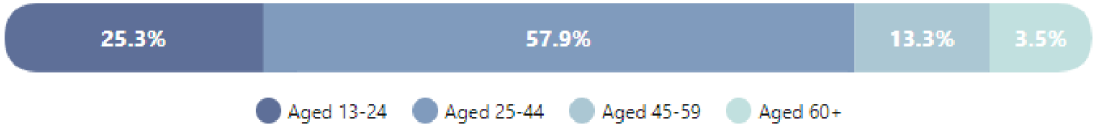
Percent of people newly diagnosed with HIV, by Sex, 2021



Percent of people newly diagnosed with HIV, by Race/Ethnicity, 2021



Percent of people newly diagnosed with HIV, by Age, 2021



Number of New HIV Diagnoses, 2017-2021

Source: AIDSVu

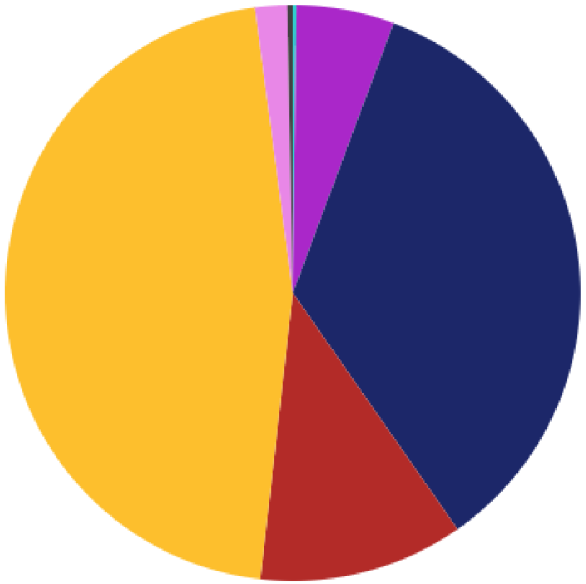
Demographics, 2010

Total Population

4,333,441

City Population by Race/Ethnicity

- **American Indian / Alaska Native (0.2%)**
- **Asian (5.5%)**
- **Black (34.6%)**
- **Hispanic / Latinx (11.5%)**
- **White (46.1%)**
- **Multiple Race (1.8%)**
- **Other/Unknown* (0.3%)**



*Includes other races/ethnicities or missing/suppressed data

Source: AIDSVu

HIV Prevalence Rate Ratios, by Race/Ethnicity, 2021

The rate of **Black males** living with an HIV diagnosis is 6.3 times that of **White males**.

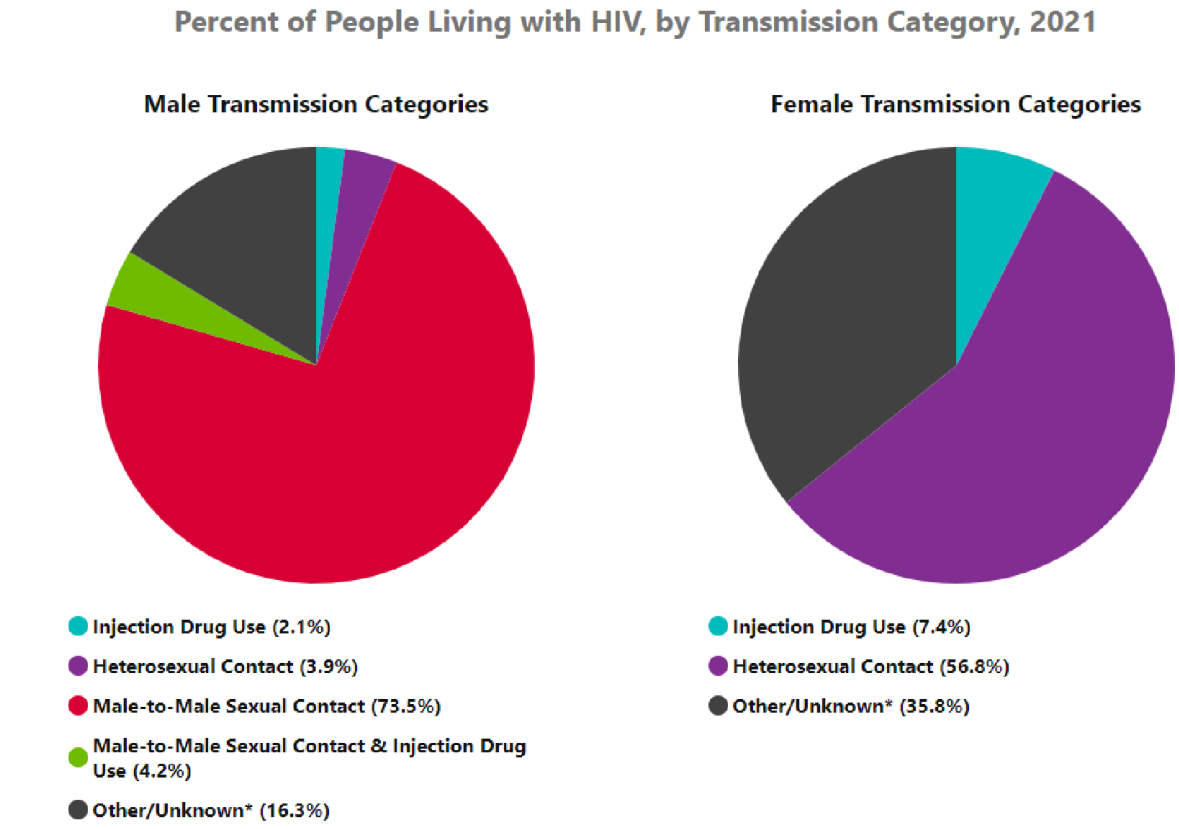
The rate of **Hispanic/Latino males** living with an HIV diagnosis is 2.2 times that of **White males**.

The rate of **Black females** living with an HIV diagnosis is 16.7 times that of **White females**.

The rate of **Hispanic/Latina females** living with an HIV diagnosis is 5.8 times that of **White females**.

Source: AIDSVu

People Living with HIV, by Transmission Category, 2021



*Includes risk factor not reported or identified, along with hemophilia, blood transfusion, perinatal exposure, or missing/suppressed data.

Source: AIDSVu

PrEP (Pre-Exposure Prophylaxis)

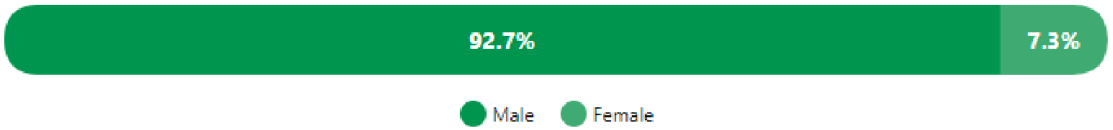
Number of PrEP users, 2022

13,738

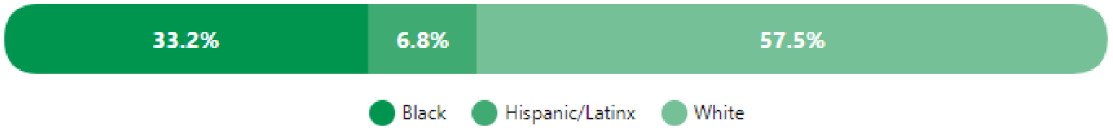
Rate of PrEP users per 100,000 population, 2022

152

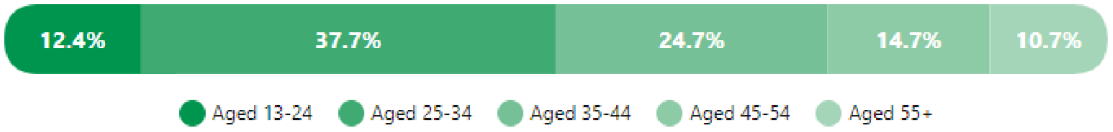
Percent of PrEP users, by Sex, 2022



Percent of PrEP users, by Race/Ethnicity, 2022

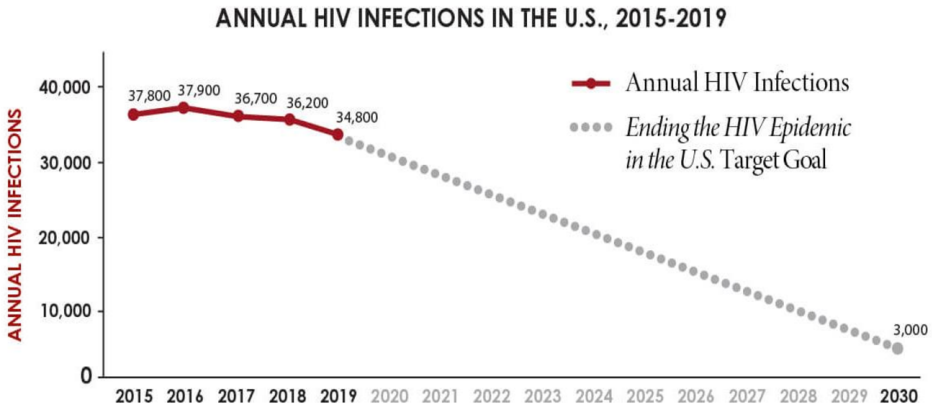


Percent of PrEP users, by Age, 2022



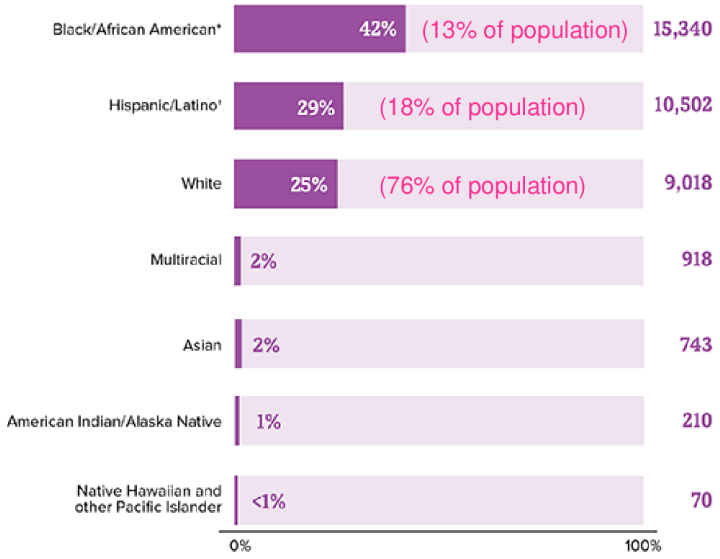
Number of PrEP Users, 2012-2022

NEW HIV INFECTIONS FELL 8% FROM 2015 TO 2019, AFTER A PERIOD OF GENERAL STABILITY



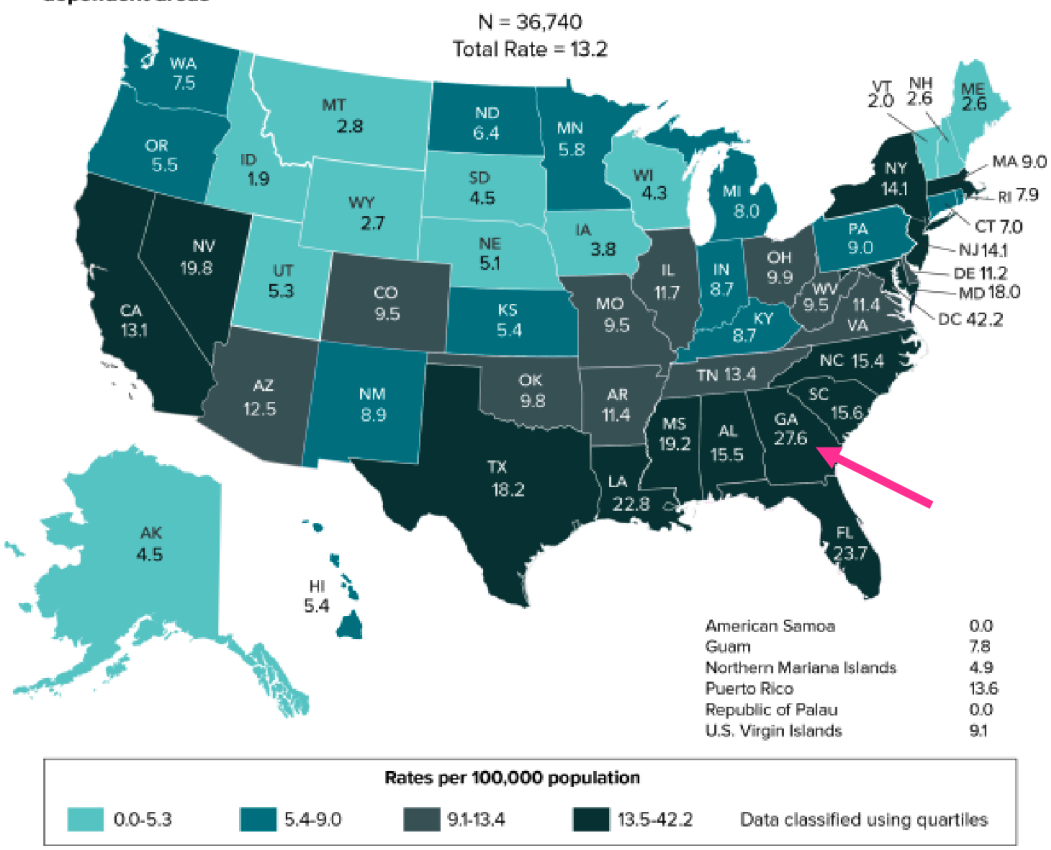
Source: *CDC, 2019 National HIV Surveillance System Reports*, May 27, 2021.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 20



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

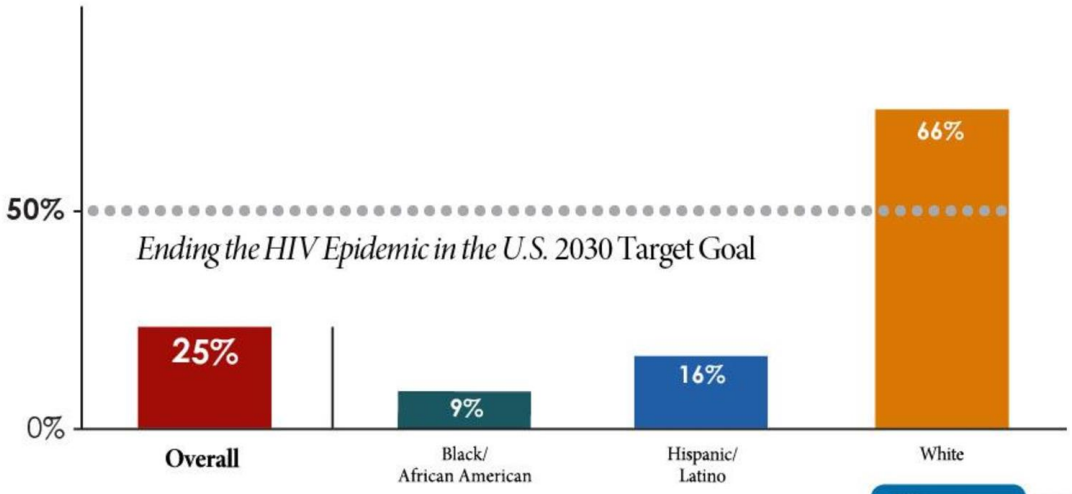
Figure 1. Rates of diagnoses of HIV infection among adults and adolescents, 2019—United States and 6 dependent areas



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

WHILE 25% OF PEOPLE ELIGIBLE FOR PREP WERE PRESCRIBED IT IN 2020, COVERAGE IS NOT EQUAL

PREP COVERAGE IN THE U.S. BY RACE/ETHNICITY, 2020

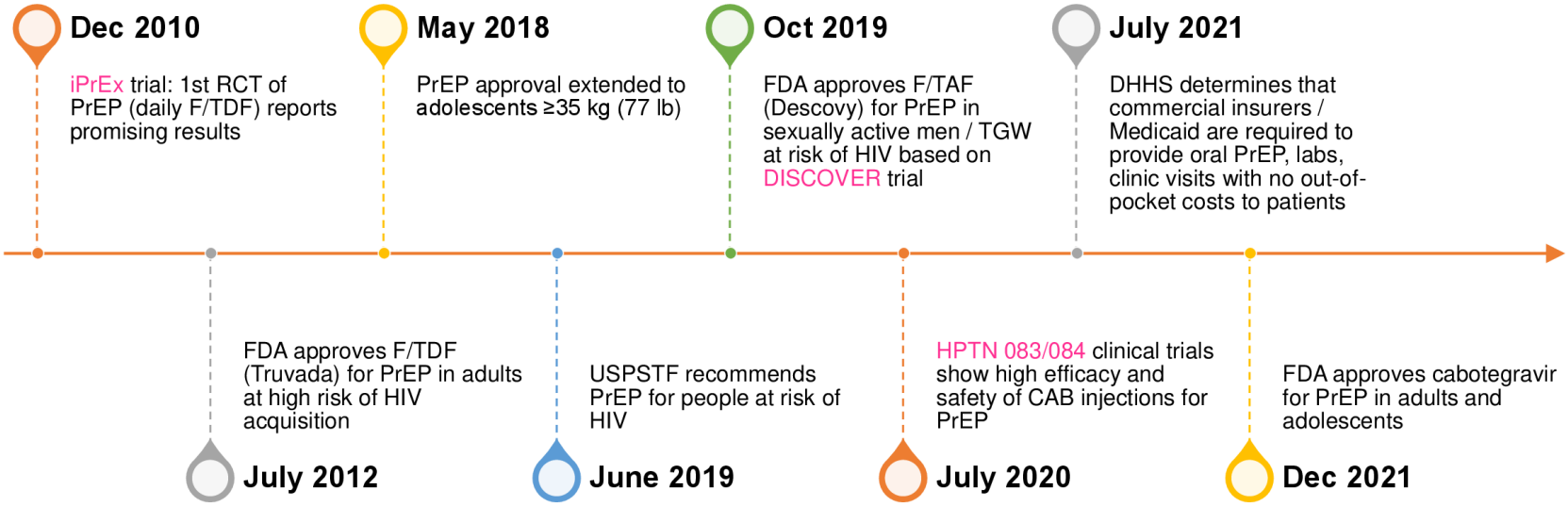


For more information, visit
cdc.gov/nchhstp/newsroom

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html

PrEP: A Brief History



How Effective is PrEP?

- PrEP reduces risk of HIV from sex by 99% and from injection drug use by more than 74% *WHEN TAKEN CONSISTENTLY*

- Only 4 confirmed cases of seroconversion worldwide
  - 43 yo MSM in Toronto – resistant virus
  - 50 yo MSM in Amsterdam – no resistance
  - 21 yo MSM in California – resistant virus
  - 44 yo MSM in Houston – resistant virus

An Overview of the Evidence

Grant 2010
Mayer 2020
Landovitz 2021
Delany-Moretlwe 2022

PrEP in Sexual Transmission

iPrEx

- 2,499 men and TGW
- F/TDF vs. placebo
- 44% reduction in incidence of HIV in PrEP group

DISCOVER

- 5,387 MSM and TGW
- F/TAF vs. F/TDF
- F/TAF non-inferior to F/TDF (also more favorable BMD and renal side effects)

HPTN 083/084

- 083: 4,566 men and TGW
- 084: 3,224 cis women
- CAB vs. F/TDF
- CAB superior to F/TDF in preventing HIV infection
  - 66% reduced risk with CAB vs. F/TDF in men/TGW
  - 88% reduced risk in cis women

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2021 UPDATE

A CLINICAL PRACTICE GUIDELINE

2021 CDC update to PrEP guidelines

- Inform ALL sexually active adults/adolescents about PrEP
- Prescribe PrEP if requested, even if person denies HIV risk factors

- Cabotegravir (all adults/adolescents)
- FTC/TAF (for MSM/TGW only) in addition to FTC/TDF
- On-demand FTC/TDF for some MSM

- HIV testing algorithms
- Assessments and follow-ups

PrEP
Framework

Indications for PrEP

FDA-approved PrEP meds

Initial assessment / follow-ups

Who should be considered for PrEP?

ALL sexually active adults and adolescents

- Anal or vaginal sex in past 6 months AND any of the following:
  - HIV-positive sexual partner
  - Bacterial STI in past 6 months
  - History of inconsistent or no condom use with sexual partner(s)

Persons who inject drugs (PWID)

- HIV-positive injecting partner
- Sharing injection equipment

Clinical eligibility

- Documented negative HIV test within 1 week before starting PrEP
- No signs/symptoms of acute HIV infection
- No contraindicated medications (e.g., rifamycins, antiepileptic drugs)
- eCrCl ≥30 ml/min (FTC/TAF), ≥60 ml/min (FTC/TDF or FTC/TAF)

  -> NOT A CONDITION FOR CABOTEGRAVIR

What PrEP options are available?

Drug	Form	Dosing	Indications	Pricing	Image
FTC/TDF (Truvada)	PO	qday	adults / adolescents	$35-50 (30-day supply)	
FTC/TAF (Descovy)	PO	qday	men / TGW	$2,000+ (30-day supply)	
CAB (cabotegravir or Apretude)	IM	q2mo	adults / adolescents	$3,700 (per dose)	

Daily Oral PrEP Protocol

	PrEP initiation visit	Follow-up visits (q3mos)
HIV status	HIV Ag/Ab test	HIV RNA + Ag/Ab
STI status	• Syphilis screening for all • GC/CT NAAT for all • ”3-site testing” for MSM/TGW	• Repeat STI screen for MSM/TGW *q3mos* • Repeat STI screen for heterosexual men/women *q6mos*
Renal status	• eCrCl ≥60 ml/min (F/TDF or F/TAF) • eCrCl ≥30 ml/min (F/TAF)	• Assess *q6mos* if baseline age ≥50 years or eCrCl <90 ml/min • Otherwise assess *q12mos*
Lipid screen	Only for F/TAF	Repeat *q12mos* for persons prescribed F/TAF
HBV screen	Hepatitis B serologies	If not done at initiation visit
Prescription	90-day supply	90-day refill if HIV negative

Table 5 Timing of Oral PrEP-associated Laboratory Tests

Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥50 or eCrCL <90 ml/min at PrEP initiation	If age <50 and eCrCl ≥90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM,TGW, and PWID only	

* Assess for acute HIV infection (see Figure 4)

Cabotegravir Injection PrEP Protocol

	PrEP initiation visit	Follow-up visits (q2mos)
HIV status	HIV RNA + Ag/Ab	HIV RNA + Ag/Ab
STI status	• Syphilis serology for all • GC/CT NAAT for all • ”3-site testing” for MSM/TGW	• Repeat STI screen for MSM/TGW *q4mos* • Repeat syphilis/GC screen for heterosexual men/women *q6mos* • CT testing for heterosexual men/women *q12mos*
Prescription	• Cabotegravir injection at initiation visit and again 1 month later • Oral CAB lead-in x 4 weeks is an available option	Cabotegravir injection *q2mos* if HIV negative

Table 7 Timing of CAB PrEP-associated Laboratory Tests

Test	Initiation Visit	1 month visit	Q2 months	Q4 months	Q6 months	Q12 months	When Stopping CAB
HIV*	X	X	X	X	X	X	X
Syphilis	X			MSM^/TGW~ only	Heterosexually active women and men only	X	MSM/TGW only
Gonorrhea	X			MSM/TGW only	Heterosexually active women and men only	X	MSM/TGW only
Chlamydia	X			MSM/TGW only	MSM/TGW only	Heterosexually active women and men only	MSM/TGW only

* HIV-1 RNA assay

X all PrEP patients

^ men who have sex with men

~ persons assigned male sex at birth whose gender identification is female

PrEP Side Effects

- "Start-up syndrome" described in <10% of people taking oral PrEP
  - GI symptoms (nausea, abdominal pain, diarrhea), fatigue, headache
  - Mild, resolves within first month

	DESCOVY	TRUVADA
Diarrhea	5%	6%
Nausea	4%	5%
Headache	2%	2%
Fatigue	2%	3%
Stomach Discomfort‡	2%	3%

https://www.descovy.com/side-effects

- CAB
  - Injection site reaction
  - Headache, fever, fatigue, dizziness, sleep problems, rash, myalgia, GI sx

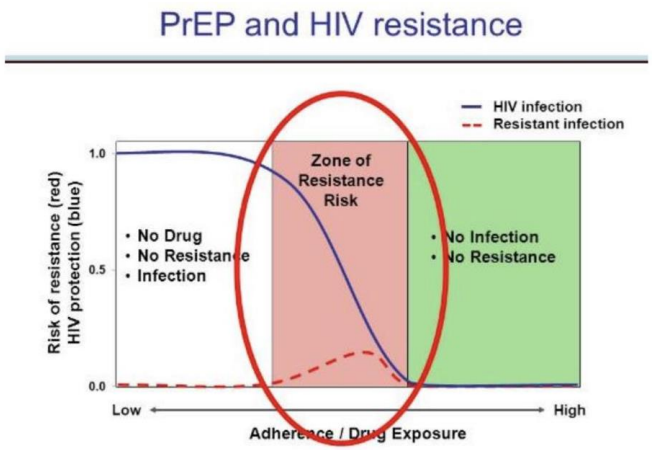
PrEP Adherence

- PrEP only works if it's taken

- Missed doses of PrEP
  - There is some "forgiveness"
  - But protective efficacy decreases
  - Risk of selecting for drug-resistant virus increases
    - CAB "tail period"
      - 44 weeks for men
      - 67 weeks for women

Figure 5: Adherence and F/TDF PrEP Efficacy in MSM

Weekly Medication Adherence Estimated by Drug Concentration	HIV Incidence per 100 person/years
None	4.2
≤2 pills/week	2.3
2-3 pills/week	0.6
≥4 pills/week	0.0



PrEP Education / Counseling

Establish trust and bidirectional communication

Provide simple explanations and education

- Medication dosage and schedule
- Management of common side effects
- Relationship of adherence to the efficacy of PrEP
- Signs and symptoms of acute HIV infection and recommended actions

Support adherence

- Tailor daily dose to patient's daily routine
- Identify reminders and devices to minimize forgetting doses
- Identify and address barriers to adherence
- Reinforce benefit relative to uncommon harms

Monitor medication adherence in a non-judgmental manner

- Normalize occasional missed doses, while ensuring patient understands importance of daily dosing for optimal protection
- Reinforce success
- Identify factors interfering with adherence and plan with patient to address them
- Assess side effects and plan how to manage them

Oral PrEP Discontinuation

- Protection from HIV infection wanes over 7-10 days
- If PrEP is discontinued, document:
  - HIV status at the time of discontinuation
  - Reason for discontinuation
  - Recent medication adherence and reported sexual risk behavior
- Patients with HBV infection should be monitored for HBV flare

<u>Resuming oral PrEP</u>

- Same pre-Rx evaluation
  - Check both HIV Ag/Ab <u>AND</u> HIV RNA if patient took PO PrEP in past 3 months

CAB PrEP Discontinuation

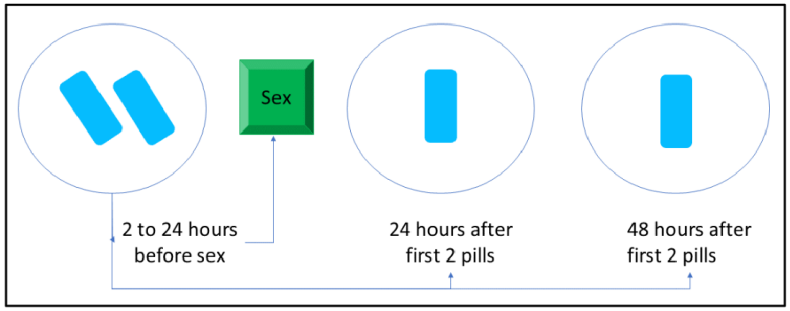
- “Tail period” = CAB levels slowly wane over many months
  - Risk of developing drug-resistant HIV
- Rx daily oral PrEP within 8 weeks if ongoing risk of HIV
- Continue quarterly f/u visits for at least 1 year
- Check HIV RNA tests at each quarterly f/u visit

<u>Resuming CAB</u>

- Determine HIV status with HIV Ag/Ab + HIV RNA testing
- Resume CAB if negative

“On-demand” PrEP

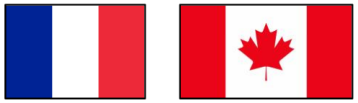
- Aka event-driven, intermittent, 2-1-1
- Not FDA-approved, off-label option



- **FTC/TDF** only in **adult MSM** who:
  - Request non-daily dosing
  - Have sex infrequently (e.g., less often than once a week) and
  - Can anticipate sex (or delay sex) to permit the doses at least 2 hrs prior to sex
  - Do not have active Hep B infection

“On-demand” PrEP Evidence

IPERGAY



- Double-blinded RCT
- 400 adult MSM in France & Canada
- FTC/TDF on-demand vs. placebo
- 16 HIV infections
  - 2 in FTC/TDF group
  - 14 in placebo group
- FTC/TDF -> 86% ↓ in HIV incidence

Prévenir

- Prospective cohort study
- 3000+ MSM in Paris
- Daily vs. on-demand FTC/TDF
- 6 HIV infections (3 in each arm) –> all had discontinued PrEP
- HIV incidence identical in both arms at 0.12 / 100 patient-years

Molina 2015
Molina 2021

“On-demand” PrEP

Education / Counseling

- Taking BOTH pre-sex and post-sex doses
- PrEP for ALL sexual encounters
- Possibility of recurrent “start-up” symptoms
- Possible inadvertent disclosure of same-sex behavior, since 2-1-1 dosing is only used by MSM
- How to change between daily and 2-1-1 dosing
- Continued need for f/u visits for HIV and STI testing
- Off-label use might not be covered by insurance

PrEP and Pregnancy

FTC/TDF PrEP should be offered to women at risk for HIV who are trying to conceive, pregnant, or breastfeeding

Dettinger 2019

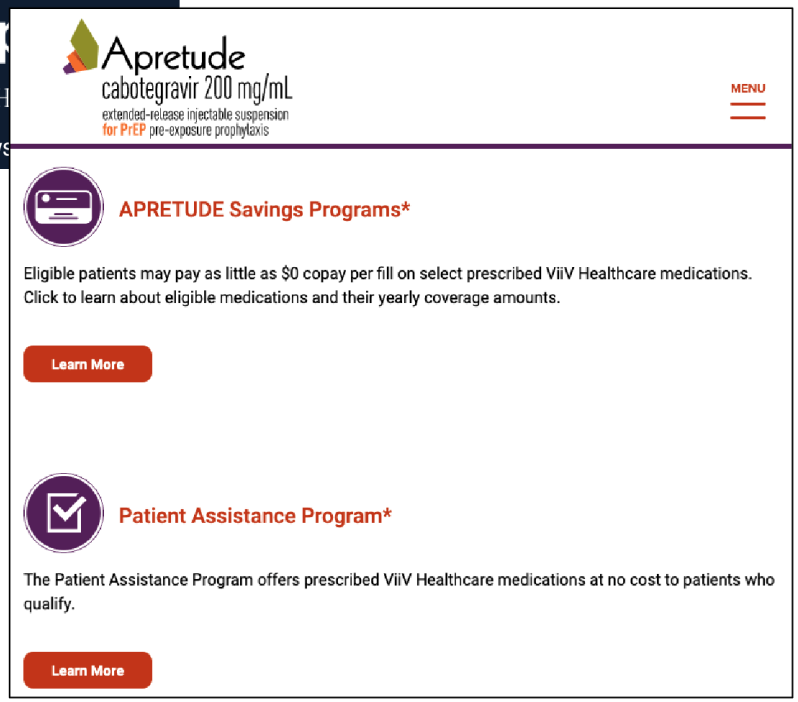
PrEP and $$$

PrEP, the HIV prevention pill, must now be totally free under almost all insurance p

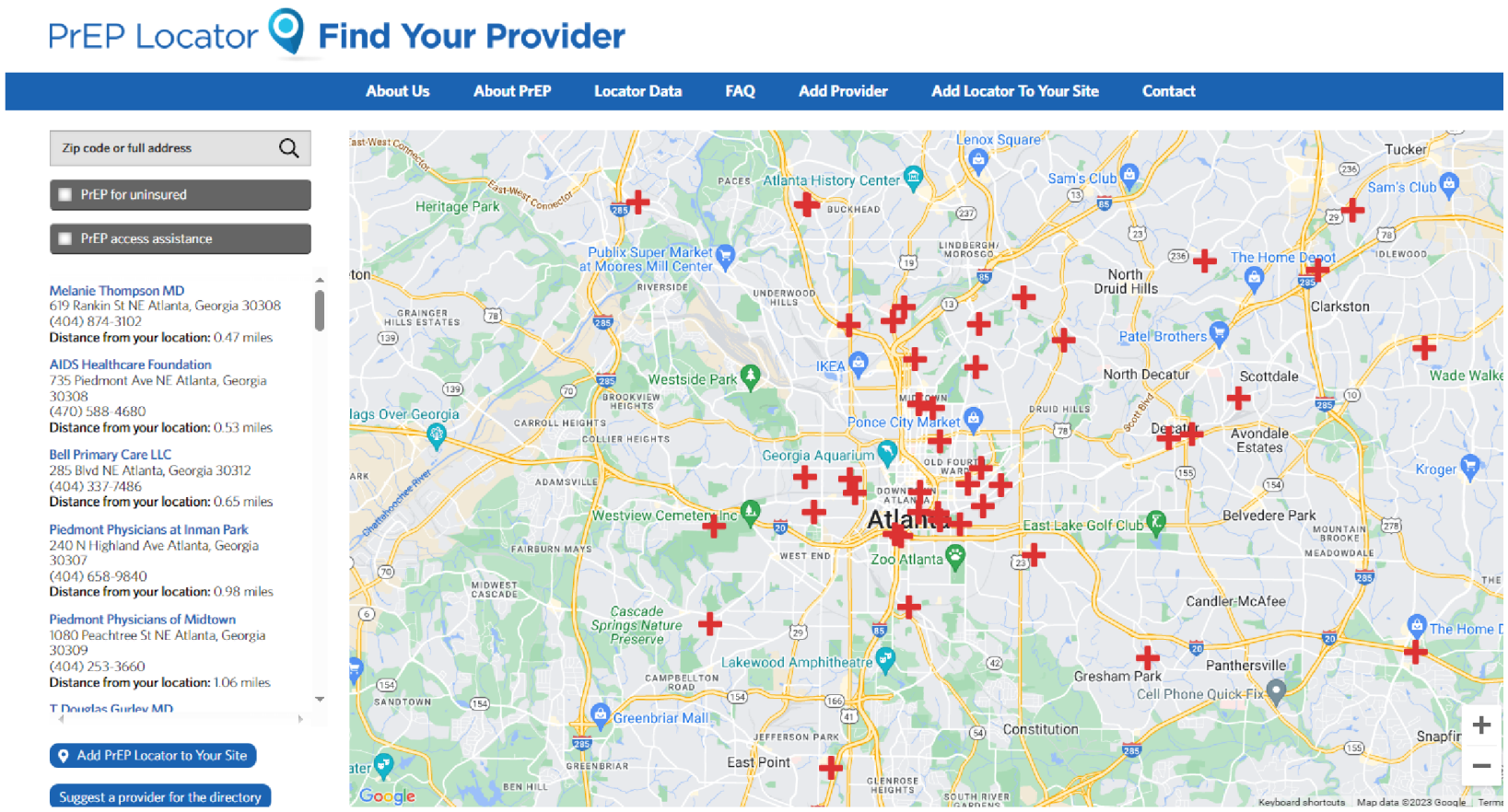
Insurers have been advised that they shouldn't be charging for Truvada and Descovy as H and that associated clinic visits and labs must also be free.

NBC News

- Ready, Set, PrEP program
- Gilead's Medication Assistance Program
- Gilead co-pay assistance programs



HIV Referral Centers in Atlanta



Center for Pan Asian Community Services
6185 Buford Hwy Norcross, Georgia 30071(770) 446-0929

Positive Impact Health Centers
523 Church St Decatur, Georgia 30030(404) 589-9040

Empowerment Resource Center
230 Peachtree St NW Atlanta, Georgia 30303(678) 679-9234

Southside Medical Center
5127 Jimmy Carter Blvd Norcross, Georgia 30093(404) 688-1350

Atlanta Comprehensive Wellness Clinic
1874 Piedmont Ave NE Atlanta, Georgia 30324(770) 212-9660

Mercy Care
424 Decatur St SE Atlanta, Georgia 30312(678) 843-8600D

Positive Impact Health Centers
3350 Breckinridge Blvd Duluth, Georgia 30096(770) 962-8396

Gwinnett Newton and Rockdale County Health Departments
455 Grayson Hwy Lawrenceville, Georgia 30046(770) 339-4283

Georgia Harm Reduction Coalition
5462 Memorial Dr Stone Mountain, Georgia 30083(470) 493-5458

AIDS Healthcare Foundation
735 Piedmont Ave NE Atlanta, Georgia 30308(470) 588-4680

Get Your Free HIV/STI Home Testing Kit

STOP HIV ATL

Free Testing | Services | News | Events | FAQ | Contact Us | Español

Need Help? We're Here.

"Hi, I'm Raul! I am here to help, safely and confidentially! To start, I will need some contact information and the type of service you are requesting. I will get back to you in 24 to 48 hours."

When taking the reins on your sexual health, it's important to know someone has your back.

Our navigator offers guidance to help you get the most out of Atlanta-based sexual health resources. He is trained to connect Hispanic and Latino folks to the tools they need. Below, you can find answers to frequently asked questions about this Navigator program.

STOP HIV ATL

WEBINAR 2: Empowering Metro Atlanta providers: Increasing HIV PrEP Utilization

Agenda

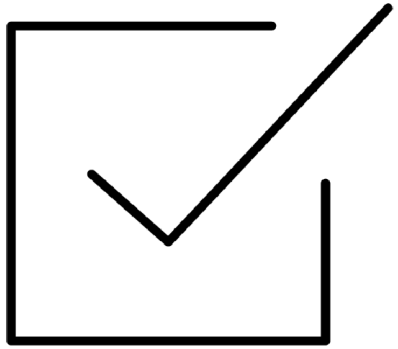
1. Introduction and Recap of Webinar 1

2. Showcase Atlanta-Specific Resources for HIV PrEP, including Hispanic and Latino Resources

3. Facilitate Open Discussion of Webinar 1 and 2

4. Conclusion and Action Steps

QUESTIONS



Question #1

National HIV Curriculum

A 30 yo MSM presents to discuss initiating daily oral FTC/TAF PrEP. His last sexual encounter was 3 weeks ago. He has never received HIV PrEP or PEP. In addition to performing standard screening for STIs in this man, what baseline laboratory studies should be performed?

A. HIV RNA, ALT, and hepatitis B serology panel
B. HIV RNA, AST, and hemoglobin A1c level
C. HIV-1/2 Ag/Ab immunoassay, hepatitis C antibody, and TSH
D. HIV-1/2 Ag/Ab immunoassay, serum creatinine, and HLA-B*5701
E. HIV-1/2 Ag/Ab, serum creatinine, and lipid panel

Recommended Routine Baseline Laboratory Studies Prior to Starting HIV PrEP

Test	TDF-FTC	TAF-FTC	Cabotegravir
HIV-1/2 antigen-antibody immunoassay	✓	✓	✓
HIV-1 RNA assay			✓
Renal function (eCrCl)	✓	✓	
Lipid panel		✓	
Hepatitis B serology	✓	✓	
Hepatitis C serology (*only MSM, TGW, PWID)	✓*	✓*	✓*
Syphilis serology	✓	✓	✓
Gonorrhea	✓	✓	✓
Chlamydia	✓	✓	✓

Figure 1 - Recommended Baseline Laboratory Studies in Persons Starting HIV PrEP
Note: Although hepatitis B serology is not required for persons starting injectable cabotegravir, many experts would obtain hepatitis B serology to to identify nonimmune persons who can receive hepatitis B immunization. For persons initiating cabotegravir for PrEP, screening for HIV should occur prior to the oral cabotegravir lead in (if used) and prior to the first cabotegravir injection.
Abbreviations: eCrCL = estimated creatinine clearance; MSM = men who have sex with men; TGW = transgender women; PWID = persons who inject drugs

Siource: Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. December 2021:1-108.

Question #2

National HIV Curriculum

A 29 yo man with a history of condomless sex with multiple male partners expresses interest in injectable, long-acting cabotegravir for HIV PrEP. Which one of the following is TRUE regarding long-acting injectable cabotegravir for HIV PrEP?

A. Recommended dosing is 600mg IM x1, repeat in 1 mo, then repeat q2mos
B. A 28-day period taking oral cabotegravir as a “lead-in” is required before receiving the IM formulation
C. Optional sites to give the IM injection include the deltoid or gluteal region
D. The IM dose should be increased to 800 mg if a person’s BMI >30
E. CAB can be administered in a clinic or by the patient at home after training by a healthcare professional

Question #3

National HIV Curriculum

A 44 yo cisgender woman who regularly injects heroin is seen in the clinic to discuss starting PrEP. She occasionally shares needles. She had a negative HIV test 4 weeks ago. She intermittently has receptive vaginal sex with two male partners.

Which of the following would be recommended for PrEP for this woman?

A. Daily FTC/TAF
B. Daily FTC/TDF
C. On-demand (2-1-1 dosing) with FTC/TDF after each injection
D. Long-acting injectable cabotegravir

PrEP Recap

For Whom?

Recommended for all sexually active adults and adolescents.

Oral PrEP Options:

FTC/TDF (Truvada): Widely approved.

FTC/TAF (Descovy): Specifically approved for MSM and TGW.

Injectable PrEP:

Cabotegravir: Now available for adults and adolescents.

Before Starting Injectable PrEP:

An HIV RNA test is necessary in addition to the standard HIV Ag/Ab test.

On-Demand PrEP:

Available off-label for some MSM as an alternative regimen.

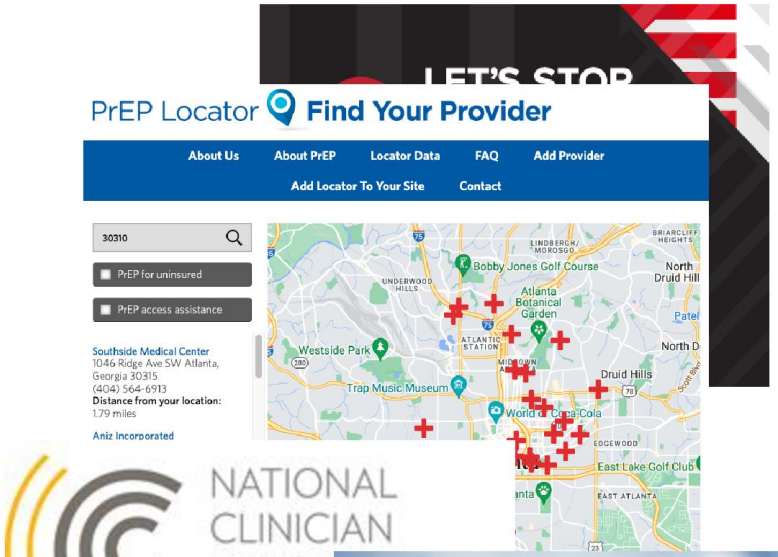
Success Factors: Education and counseling are crucial.

Financial Considerations: Assistance programs are available if PrEP is not covered by insurance.

PrEP Resources

- CDC: Let's Stop HIV Together
  - Interactive resource (EN/SP)
- PrEPlocator.org

- Resources for Clinicians
  - PrEPline
    - 855-HIV-PrEP (855-448-7737)
    - M-F, 9am-8pm ET
  - HIV Nexus
    - https://www.cdc.gov/hiv/clinicians/index.html



Open Discussion

25-30 min

Lets collaborate!

References

- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Published December 2021.
- Choopanya K, Martin M, Suntharasamai P, et al. Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomized, double-blind, placebo-controlled phase 3 trial. ***Lancet*** 2013;381:2083-90.
- Delany-Moretlwe S, Hughes JP, Bock P, Ouma SG, Hunidzarira P, Kalonji D, Kayange N, Makhema J, Mandima P, Mathew C, Spooner E, Mpendo J, Mukwekwerere P, Mgodi N, Ntege PN, Nair G, Nakabiito C, Nuwagaba-Biribonwoha H, Panchia R, Singh N, Siziba B, Farrior J, Rose S, Anderson PL, Eshleman SH, Marzinke MA, Hendrix CW, Beigel-Orme S, Hosek S, Tolley E, Sista N, Adeyeye A, Rooney JF, Rinehart A, Spreen WR, Smith K, Hanscom B, Cohen MS, Hosseinipour MC; HPTN 084 study group. Cabotegravir for the prevention of HIV-1 in women: results from HPTN 084, a phase 3, randomised clinical trial. Lancet. 2022 May 7;399(10337):1779-1789. doi: 10.1016/S0140-6736(22)00538-4. Epub 2022 Apr 1. Erratum in: Lancet. 2022 May 7;399(10337):1778. PMID: 35378077.
- Dimitrov D, Moore JR, Wood D, et al. Predicted effectiveness of daily and non-daily PrEP for MSM based on sex and pill-taking patterns from HPTN 067/ADAPT. Clin Infect Dis. 2019;71(2):249–255,
- Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med. 2010;363(27):2587-99. doi:10.1056/NEJMoa1011205
- Landovitz RJ, Donnell D, Clement ME, et al. Cabotegravir for HIV prevention in cisgender men and transgender women. N Engl J Med. 2021;385(7):595-608
- Mayer KH, Molina J-M, Thompson MA, et al. Emtricitabine and tenofovir alafenamide vs emtricitabine and tenofovir disoproxil fumarate for HIV pre-exposure prophylaxis (DISCOVER): primary results from a randomised, double-blind, multicentre, active-controlled, phase 3, noninferiority trial. The Lancet. 2020;396(10246):239-254.
- Molina JM, Capitant C, Spire B, et al. On-demand preexposure prophylaxis in men at high risk for HIV-1 infection. N Engl J Med. 2015;373:2237-46
- Molina JM, Charreau I, Spire B, et al. Efficacy, safety, and effect on sexual behaviour of on-demand pre-exposure prophylaxis for HIV in men who have sex with men: an observational cohort study. Lancet HIV. 2017;4(9):e402-e410. doi:10.1016/S2352-3018(17)30089-9
- *National HIV Curriculum Question Bank: Preexposure Prophylaxis (PrEP)*. National HIV Curriculum. (n.d.). Retrieved May 5, 2022, from https://www.hiv.uw.edu/page/qb/topic/prevention/preexposure-prophylaxis-prep
- U.S. Department of Health and Human Services. 2021. HIV National Strategic Plan for the United States: A Roadmap to End the Epidemic 2021–2025. Washington, DC.


The time is now.
Ending
the
HIV
Epidemic