HIV Integrated Planning Council
PrEP Work Group
Wednesday, August 15, 2018
2-4pm

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Erica Aaron, Jazzmin Boyd, Keith Carter, Caitlin Conyngham, Annet Davis, Cheryl Dennis, Ian Frank, David Gana, Gus Grannan, Jennifer Goldberg, Alyssa Kennedy, Xander Lopez, Laura Martindale, Nia Nohami, Nhakia Outland, Gregory Pierce, John Rose, Eran Sargent, Harlan Shaw, Clint Steib, Anne Teitleman, Tahira Tyler

Guests: Sarah Wood

Office of HIV Planning Staff: Briana Morgan, Stephen Budhu

Call to Order: C. Steib called the meeting to order at 2:12pm. He reminded those who were present the PrEP work group is still looking for a chair. A chair must be a pre-existing member of the Planning Council. C. Conyngham reminded everyone Planning Council applications are available either online at hivphilly.org or in the office. Those present then introduced themselves.

Approval of Agenda: C. Steib presented the agenda for approval**. Motion:** D. Gana moved, K. Carter seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: C. Steib presented the minutes for approval. **Motion:** D. Gana moved, K. Carter seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: No report

Report of Office of HIV Planning Staff: No report

Action Items: None

Discussion Items:

- **Update from International AIDS Conference, Sarah Wood, MD**

Dr. Wood greeted the group and informed them she had attended the International AIDS Conference in Amsterdam this past July. She explained she would be sharing the key points from the conference with the group. There will be time for questions at the conclusion of the presentation.

Dr. Wood explained undetectable=untransmittable (U=U) was discussed throughout the conference. U=U means that there is little or no risk HIV can be transmitted from an undetectable HIV positive partner who is actively on antiretroviral therapy (ART). U=U largely came from results of the Partner study that followed serodiscordant couples that engaged in condomless sex. Of the 55,000 condomless sex acts reported there were no new HIV cases. The results of the follow up to the Partner Study, Partner 2, were presented during the conference as well. She explained unlike Partner 1, Partner 2 focused only on serodiscordant MSM couples. Also, Partner 2 focused on the effects STI prevalence or seromutation would have on new seroconversion. The Partner 2 study recorded 77,000 condomless anal sex acts, over 22,000 more than Partner 1, and no genetically-linked HIV cases were observed. She noted 11 new HIV cases were observed in the study, but not all couples were exclusively monogamous during the time of the study. The main takeaways from the study are:

- A serodiscordant couple, with one of the partners being undetectable, must have condomless sex for 419 years before a genetically-linked new case would be observed

- The true risk of new HIV infected from condomless sex with an HIV positive partner who is undetectable and actively on ART lies between 0 and 0.23
- STIs do not have the any effect on HIV transmission

G. Grannan asked if U=U held true for injection drug use. Dr. Wood replied unfortunately that data is not available at this time.

Dr. Wood explained event-driven PrEP ("on demand PrEP") efficacy was discussed during the conference. Its efficacy was compared to traditional daily PrEP dosage's efficacy. Previous studies have looked into this, specifically the IPERGAY study, and have found that on-demand PrEP use efficacy is "on par" with the efficacy of daily PrEP use. At the conference a follow study up to the IPERGAY study was presented, "Prevenir" which was a Paris-based study that focused on comparing efficacies of the two types of PrEP dosing. Data that was presented was preliminary and the study is still ongoing. Researchers explained the goal of the study was to reduce new HIV infections by 15% in Paris by the end of the study period. The Prevenir study is an open label trial; the study did not have a control group, participants were able to choose if they wanted on demand PrEP or daily PrEP doses. The study was composed of 1100 individuals with a little over 50% of them choosing to take on demand PrEP. Within the study 1100 sex acts were reported. 81% of the group who took on demand PrEP had PrEP in their system at the time of the sex acts, while 95% of those who took daily PrEP had PrEP in their systems at the time of sex acts. Those who took on demand PrEP were more likely to have sex more frequently and with more than one partner compared to those who took daily doses of PrEP. Across both groups condom adherence was <12% and no new HIV infections were observed.

C. Steib asked what were the doses of on-demand PrEP use. Dr. Wood replied the dosage was 2 doses within 24 hours, 2 before the sexual act and 1 after (within 24 hours), and then another dose the next day (2 days after sexual activity). If sexual activity continues the preliminary 2 pill dosage is lowered to 1. E. Aaron asked if Dr. Wood suggests on-demand PrEP use for her patients or the traditional daily dose. Dr. Wood replied she would suggest daily doses with the hopes of higher adherence, realistically human beings do not have perfect adherence to their prescribed treatments.

Dr. Woods informed the group on-demand PrEP use was not yet approved for transwomen. She explained the Tenofovir Disoproxil Fumarate (TDF), the main ingredient in PrEP, can be absorbed by estrogen and other feminine hormones. Those who are transwomen often take feminine hormone and it presents the risk of absorption. At this time on demand PrEP use is not approved for transwomen, on demand use is approved in transmen, however.

Dr. Woods informed the group Gilead has released new guidelines for PrEP use in children aged 13-18. Unfortunately, the rate of PrEP uptake is low in teens even though they account for a high amount of the new HIV infections. She suggested the group should focus on youth-based interventions.

- **PrEP Estimates**

C. Conyngham reminded the committee they reviewed the PrEP uptake plan in the last few meetings. She reminded the group the PrEP uptake plan had 6 key points and populations.

1. all Philadelphians at risk for exposure to HIV (*By 2022 goal is to increase number of persons on PrEP to 5000*)

2. transgender persons who have sex with men (TSM) (*Goal is a 50% increase annually of TSM on PrEP over 5-year span, as by 2022*)

3. HIV-negative young men who have sex with men (*estimated from NHBS data, it is estimated only 17% of this group is on PrEP, looking for a 100% increase (34%) by 2022*)

4. HIV-negative men who have sex with men of color (*25% increase of young MSM, 13-25 years old on PrEP*; estimated 50 persons, *goal is to have a 50% increase of PrEP intake for yMSM by 2022. From NHBS estimates only 17% of eligible yMSM are currently on PrEP*)

5. HIV-negative men who have sex with men who use poppers/meth/benzodiazepines/crack (*no data sources yet) C. Conyngham stated the drugs listed above were associated with higher risk of HIV in accordance with the CDC recommendations.*

6. HIV-negative cis-gender women at risk for exposure to HIV. (*no data source yet*)

She explained the CDC has recently released national estimates for the total estimates of those who could benefit from PrEP. Estimates are depicted in the table below:

Race/Ethnicity	MSM	Heterosexually active adults	Persons who inject drugs (PWID)	Total by race/ethnicity
Black/African America American	309,190	164,660	26,490	550,340
Hispanic/Latino	220,760	46,580	14,920	282,260
White, non-Hispanic	238,670	36,540	28, 020	303,230
Total Who could potentially benefit from PrEP	813,970	258,080	72,510	1,144,550

She noted the estimates could also be localized to the Philadelphia. Localized estimates are depicted in the table below:

Population	N	HIV Negative	PrEP Indicator
MSM	33,549	26,596	8,287 (31.2%)
High risk Heterosexuals	267,326	260, 726	3,331 (1.3%)
PWID	55,000	52,195	1,495 (2.9%)
Total	355,911	339, 517	13,113 (10.6%)

C. Conygham explained the PrEP indicators could be stratified by race/ethnicity for the populations. She stated it is estimated there are 14,023 Black MSM in Philadelphia, 10,099 are HIV negative, and 5,801 (58%) are PrEP eligible. There is an estimated total of 4,036 Latino MSM, 3,588 of which are HIV negative, and 1,326 are believed to be PrEP eligible (37%). Last, there are 12,145 White MSM, of which 10,147 are HIV negative, and 1,077 (10.6%) can benefit from PrEP.

C. Conyngham reviewed the estimates for the high-risk heterosexual (HRH) group by race/ethnicity. She explained it is estimated that there are 130,565 Black HRH, of which 125,646 are HIV negative, and 2,598 are PrEP eligible. It is estimated that there are 49,227 Latino HRH, of which 500 can benefit from PrEP. Estimates were not yet available for Latino HRH who are HIV negative. For White HRH, it is estimated there are 64,850, and 500 could benefit from PrEP. Like Latino HRH, estimates are not available for the amount of HIV negative White HRH. Estimates suggest 133 White HRH could benefit from PrEP.

C. Conyngham reviewed the PWID estimates by race. She stated it was estimated that there were 7158 Black PWID, of which 8.6% can benefit from PrEP use. It is estimated there are 10,835 Latino PWID and 4.2% of them can potentially benefit from PrEP use. Last, it is estimated there is a total of 35,585 White PWID, of which 14% may benefit from PrEP use.

After review of surveillance estimates C. Conyngham presented a map that depicted an HIV-hotspots as well as known/perceived gaps in services due to access issues (transportation). From the map C. Conyngham identified the Northeastern Philadelphia as an area with high HIV prevalence and gaps in service. She suggested the committee could start thinking of targeted interventions to reach the most HIV-dense areas and also the Black MSM, especially young Black MSM. E. Aaron suggested the group could separate into 3 subgroups to have a similar discussion that they had in previous meetings. She stated each group should focus on one the following key points:

1. PrEP best practices- implementing PrEP into clinical practice

2. public awareness and education:

3. access ─ideals vs realities

E. Sargent suggested the group should have discussion as a whole as opposed to breaking out into smaller groups, the rest of the group agreed. A. Davis stated the group has already had similar brainstorming sessions in the past, she questioned the purpose of repeating the activity. E. Aaron explained it was to get new ideas and recommendations based off the data estimates that have been presented within this meeting. A. Davis suggested the group should review its recommendations from past brainstorming sessions before making new ones. E. Aaron stated those recommendations would be presented in the upcoming work group meetings. At this time if the group would like to make new recommendations they are welcomed to.

J. Rose mentioned the gaps in service portrayed in the map may not be an accurate representation of Philadelphia. He stated from doing outreach within the community, young MSM are not just concentrated in those areas. To properly reach all yMSM common areas like barber shops, basketball courts, malls, not just known gay-areas should be the focus of outreach efforts. Also, targeted yMSM intervention for PrEP may further feed into stigma. Women's PrEP uptake has been poor since the treatment has been targeted to the mainly MSM. To be inclusive of all populations with the PrEP monitoring could potentially produce a better outcome. The group agreed with J. Rose. C. Conyngham replied the PrEP intervention was targeted to MSM, specifically Black yMSM, because that population represents the largest percentage of the HIV epidemic.

G. Pierce asked if the group's recommendations from the past meetings have been used or implemented within the PrEP uptake plan. He stated the group should not continue to make recommendations if there is no proof that they were/will be used during the intervention plan. He asked C. Conyngham what recommendations if any have been implemented into the plan. C. Conyngham explained the city has created a social media campaign. Expanding the social media platform and PrEP's social media presence was one of the recommendations that are in the process of implementation.

- **PrEP Referral List**

E. Aaron informed the group that C. Conyngham and she have conducted a series of secret shopper calls to providers about PrEP. From those calls they have composed a list of what providers are prescribing PrEP as well as their locations. The list only includes providers that have been compliant with current

service standards. Feedback was given to providers at the conclusion of the calls. Calls will be conducted every 6 months.

E. Aaron stated the group should have a collaborative forum that is composed on all the information about PrEP, such as who's prescribing, services provided and etc. E. Aaron stated the forum would be in a Dropbox format and it will be open for all to add content, the forum will be up and running by the time of the next meeting.

- **Media Campaign**

C. Conyngham stated as aforementioned the city will have a new social media campaign that features PrEP. The idea comes from a recommendation from the past few meetings of the work group. More details will be presented in upcoming meetings.

Old Business: None

New Business: None

Announcements: C. Conyngham announced AACO has just been awarded a component B grant for its DExIS initiative. She explained DExIS is an abbreviation for Demonstrated Expanded Interventional Surveillance. She stated DexiS is a surveillance-based identification and epidemiologic analysis program. Routine HIV surveillance data will be used to identify sentinel cases of missed opportunities along the HIV continuum. The program focuses on data from surveillance as well as consumer-driven data. She noted the consumer-driven data will come from both individual-level field intervention and standardized interviews. The intervention use consumer-driven input to provide feedback to providers.

Adjournment: Meeting adjourned by consensus at 3:45pm

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar