

Disclosures

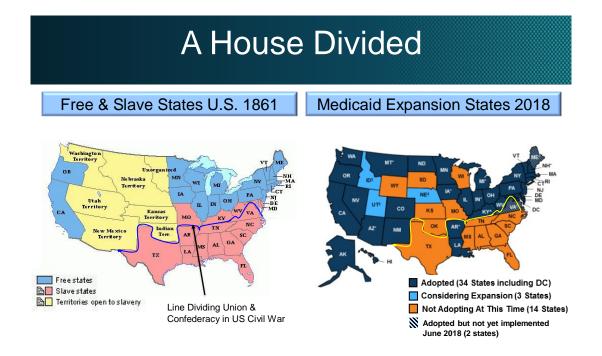
 Dr. Golden has received research support from Hologic and GSK

A House Divided

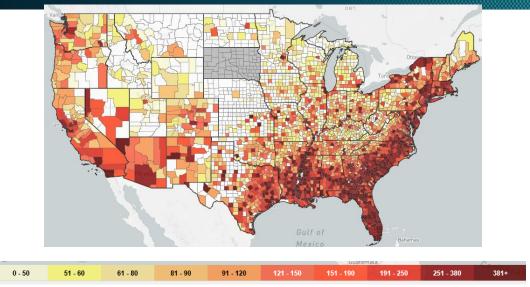
"'A house divided against itself cannot stand.' I believe this government cannot endure, permanently half *slave* and half *free*. I do not expect the Union to be *dissolved* -- I do not expect the house to *fall* -- but I *do* expect it will cease to be divided."

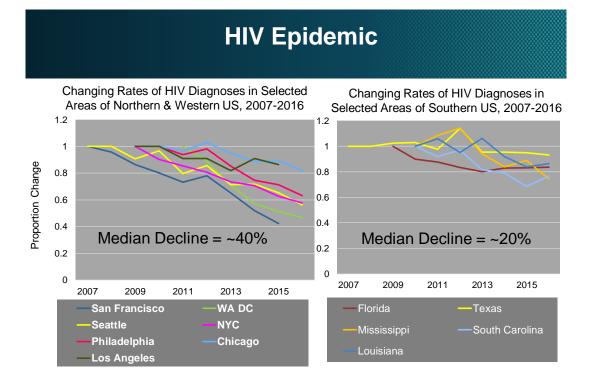
Abraham Lincoln 1858

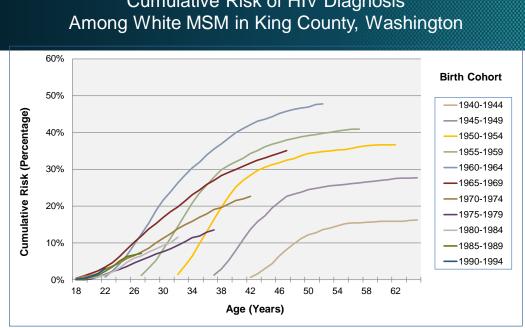




Rates of Persons Living with HIV in the United States, Per 100,000, 2015

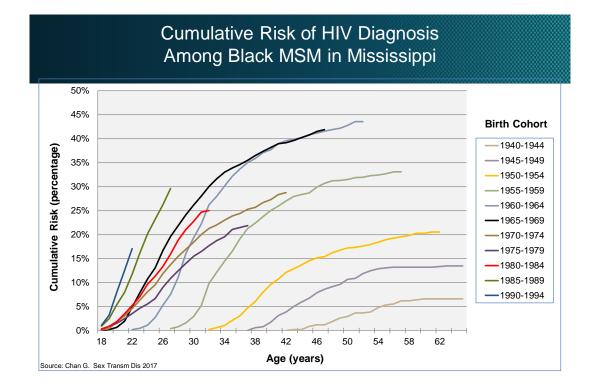






Cumulative Risk of HIV Diagnosis

Source: Chan G. Sex Transm Dis 2017



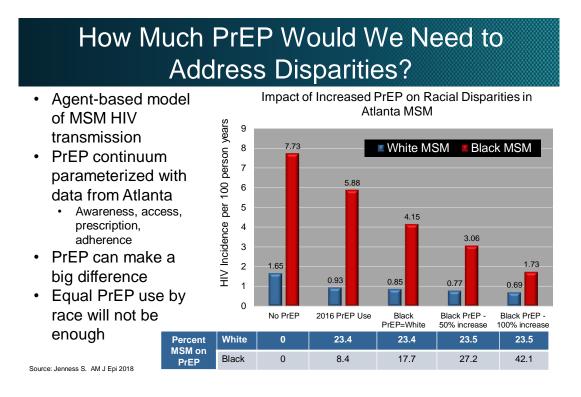
Disparities in HIV in the United States

- The impact of HIV in the US is highly disparate
 26% of infections occur in Black MSM 0.3% of the population
- Trends in young Black MSM have long term implications
 - Sex is age assortative people have sex with people who are roughly their age
 - Younger people have more sex and are harder to treat once infected
 - If we protect a birth cohort in their youth, those benefits will continue as they age – virtuous cycle
 - If a birth cohort gets seeded in their teens, it will be hard to stop vicious cycle

Distribution of Active PrEP Prescriptions and the PrEP-to-Need Ratio, US Q2 2017

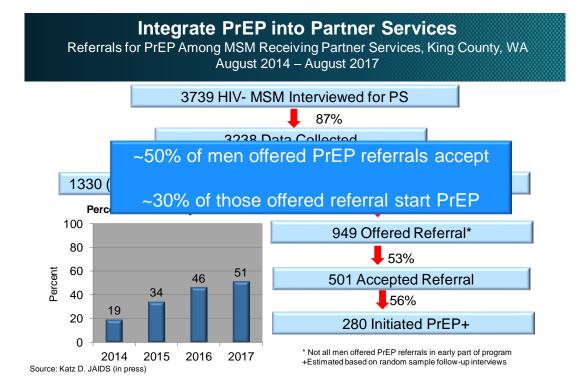
- Need is unevenly distributed
- PrEP use would ideally be highest in areas with the highest numbers of new HIV diagnoses
- Northwest and Northeast have highest use, and south the lowest

Source: Siegler, AJ. The Prevalence of Pre-Exposure Prophylaxis Use and the PrEP-to-Need Ration in the 4th Quarter of 2017, United States. Annals of Epidemiology. 2018



Addressing Disparities

- · Universal insurance Obvious but politically difficult
- Despite lack of insurance, drug assistance programs make PrEP widely available, if people can negotiate the system
- · Access is not enough
- What is to be done?



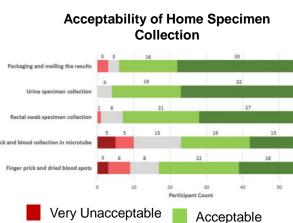
Making PrEP Easier: De-Medicalizing PrEP

PHSKC STD Clinic Experience

- ~1000 patients initiated on PrEP since 2015
- 550 patients current on PrEP
- Managed by health educator
- 1 visit/year with clinician
- Easy access HIV/STI testing SMS in advance

Home PrEP

- Pilot 58 men
- Home testing with 1 visit to clinician per year



Unacceptable Very Acceptable Neutral

Pharmacy-Based PrEP: One-Step PrEP™

- Kelley-Ross Pharmacy Seattle
- Year 1: 373 enrolled



Outcomes 1 st Year of Operation	
	% (n)
Clinic Retention	75% (280)
Discontinuation	25% (63)
Insurance restriction or transfer care	38
Lost to follow-up	13
Decreased risk - stop	7
Relocation	5

Planned WA statewide expansion using pharmacy-based clinics

Tung E, et al. Feasibilility of a pharmacist-run HIV PrEP clinic in a community pharmacy setting. [CROI 961]

Conclusion

- Health care in the US is characterized by profound disparities by region and race
 - Rooted in American history
- PrEP uptake mirrors these disparities & has the potential to make them wider or ameliorate them
- Success will require concerted efforts to direct PrEP toward disproportionately affected populations

Thank You