PrEP and Women in the US:
update on the Science, Research & Implementation
Friday, March 11, 2016
12pm-1:30pm PST  3pm – 4:30pm  EST

Dial-In Number(s):
U.S. & Canada: 855.345.1691
Access Code: 69562674

Please use the computer audio if at all possible for the best experience.
Welcome Participants

- Please ensure Audio is
- For Telephone audio number is
  **U.S. & Canada: 855-345-1691**
  **Access Code: 69562674**
- You will be muted automatically upon entry
- At the time of Question and Answer you may raise your hand by clicking the hand icon and the coordinator will unmute you. For those joining us by phone you may dial *7 to unmute and *6 to mute.
- You may also use the chat feature to submit questions.
- For additional support, you may email lmustafa@sisterlove.org or call 404-518-1017
Welcome and Introductions

US WPWG Introduction/Update

Update on PrEP Science and Research - Next Generation PrEP

US PrEP Implementation Update – Provider perspectives

What’s the Word on the Ground – Advocates’ perspectives

Questions and Discussion

Closing and Gratitude
Today’s Presenters

- **Dazon Dixon Diallo, MPH**
  - Founder/President, SisterLove, Inc.

- **Leisha McKinley-Beach**
  - Fulton County Dept of Health & Wellness

- **Dr. Raphael Landovitz**
  - University of California, Los Angeles

- **Marsha Jones**
  - The Afiya Center

- **Dr. Karen Hoover**
  - US Centers for Disease Control

- **Nichole Little**
  - SHERO

- **Moderator:**
  - Manju Chatani Gada, AVAC
WPWG - The Advocacy

- Sexual & Reproductive Health & Rights Service Delivery & Advocacy
- Women’s Power to Prevent HIV in Women’s Hands
- Global Advocacy for Appropriate Research & Development
- Cooperation and Collaboration among domestic and international partners
The Group

- Leadership Team (4) and Group Members (100+)
- Face-to-Face & Teleconference meetings
- Webinars, Research, & Communications
The Purpose of the Working Group

- National Community representing women’s voices
- Inquiry, Advocacy & Accountability
- Ensure women’s safety, efficacy and accessibility in PrEP & Microbicides research & rollout
- Educate and engage community in PrEP/Microbicides discourse and information dissemination
- Mobilize a diversity of women’s HIV and health advocates, researchers and policy makers in PrEP and other BmPO for women
Key Aims of the Working Group

- Civil Society engagement in research and implementation of PrEP/Microbicides
- National/Federal plan for community & provider education and social marketing about PrEP
- Plan for incorporating PrEP education and access for women into the NHAS
- Process including milestones, feedback mechanisms, resources and accountability
2016 Activities

- **Convenings**
  - Annual In-Person Meeting – September 2016, USCA/Hollywood FL
  - Transgender Affinity Group – calls and join the F2F meeting in FL

- **Webinars**
  - Four Webinars in 2016 – next dates TBD

- **Projects**
  - Prevention Options for Women/Girls at Risk (POWaR) Community Workshops – in 5-6 of the HPTN064 (ISIS) cities
  - I Desire: A Campaign to hear women’s voices on PrEP & HIV Prevention
  - Abstracts, Workshops, Posters and Publications
  - Independent Website
Community Engagement Tools

PrEP A pill to prevent HIV? For women??

http://www.sisterlove.org/us-women-prep-working-group/
PrEP Advocacy Partnerships

- AVAC PxROAR and www.prepwatch.org
- Black Treatment Advocates Network
- Women ‘s HIV Research Collaborative
- Women’s Research Initiative (The Well Project)
- HPTN Women-At-Risk Subcommittee
- IRMA/My PrEP Experience (PrEP Stories)
- PrEP Facts: Rethinking HIV Prevention & Sex
- Consortium of PrEP projects funded by Gilead Sciences
- HIVE – www.hiveonline.org
THANKS FOR JOINING US!

LET’S GET STARTED!
PrEP For Women: Future Directions

Raphael J. Landovitz MD MSc
UCLA Center for Clinical AIDS Research & Education
March 11, 2016
Maximizing the Potential Effectiveness

TDF/FTC (7x/week)

CI: 96 - 99

99%

Some adherence forgiveness with retained protection


TDF/FTC (~1x/24°)

CI: -17 - 100

94%

6-7 doses per week likely required

Cottrell ML et al, JID 2016.
Modeled Adherence Required for Protection

Cottrell ML et al, JID 2016.
HPTN 067

HIV-uninfected MSM and Women N=540

6 weeks of DOT Weekly Therapy

- Daily TDF/FTC
- 2 Times/week + post-boost
- 24-48h pre-Event, + 24h post

Week 7-30
Adherence was higher for the daily rather than non-daily doses.
What Does the Future Hold?

- Maraviroc – HPTN 069/ACTG A5305
- Long Acting Therapies
  - Rilpivirine (TMC278) – HPTN 076
  - Cabotegravir (GSK1265744) – HPTN 077/ÉCLAIR, HPTN 083 and HPTN 084
- Microbicides?
- Implantable Devices?
- Rings?
- mAbs?
- Dissolvable Gels/Fibers?
- Long acting orals? (Merck eFda)
Maraviroc – HPTN 069/ACTG A5305
HPTN 069

Screening

Enrollment and Randomization
N = 600
(400 men; 200 women)

Arm 1, N=150
100 men; 50 women
MVC (active) + FTC (placebo) + TDF (placebo)

Tissue Subset N = 30
15m; 15w
Drug Interaction Subset N = 18

Arm 2, N=150
100 men; 50 women
MVC (active) + FTC (active) + TDF (placebo)

Tissue Subset N = 30
15m; 15w
Drug Interaction Subset N = 18

Arm 3, N=150
100 men; 50 women
MVC (active) + FTC (placebo) + TDF (active)

Tissue Subset N = 30
15m; 15w
Drug Interaction Subset N = 18

Arm 4, N=150
100 men; 50 women
MVC (placebo) + FTC (active) + TDF (active)

Tissue Subset N = 30
15m; 15w
Drug Interaction Subset N = 18
Primary study and Men’s Tissue Results presented at CROI 2016 (Gulick et al)

Coming

• Behavioral and Quality of Life Data

• Women’s Cohort (n=188)
• Women’s Tissue Substudy (n=42)

• Combined Men and Women’s Bone Mineral Density Data (n=594)
Long Acting Rilpivirine (TMC278)  
HPTN 076: Phase 2 Safety

- TMC278 LA is a novel poloxamer 338-containing formulation of TMC278. TMC278 LA is long-acting suspension and well-suited for delivery via IM injection
- HPTN 076 enrolling at 4 sites, low-risk HIV-uninfected women (NY, NJ, Zim, SA)
- Fully enrolled, Data available 2017
Long Acting Rilpivirine (TMC278)
HPTN 076: Phase 2 Safety

Randomize (2:1) a total of 132 seronegative female volunteers

Week
0
4
20
44
52

Oral RPV 25 mg | Six IM injections of RPV LA 1200 mg | Washout

Oral placebo | Six IM injections of saline | Washout

Primary timepoint

Primary endpoints: safety/acceptability of ‘maximum feasible dose’

Williams, P. HIV DART 2014
SSAT040: Seroconversion Event During Washout of 300 mg

Summary: Drug Levels, Viraemia, Resistance

![Graph showing HIV RNA and K101E levels over time after RPV injection.](graph.png)

HIV RNA (copies/mL) vs. Days post RPV injection

- Green line: Viral load
- Blue line: Plasma [RPV]
- Red line: K101E (%)

HIV exposure (0-40 days) vs. Days post RPV injection (40-240 days)

ART = antiretroviral therapy

Penrose K, et al. HIVR4P 2014. Abstract OA27.01
Cabotegravir (GSK 1265744) development

Early Phase

- NHP Models
- First-in-human/Phase 1
- Cardiac Safety, DDI

Indication

- Treatment
- Prevention cis women
- Prevention MSM/TGW

Phase 2a

- LATTE-1
- LATTE-2
- HPTN 077*
- ECLAIR

Phase 2b ± 3

- Pivotal Phase 3s
- HPTN 084
- HPTN 083

*INCLUDES BOTH MEN AND WOMEN
Long Acting Cabotegravir
HPTN 077 – Phase 2a

- Cabotegravir is a novel strand-transfer integrase inhibitor
- Pure nanosuspension, suitable for IM injection
- HPTN 077 open at 8 sites, low-risk HIV-uninfected women and men
  - Planned >60% women
  - Oral lead-in
    - Cohort 1: Every-12-week injections, 2 x 2cc injections
    - Cohort 2: Every-8-week injections (after monthly load), 1 x 3cc injection
  - Cohort 1: 39 men and 71 women (110 total)
  - Cohort 2: 11 men and 18 women (29/88 total)
# Long Acting Cabotegravir HPTN 077 – Phase 2a

A Phase 2a Study to Evaluate the Safety, Tolerability and Pharmacokinetics of the Investigational Injectable HIV Integrase Inhibitor, Cabotegravir, in HIV-uninfected Men and Women

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>4</th>
<th>41</th>
<th>81</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARM 1</td>
<td>Daily Oral 744 30mg</td>
<td>Injections of 744LA 800 mg every 12 weeks at three time points</td>
<td>Follow-up Phase (Tail Phase)</td>
</tr>
<tr>
<td>N = 79</td>
<td></td>
<td></td>
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<tr>
<td>ARM 2</td>
<td>Daily Oral Placebo</td>
<td>Injections of 744LA placebo every 12 weeks at three time points</td>
<td></td>
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<tr>
<td>N = 27</td>
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</table>

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>4</th>
<th>41</th>
<th>85</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cohort 2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARM 1</td>
<td>Daily Oral 744 30mg</td>
<td>Injections of 744LA 600 mg every 8 weeks after monthly load at five time points</td>
<td>Follow-up Phase (Tail Phase)</td>
</tr>
<tr>
<td>N = 66</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARM 2</td>
<td>Daily Oral Placebo</td>
<td>Injections of 744LA placebo every 8 weeks after monthly load at five time points</td>
<td></td>
</tr>
<tr>
<td>N = 22</td>
<td></td>
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</tbody>
</table>

194 HIV-uninfected, Ages 18-65
Long Acting Cabotegravir
HPTN 077 – Phase 2a

US Sites
- Los Angeles, California
- San Francisco, California
- Washington, DC
- Chapel Hill, North Carolina

International Sites
- Soweto, South Africa
- Durban, South Africa
- Lilongwe, Malawi
- Rio de Janeiro, Brazil
1% TFV Gel used pericoitally

- **CAPRISA 004**
  - Safe, 39% (95% CI 6-60%) overall reduction in HIV incidence
  - Higher in self report and objective measures of adherence (54% in >80% self report, 74% in CVL > 1000 ng/mL)

- **FACTS-001**
  - Safe, no reduction in HIV incidence
  - 48% reduction in subset of adherers with recent intercourse

Rees H.et al. CROI 2015, Abstract 26 LB
# Dapivirine Rings

<table>
<thead>
<tr>
<th>Study</th>
<th>The Ring Study (IPM 027)</th>
<th>ASPIRE (MTN 020)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>International Partnership for Microbicides</td>
<td>Microbicide Trials Network</td>
</tr>
<tr>
<td><strong>Study design and enrollment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Long term safety and effectiveness</td>
<td>Safety and effectiveness</td>
</tr>
<tr>
<td><strong>Study design</strong></td>
<td>Double blind randomized placebo controlled with 2:1 randomization (active: placebo)</td>
<td>Double blind randomized placebo controlled with 1:1 randomization (active: placebo)</td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td>Total: 1959 women, ages 18-45 Active arm: ~1300</td>
<td>Total: 2629 women, ages 18-45 Active arm: ~1325</td>
</tr>
<tr>
<td><strong>Regulatory requirement</strong></td>
<td>3000 women on dapivirine ring for at least 1 year follow-up 1500 women on dapivirine ring for 2 year follow-up</td>
<td></td>
</tr>
<tr>
<td><strong>Participant follow-up</strong></td>
<td>2 years + 6 weeks following ring discontinuation</td>
<td>Minimum 1 year + 4 weeks following ring discontinuation</td>
</tr>
<tr>
<td><strong>Research sites</strong></td>
<td>7 IPM research center partners in South Africa and Uganda</td>
<td>15 MTN research centers in Malawi, South Africa, Uganda, Zimbabwe</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall results</strong></td>
<td>31% effective, confidence interval 1-51</td>
<td>27% effective, confidence interval 1-46</td>
</tr>
<tr>
<td><strong>Secondary analysis that excluded data from 2 sites with lower retention and adherence</strong></td>
<td>37% effective, confidence interval 12-56</td>
<td></td>
</tr>
<tr>
<td><strong>Results by age stratification (post hoc analysis)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women over 21 years of age</strong></td>
<td>37% effective, confidence interval 3.5-59</td>
<td>56% effective, confidence interval 31-71</td>
</tr>
<tr>
<td><strong>Women 18-21 years of age</strong></td>
<td>No statistically significant effect</td>
<td>No statistically significant effect</td>
</tr>
<tr>
<td><strong>HIV incidence</strong></td>
<td>4.1% among women in active arm 6.1% among women in placebo arm</td>
<td>3.3% among women in active arm 4.5% among women in placebo arm</td>
</tr>
</tbody>
</table>
PrEP Adherence Enhancement Guided by iTAB and Drug Levels for Women (AEGiS)

A Pilot Demonstration Project to Operationalize PrEP as part of Combination Prevention with Intensified Adherence Support Among Women in Los Angeles and San Diego Counties

Sponsored by:
California HIV Research Program
Gilead Sciences
Questions and Discussions
PrEP implementation for women

Karen Hoover, MD, MPH
Health Services Research for Prevention with Negatives
Division of HIV/AIDS Prevention

March 11, 2016
Diagnoses of HIV infection and population among U.S. females by race and ethnicity, 2014

Diagnoses of HIV Infection
N = 8,328

- American Indian/Alaska Native: <1%
- Asian: 2%
- Black/African American: 1%
- Multiple races: 2%
- Hispanic/Latino: 16%
- White: 62%

Female Population, United States
N = 136,147,401

- American Indian/Alaska Native: 2%
- Asian: 1%
- Black/African American: 15%
- Hispanic/Latino: 13%
- Multiple races: <1%
- White: 64%

TABLE 2. Estimated percentages and numbers of adults with indications for preexposure prophylaxis (PrEP), by transmission risk group — United States, 2015

<table>
<thead>
<tr>
<th>Transmission risk group</th>
<th>% with PrEP indications*</th>
<th>Estimated no.</th>
<th>(95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men who have sex with men, aged 18–59 yrs†</td>
<td>24.7</td>
<td>492,000</td>
<td>(212,000–772,000)</td>
</tr>
<tr>
<td>Adults who inject drugs, aged ≥18 yrs§</td>
<td>18.5</td>
<td>115,000</td>
<td>(45,000–185,000)</td>
</tr>
<tr>
<td>Heterosexually active adults, aged 18–59 yrs¶</td>
<td>0.4</td>
<td>624,000</td>
<td>(404,000–846,000)</td>
</tr>
<tr>
<td>Men**</td>
<td>0.2</td>
<td>157,000</td>
<td>(62,000–252,000)</td>
</tr>
<tr>
<td>Women</td>
<td>0.6</td>
<td>468,000</td>
<td>(274,000–662,000)</td>
</tr>
<tr>
<td>Total</td>
<td>—</td>
<td>1,232,000</td>
<td>(661,000–1,803,000)</td>
</tr>
</tbody>
</table>
New PrEP Starts by Gender

Total Unique Individuals = 8,512

IMS National Prescription Database accounts for approx. 39% of all TVD prescriptions

Bush et al., IAPAC 2015
Commerically insured persons prescribed PrEP by year — United States, 2010–2013

Prevalence proportion (per million)

Year

2010
1,015

2011
1,250

2012
1,607

2013
2,750

* MEPS weighting

Weighted*

Unweighted

Hoover et al., NHPC 2015
## Demographic characteristics of persons with commercial health insurance who were prescribed PrEP

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=267</td>
<td>N=373</td>
<td>N=497</td>
<td>N=695</td>
</tr>
<tr>
<td>Mean age, years (SD)</td>
<td>45.4 (9.2)</td>
<td>45.5 (10.3)</td>
<td>45.0 (10.5)</td>
<td>43.5 (10.4)</td>
</tr>
<tr>
<td>Age group, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16–34</td>
<td>39 (14.6)</td>
<td>60 (16.1)</td>
<td>90 (18.1)</td>
<td>148 (21.3)</td>
</tr>
<tr>
<td>35–44</td>
<td>76 (28.5)</td>
<td>102 (27.4)</td>
<td>139 (28.0)</td>
<td>220 (31.7)</td>
</tr>
<tr>
<td>45–54</td>
<td>112 (42.0)</td>
<td>138 (37.0)</td>
<td>169 (34.0)</td>
<td>221 (31.8)</td>
</tr>
<tr>
<td>55–64</td>
<td>40 (15.0)</td>
<td>73 (19.6)</td>
<td>99 (19.9)</td>
<td>106 (15.3)</td>
</tr>
<tr>
<td>Sex, n (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>221 (82.8)</td>
<td>313 (83.9)</td>
<td>434 (87.3)</td>
<td>608 (87.5)</td>
</tr>
<tr>
<td>Female</td>
<td>46 (17.2)</td>
<td>60 (16.1)</td>
<td>63 (12.7)</td>
<td>87 (12.5)</td>
</tr>
</tbody>
</table>

- About 60% of U.S. population aged 16-64 years have employer-sponsored commercial health insurance
- MarketScan provides a robust sample of U.S. population: 40-50 million enrollees each year which is almost 20% of U.S. populations aged ≥ 16 years

Hoover et al., NHPC 2015
Accelerating Diffusion of Innovation: Maloney’s 16% Rule

Maloney’s 16% Rule:
Once you have reached 16% adoption of any innovation, you must change your messaging and media strategy from one based on scarcity, to one based on social proof, in order to accelerate through the chasm to the tipping point.

\[ \text{Psychology of Influence}^\text{\textup{^\textup{\textup{}}}^\textup{\textup{}}} \]

\[ \begin{array}{c|c|c|c|c}
<table>
<thead>
<tr>
<th>Adoption Profile</th>
<th>Innovators</th>
<th>Early Adopters</th>
<th>Early Majority</th>
<th>Late Majority</th>
<th>Late Mass</th>
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<tbody>
<tr>
<td>Psychographic</td>
<td>Technologists</td>
<td>Visionaries</td>
<td>Pragmatists</td>
<td>Conservatives</td>
<td>Sceptics</td>
</tr>
<tr>
<td>Social Technographic</td>
<td>Creators</td>
<td>Critics &amp; Collectors</td>
<td>Joiners &amp; Spectators</td>
<td>Inactives</td>
<td></td>
</tr>
</tbody>
</table>

^ Robert Cialdini * Everett Rogers # Forresters ~ Geoffrey Moore + Malcolm Gladwell

Indications for prescribing PrEP for women

- Substantial risk of acquiring HIV infection from sexual behaviors
  - HIV-positive sexual partner
    - Including PrEPception in serodiscordant partnerships
  - History of inconsistent or no condom use
  - Recent bacterial STD
    - Biomarker of risk behavior
    - Co-factor for HIV transmission
  - High number sexual partners
  - Commercial sex work
  - In high prevalence area or network
    - Sexually active black women
    - Women in IDU networks

CDC PrEP guidelines, 2014
Indications for prescribing PrEP for women

- Substantial risk of acquiring HIV infection from injection drug use
  - HIV-positive injecting partner
  - Sharing injection equipment
  - Recent addiction treatment (but currently injecting)
Sexual behavior with opposite-sex partners among females aged 15–44 years, United States 2006–2008

Chandra et al. 2011
Sexually transmitted infections

Treponema pallidum

Neisseria gonorrhoeae
Sexually transmitted infections

- HIV seroconversion higher among women with STIs
  - Syphilis: 598/100,000 person-years
  - Gonorrhea: 171/100,000 person-years
  - Chlamydia: 66/100,000 person-years
  - No STI: 30/100,000 persons-years

- Women with STIs with were only a small fraction of all HIV diagnoses
  - 2,118 HIV diagnoses among women with an STI
  - 19,531 HIV diagnoses among women without an STI

Peterman et al. 2015
Implementing PrEP for women

- Clinical venues of care for women
  - Ob/gyn clinics
  - Family planning clinics
  - STI clinics
  - Primary care clinics
  - Federally Qualified Health Centers (FQHCs)

- Prepare healthcare providers
  - Training
  - Toolkits
  - Academic detailing

- Create demand among women
  - Educate women about PrEP for HIV prevention
  - Social marketing
AIDS Foundation of Chicago, [http://www.prep4love.com](http://www.prep4love.com)
Thank you!

khoover@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov       Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Fulton County Department
of Health and Wellness
Gets PrEPared

Leisha McKinley-Beach,
HIV Program Administrator
Fulton County Department of Health and Wellness
High Impact Prevention Program (HIPP)
Capacity Building Assistance (CBA)
- San Francisco Department of Health
- Black AIDS Institute

Press Conference

Provider Lunch and Learn
PrEP Progress At A Glance...

- 8 patients seen during the pilot phase
  - 7 received prescriptions and enrolled into the Medication Assistance Program (MAP)
- 32 patients completed PrEP assessment/completed labs
- 27 patients received prescription and/or enroll into MAP.
- Clients from three states (Alabama, Tennessee, North Carolina)
Women and PrEP

- 3 women expressed interest in PrEP during pilot phase
  - 2 are enrolled into the MAP to receive Truvada for PrEP
- Since the launch, 2 women have expressed interest in PrEP
  - 2 are in the process of enrolling into the MAP to start Truvada for PrEP
Recruitment

- Self Referrals
- Partner Referrals
  - Ryan White
  - DeKalb County Board of Health
  - CBOs
- STD Clinic
  - Testing
  - Partner Services
Ideal Candidates for PrEP...

- HIV (-)
- Partner of HIV (+)
- High risk MSM
- Injection drug user
Fulton County Department of Health and Wellness
PrEP Enrollment

- Photo identification
- Wage statement/proof of income
After initial visit...

- 1 month follow-up appointment
- 3 month follow-up appointment(s)
Atlanta PrEP Locations

To schedule an appointment to get PrEP:

AID Atlanta
1605 Peachtree Rd. NE
Atlanta, GA. 30309
(404) 870-7762
Limited appointments available for uninsured.

AIDS Healthcare Foundation–Lithonia
5700 Hillandale Dr.
Lithonia, GA 30058
(770) 593-6684

Absolute CARE
2140 Peachtree Rd. NW, Suite 232
Atlanta, GA. 30309
(404) 231-4431

Fulton County Department of Health and Wellness
99 Jesse Hill Jr. Dr. SE
Atlanta, GA 30303
(404) 613-4708
No insurance necessary.

Infectious Disease of Atlanta, LLC (AHF Affiliate)
735 Piedmont Ave. NE
Atlanta, GA. 30308
(404) 588-4680

Intown Primary Care
730 Ponce De Leon Pl., Unit B
Atlanta, GA 30306
(404) 541-0944

For information about PrEP, contact:

Empowerment Resource Center
100 Edgewood Ave. NE #1020
Atlanta, GA. 30303
(404) 526-1145

Positive Impact
1117 W. Peachtree St. NW
Atlanta, GA. 30309
(404) 589-9040

NAESM
2140 M.L.K. Jr. Dr. SW
Atlanta, GA. 30310
(404) 691-8880

SisterLove, Inc.
1237 Ralph David Abernathy Blvd., SW
Atlanta, Georgia 30310-0558
http://www.sisterlove.org

Someone Cares Inc. of Atlanta
1950 Spectrum Cir.
Marietta, GA. 30067
(678) 921-2706
Thank YOU

- Leisha Mckinley–Beach
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PrEP & Women in the US—Update on the Science, Research & Implementation

WHAT’S THE WORD ON THE GROUND
MARSHA JONES, EXECUTIVE DIRECTOR
THE AFIYA CENTER
DALLAS, TEXAS
THE AFIYA CENTER

The Afiya Center is women centered organization and our mission is to serve marginalized black women and girls transforming their relationship with their sexual and reproductive health by addressing the consequences of reproductive oppression. Our work is accomplished by developing programs to educate, bring awareness to and advocating for economic growth, reproductive rights, health disparities that include HIV for black and all marginalized women. We envision a world where ALL Women will have the achievement of their full social justice and human rights ending reproductive oppression.
The trend of HIV incidence and prevalence rate among black women in Dallas pretty much mirror that of the national rates.

• Black women represent a smaller segment of the population (24%) but represent the largest percentage (70%) of women living with HIV.

• Nearly 1.5% of black women living in Dallas County between the ages of 35-44 are living with HIV.

• The most common mode of transmission (93%) is through heterosexual sex. (Texas Department of State Health Services HIV/STD Programs)
The word on the ground is!!!

Where are the providers?

- Currently in Dallas there is one ASO that will soon began a pilot PrEP program for a “limited” number of uninsured individuals (regardless of gender)...with a “Risk Based” criteria
- There are a few private providers of PrEP to “insured patients” in a state that’s pretty clear about not expanding Medicaid

When I inquired about PrEP being offered as an option for women...the response was “it's offered if they ask”...You can’t ask if you don’t know it’s available!!
THE WORD ON THE GROUND IS

Four Years after FDA approval of PrEP the following issues remain the same for women and PrEP

• The lack of women-centered messaging
• Criteria for PrEP that rejects the living experiences of women which continues to do a disservice to women and limit access
• Barriers that limit access such as not having insurance or Medicaid
What Is Needed on the Ground?

- A holistic women-centered approach is the practical way of addressing HIV Prevention, Treatment, and Care.
- Women will ask for PrEP and will adhere to PrEP when they are fully made aware that PrEP is also an option for them.
- We surveyed a group of women in 2015 ages ranging 21-50ish and none had heard of PrEP (or anything like it)!
- When asked if they would take it 40% answered Yes, 35% Yes, if nobody knew, and remainder said they would strongly consider with more information.

Advocacy, Awareness, and Access!
Thank You
PrEp’ing Oakland Women of Color for the biomedical future of HIV Prevention and AIDS Treatment

Sex & The New Millennium Woman

Nichole D. Albert-Little
Sexual Health Education Research & Outreach (SHERO)
Oakland, California
March 11, 2016
The New Millennium Woman PrEP Focus Group – Oakland, Ca

At SHEROs 2nd Bay Area Women’s Sexual Health & HIV Prevention Update, in 2009, Pre Exposure Prophylaxis was introduced to Black Women in Oakland. The concerns from the Group ranged from issues of cost and access to how this invasive, Not yet FDA approved, might impact reproduction and other female Specific sexual and reproductive health functions

The initial NMW PrEP Focus Group was formed from this ‘09 meeting. Since then, the group has nurtured itself into a team of Popular Opinion Leaders within their respective Familial/Social/Sisterhood Circle. The NMW group is:

• African American
• Oakland/Bay Area Residents
• Ages 13 – 65
• Community Conscious - Involved in other community groups/interests
Community Engagement

- Annual Network Meetings
- National and International Conference Attendance & Participation
- Access to industry experts
- Networking with a diverse audience of community advocates

- Faith Based Women’s Groups
- Sororities and Social Clubs
- Lesbian/Queer Women’s Spaces
- Family and Friends

- Conference and Meeting Support and Advice
  - Unparalleled access to cutting edge Prevention Research information
  - Peer Based Resource Sharing

- pxROAR / AVAC
  - Provided relevant printed and web-based science, treatment and prevention resources
  - Empowered NMW to produce and host Girls Nite events to discuss Sexy safer sex and introduce PrEP

- ENGAGE ENTIRE WOMEN’S COMMUNITY
  - TRAIN THE TRAINER
Winter Odom
Nov 14, 2009 at 8:28pm
Hey Nichole..........just wanted to drop by to let you know I enjoyed the women’s forum today!!!! Not too many showed up but its not quantity in numbers but quality of the information provided. The presenters spoke well and were very enlightening on the steps we need to do to stop the spread of HIV and how to love and to appreciate ourselves as women. It was nice to meet you and to see what you do and what you stand for........keep up the good work, stay encouraged and may God bless you and everything you do!!!! If ever I can help just HOLLA!!!!
2 comments

Lesah Jones
Nov 13, 2010 at 8:54pm
Have I ever told you that you’re my SHERO, I mean female hero? Nikki Baby thanks for sharing with me, not letting a sista walk around aimlessly, watch where you point that thang, or let it hang. Now I can pass it on and share it with he so we can live free from HIV. Feeling elevated and educated by my sista, because now I’m conscious of a disease that is not about just US, what you don’t know? check out the next event given by SHERO.
5 likes 5 comments

Jenee Dee
Nov 13, 2010 at 8:48pm
had a great time at Nichole DivaGrandma Little SHERO Women's Sexual Empowerment Conference. Teaching women to love and protect their bodies is definitely a SHEROic act. :) Now I’m

Nilaja A Montgomery
12 mins • Hootsuite
Did they just mention #PrEP? I thinks the first time and be heard it mentioned on TV. #HTGAWM
1 like

Alboutecbony Grease Sanders, Diana Wilson and 10 others like Amla Legend.

Amla Legend
Sponsored
It’s a Winner! Amla Legend Silkening Oil Mist was chosen as an O, The Oprah Magazine 2015 Beauty O-Ward Winner! Find a store near vou! http://
Thank You from Oakland, California!

Nichole D. Albert-Little
Founder/Executive Director
Sexual Health Education Research & Outreach

Bayareashero@yahoo.com
SHERO Women’s Empowerment Network (onFB)
Questions and Discussions
What’s Next?

2015 Launch of Transgender Affinity Group of the US Women & PrEP Working Group

Face to Face meeting before CROI, Boston, February 2016

2015 -2016 Webinars – Topics TBA

National & Int’l Engagement – I Desire: Campaign to Hear Women’s Voices

Articles, Workshops, Satellites, Orals & Posters -

Ensuring incorporation of PrEP with other Women’s High Impact Prevention Strategies
Working with Partners & Tools
HIV Prevention for Women: Where’s My PrEP?

Trying to screen and offer PrEP to women? Come Join the Conversation...

According to the CDC, 468,000 women in the United States have indications for PrEP. How will we reach women?

Who will provide PrEP for women?

Join us for an interactive conversation with panelists who are pioneering PrEP for women across the nation. Join us on March 21st, 2016 at 9-10am PST / 12-1pm EST for a Google+ Hangout on Air. There will be a robust discussion and Q&A.

Register via EventBrite

Our Panelists include:
Dr. Dominika Seidman, UCSF, San Francisco
Caitlin Conyingham, Philadelphia FIGHT, Philadelphia
Dr. Samali Lubega, AETC, Oakland
Maria Timoney, Bronx Lebanon Hospital, New York

Moderated by: Yamini Oseguera-Bhatnagar
Question and answer session led by: Amanda Rodriguez and Shannon Weber
All are welcome.

Have questions for our panelists? Email them to hive.online2015@gmail.com OR login via Google+ to ask them live here.

Not sure what a Google+ Hangout on Air is? Check out this Hangout with Hive.

Missed the live broadcast? Click here to watch the archived video.

For more info on PrEP and other HIV prevention topics for Women, check out: http://www.hiveonline.org/for-you/hiv-women-2/


Need more info?
Email Yamini at y.oseguera.bhatnagar@gmail.com

#WheresMyPrEP

Find HIVE on Social Media:
Much ApprecriaLove!

• Gilead Sciences
• AVAC
• CDC
• UCLA
• PrEP REP – K. Rivet Amico & Team!
• Black Treatment Advocates Network
• The Afiya Center
• SHERO
• HPTN Women-at-Risk
• SisterLove Staff & Volunteers

• HIV Prevention Justice Alliance
• HIVE www.hiveonline.org
• National Women’s Health Network
• The Well Project/Women’s Research Initiative
• Women’s HIV Research Collaborative (The Legacy Project/HANC)
• The Participants and PrEP Seekers!!!
SEE YOU IN DURBAN for AIDS2016!

July 13 – 15, 2016
Hilton Hotel
Durban, South Africa

www.womennow2016.org
Thank You!