

Addressing Gaps in HIV Preexposure Prophylaxis Care to Reduce Racial Disparities in HIV Incidence in the United States

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OVERVIEW

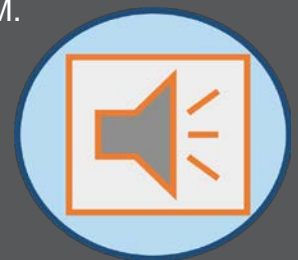
- HIV prevalence among black MSM is 3–6x as high as white MSM across the United States.
- The potential for HIV pre-exposure prophylaxis (PrEP) to reduce the racial disparities in HIV incidence in the United States may be limited by racial gaps in PrEP care.
- The continuum framework consists of complete HIV prevention with PrEP via PrEP awareness, access to PrEP-related healthcare services, obtaining a PrEP prescription, adherence after initiation, and retention in PrEP care after effective adherence.

The research aims to: Quantify PrEP related reduction in HIV incidence for younger BMSM in SE United States over 10 years and Predict how improvements along each continuum step for BMSM could further reduce HIV incidence overall

RESULTS



- If BMSM parameters were set to observed WMSM values, incidence would decline by 47% among BMSM.
- Increasing awareness proportion for BMSM had a strong impact on PrEP use.
- All levels of PrEP modeled resulted in a reduction in HIV incidence for BMSM compared to no PrEP.
- It is possible to reduce disparities in HIV incidence by race while at the same time lowering HIV incidence overall with PrEP.



TAKEAWAY

One high-priority intervention is scaling-up HIV preexposure prophylaxis (PrEP), which has proven highly effective at lowering HIV risk. These results suggest that PrEP will play a critical role in HIV elimination in the US, but its success will also depend on how we use it to address the persistent racial disparities in HIV incidence. Targeting these gaps with existing and novel interventions, especially in regards to raising awareness of

PrEP, is greatly needed to make critical advances in using PrEP to reduce disparities

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