Rebuttal

Renslow Sherer
New Vital Signs:
Sexual Health
Chronic pain
Senior mobility

White Paper on HIV Elimination in Chicago*
May, 2014

We, the undersigned, believe that we can begin the domestic and global effort to begin the elimination of HIV in Chicago by the year 2014. In this white paper, we offer a constructive strategy to sharply reduce the spread of HIV in the next five years.

PrEP4love
Transmitting Desire Across Chicago

CROI 2016 Innovations in PrEP 2.23.16
Chicago Approach

Vision

- Unified, citywide campaign
- Reach 3 focus populations [epi, uptake]
  - Young gay Black men
  - Transgender women of color
  - Cisgender heterosexual Black women
- Upbeat, informative, honest
- Centrality of pleasure, intimacy [why we have sex]
- Real people, real bodies
  - Don’t emphasize HIV
One pill. Once a day. Protect against HIV.

#CatchDesire  #ContractHeat  #SpreadTingle  #TransmitLove
What is Combination Prevention?

- Leadership and scaling up of treatment/prevention efforts
- Behavioral change
- Treatment/antiretroviral/STI/antiviral
- Biomedical strategies
- Social justice and human rights
- Highly active HIV prevention

Coates et al., 2008.
Global HIV Imperatives
Integrated Prevention, Care, & Support
HIV & Human Rights

Human Rights

Prevention (epidemiology)

Care (support)
Domestic Violence and Childhood Sexual Abuse in WIHS Women
(Cohen, Deamant, Barkan, et al., *AJPH* 2000;90:560-5)

Baseline Prevalence

- Lifetime Domestic Violence
- Recent Domestic Violence
- Childhood Sexual Abuse

Multivariate Behavioral Correlates of Childhood Sexual Abuse

- Drug use, ever (OR 4.2)*
- Male partner w/HIV risk (OR 2.0)*
- Lifetime sex partners (OR 2.3)*
- Sex for drugs, money (OR 2.6)

* p < .001

OR adjusted for HIV serostatus, age, race/ethnicity and annual household income
Maximizing PrEP Potential Effectiveness

TDF/FTC (7x/week)  TDF/FTC (~1x/24°)

CI: 96 - 99
99%

Effective after 1 week

Some adherence forgiveness with retained protection in rectal tissue

CI: -17 - 100
94%

Effective after 3 weeks

6-7 doses per week likely required for cervical/vaginal tissue pK

1.2 million people in the U.S. with HIV

<table>
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<tr>
<th>City</th>
<th>Rate</th>
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<tr>
<td>Miami</td>
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U.S. total 15.9
Summary I: Common Sense HIV Prevention Science

• I will advocate for any prevention intervention that works....and particularly those that work >90% of the time

• TasP works all the time (w/ proper use)...99.9%

• PrEP works almost all the time (”””)...90+%  

• Condoms work almost all the time (”””)...90+%
Condom-less sex should be **recommended**....

- To defined and carefully selected patients, e.g.
  - HIV+ on ART w/ VL <50, good adherence & access
  - at risk, on PrEP, good adherence & access

- Condom-less sex is SAFE in that context to prevent HIV
  - Use a condom often, commonly, in uncertain settings

- MD role: with caution, information & education re: LACK OF SAFETY, i.e.
  - NOT SAFE to prevent STIs, HCV, pregnancy, BV, trichomonas
  - informed re: risks of condomless sex....
  - Explain, contextualize rare PrEP failures
  - Info, education, support re: plan B (**condoms**)
Summary III: Plan B (backup)

Sex with Condoms should be **enabled & recommended**....

- Encourage pts w/ HIV & at risk to carry condoms
- Use in unclear circumstances, impulse sex
- Clear information: outcomes with & without
- Use if ART or PrEP interruptions, uncertain pK levels

- **Help to de-stigmatize and re-normalize condom use!**
  - It can be fun, sexy, normal
  - It is NOT a gesture of mistrust
  - It is NOT a big deal, just a modest measure of security
Thank You