




# CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention (CHAC)

## Prioritizing PrEP to Support the Ending the HIV Epidemic CDC Preparation and Implementation

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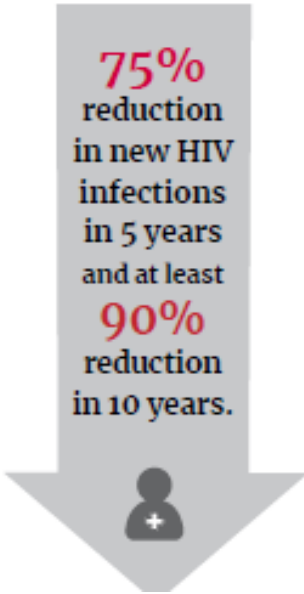


Ending  
the  
HIV  
Epidemic





# Ending the HIV Epidemic: A Plan for America

## GOAL:

75%  
reduction  
in new HIV  
infections  
in 5 years  
and at least  
90%  
reduction  
in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

	<b>Diagnose</b> all people with HIV as early as possible.
	<b>Treat</b> the infection rapidly and effectively to achieve sustained viral suppression. 
	<b>Prevent</b> new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
	<b>Respond</b> quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. 



# Ending the HIV Epidemic

- Goal: Implement comprehensive HIV programs designed to support EHE by leveraging powerful data, tools and resources to reduce new HIV infections by 90% by 2030
- Strategy (PrEP): Accelerate efforts to increase PrEP use, particularly for populations with the highest rates of new HIV diagnoses and low PrEP use among those with indication for PrEP

# PrEP: Approach

- Activities will likely involve jurisdictions developing local plans that meet the overarching EHE goals and strategies for PrEP. Such activities may include:
  - Maximizing current activities to appropriate scale targeting population most in need
  - Developing innovative activities that better align with needs of local jurisdictions
  - Using and adapting CDC and other media campaigns to increase knowledge about and promote HIV prevention, including PrEP

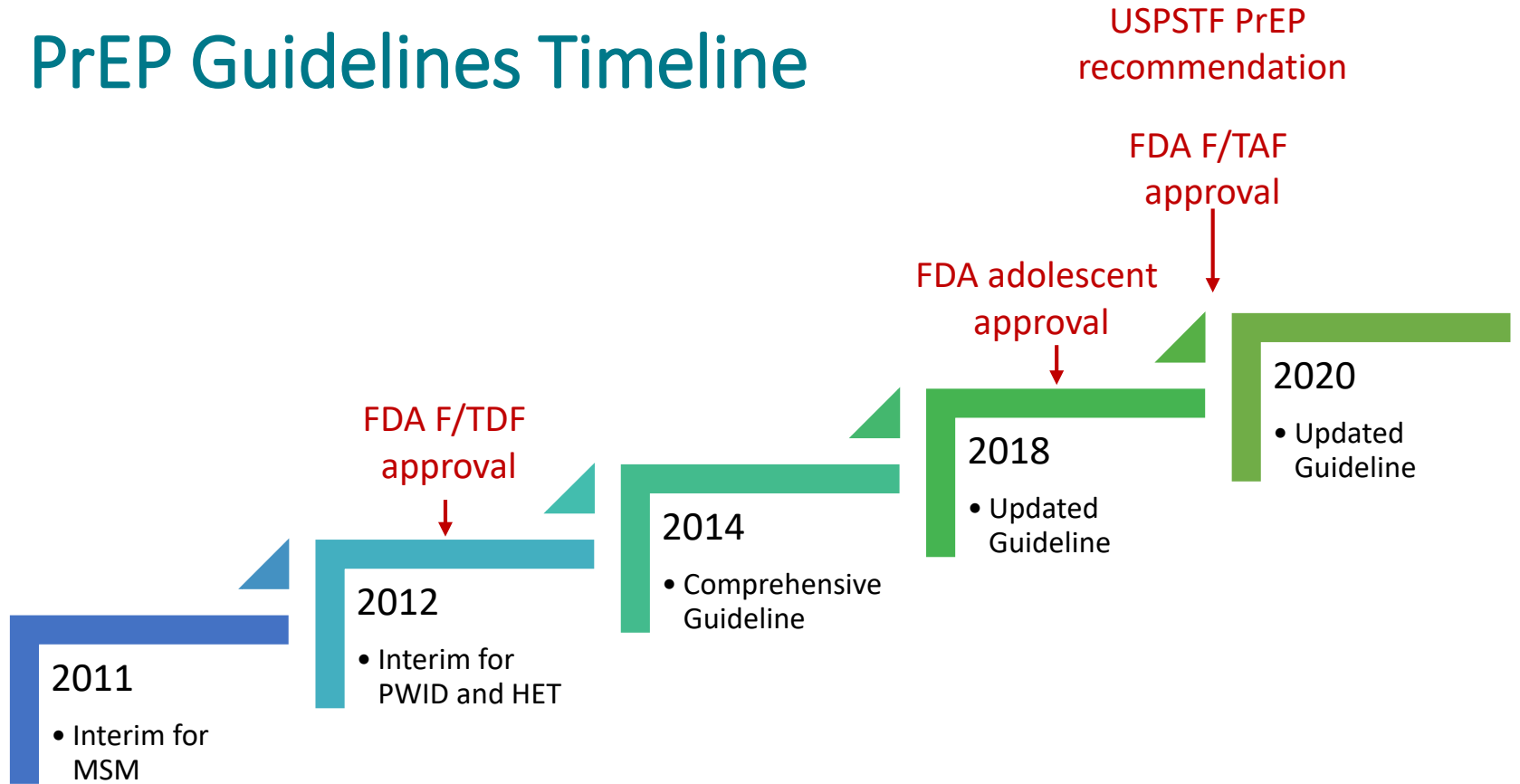
# Augmenting EHE PrEP Activities

- Concurrent HIV surveillance and prevention programs (all 50 states and selected local HDs)
- Strengthening capacity and improving performance of nation's HIV prevention workforce
- State and local HIV planning efforts for EHE

# CDC PrEP Clinical Practice Guidelines

- Primary Intended Users include:
  - Primary care clinicians who provide care to persons at risk of acquiring HIV infection
  - Clinicians who provide substance abuse treatment or reproductive health care
  - Infectious disease, HIV treatment, and STD treatment specialists who may provide PrEP or serve as consultants to primary care physicians about the use of antiretroviral medications
  - Health program policy makers

# PrEP Guidelines Timeline



# Basis for 2020 PrEP Guideline Revision

- Recent FDA approvals
- Updated systematic review of the PrEP literature
- Survey of clinicians about improvement to format of 2017 Guideline and Supplement
- Comments received by DHAP from clinicians and public health organizations



# Guideline Update Procedures

- Draft developed by DHAP writing team
  - Consultation with DSTDP and DVH
- Review and clearance through CDC channels
- Peer review and public comment
- Revision
- Final review and clearance
- Publication on DHAP website (and AIDSInfo)

# Topics to be addressed in 2020 Guideline Update

- Updated evidence review
- F/TAF for PrEP
- Frequency of renal function testing
- Assessing HIV status when starting/continuing/discontinuing PrEP
- HHS drug distribution program
- Primary care considerations
- Addition of specific protocols
  - Same day PrEP start
  - nPEP to PrEP transition
  - PrEP to treatment transition for those who acquire HIV infection
  - Restarting after discontinuation
  - 2-1-1 regimen for MSM only

# Questions?

| Ending  
| the  
| HIV  
| Epidemic