

Potential Impact on HIV Incidence of Increasing Viral Suppression among HIV-positive MSM in Baltimore: Mathematical Modelling for HPTN 078

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Imperial College London
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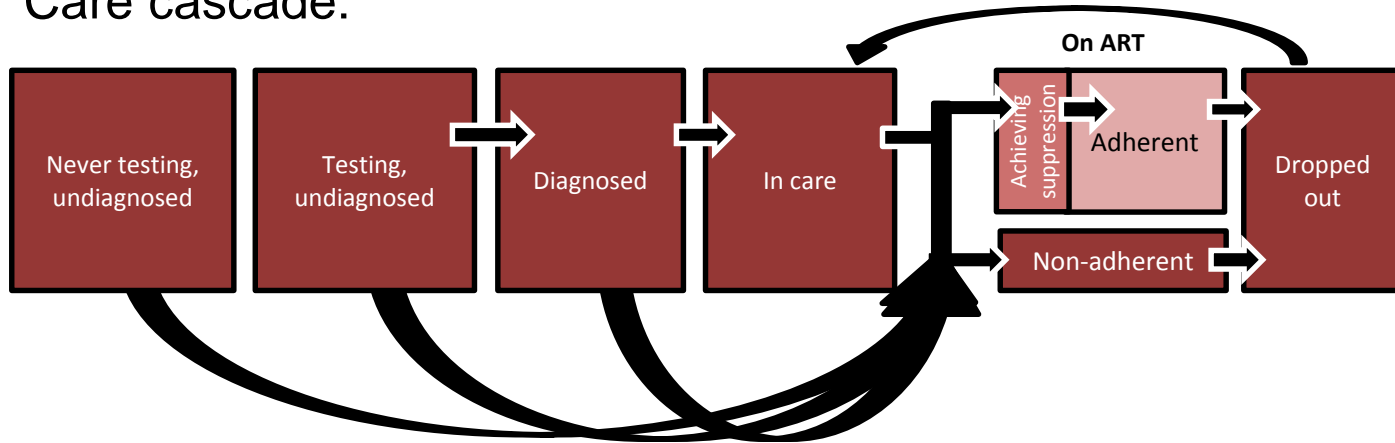
- In the past 2 years I have been an employee of: Imperial College London, London School of Hygiene and Tropical Medicine
- In the past 2 years I have received research support (grants) from: NIH
- I have no conflicts of interest to declare

- HIV prevalence: 30% in 2014 (NHBS*)
- Virally suppressed: 37% of diagnosed in 2013 (Maryland Health Dept)
- PrEP use: 2.4% in 2014 (NHBS)

- HPTN 078: Enhancing Recruitment, Linkage to Care and Treatment for HIV-Infected Men Who Have Sex with Men (MSM) in the United States
- Recruiting MSM at 4 sites including Baltimore
- Mathematical modelling is being used:
 1. **Before/during the trial - to estimate levels of viral suppression that must be reached to attain HIV incidence reduction targets**
 2. After the trial - to estimate reduction in HIV incidence achieved by trial interventions

1. How much does the level of viral suppression need to be increased by to reduce HIV incidence among Baltimore MSM by 10, 20, 30 or 50% after 2, 5 and 10 years?
2. By how much could HIV incidence be reduced if US National HIV/AIDS strategy (NHAS) targets met by 2020:
 - 90% diagnosed
 - 90% of diagnosed retained in care
 - 80% of diagnosed virally suppressed

- Deterministic compartmental model
- Sexual HIV transmission
- HIV disease progression: CD4 decline stratified by viral load
- Risk groups: age (<25, 25+) x race (black, white)
- Care cascade:



Domain	Examples	Data source
Disease progression	<ul style="list-style-type: none"> Initial CD4 and viral load distribution HIV-related mortality CD4 progression rates 	Published studies: cohorts in North America and Europe
Infection probabilities	<ul style="list-style-type: none"> Per-sex-act transmission probability Relative infectiousness different disease stages 	Published studies: meta analyses, study of Australian MSM
Intervention efficacy	<ul style="list-style-type: none"> Reduction in per-sex-act HIV transmission risk: condoms, ART 	Published studies: clinical trials, meta-analyses
Sexual risk behaviour	<ul style="list-style-type: none"> Number and type of partners Condom use Age and race of partners 	NHBS surveillance data, <i>(eventually 078 trial)</i>
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- Ensure that model outputs can reproduce observed data:
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 - **MSM demography** - age and race (NHBS, census)
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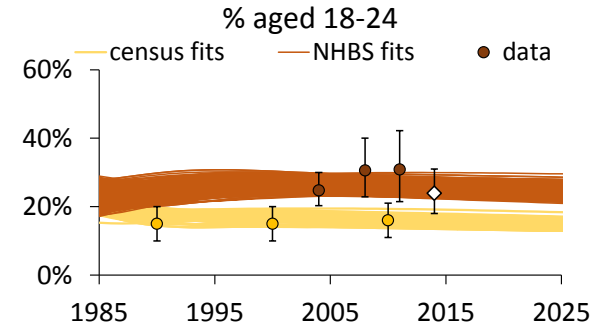
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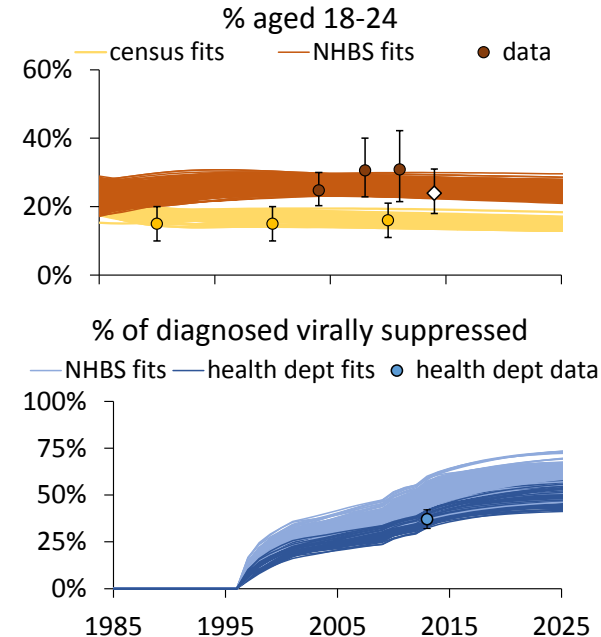
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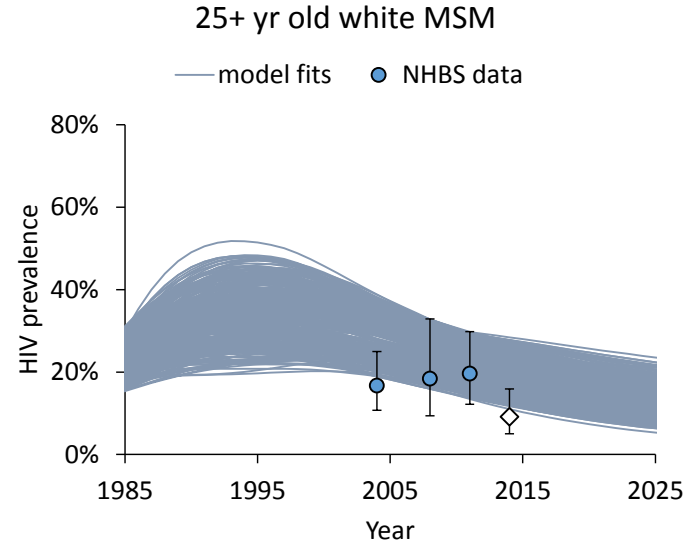
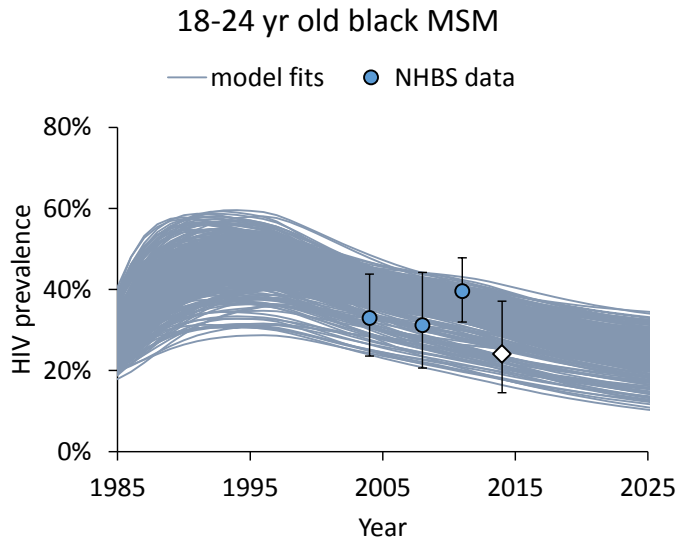
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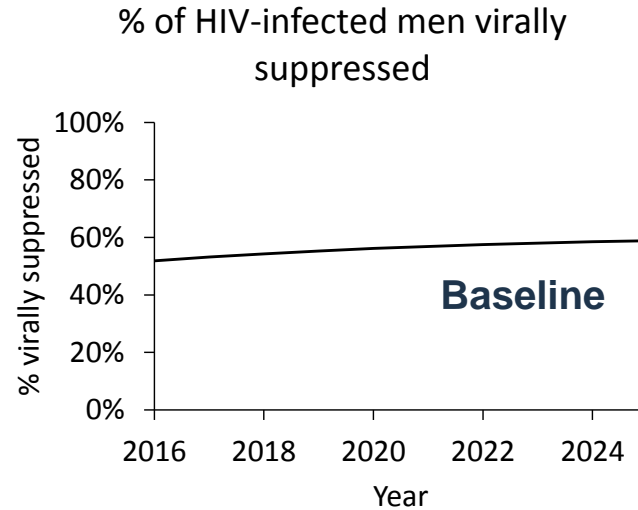
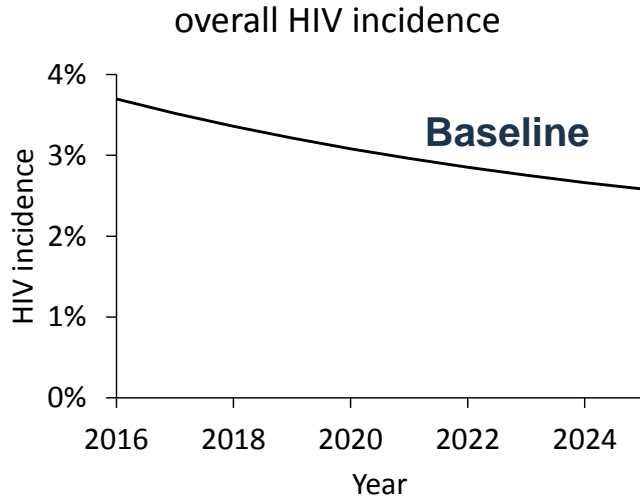
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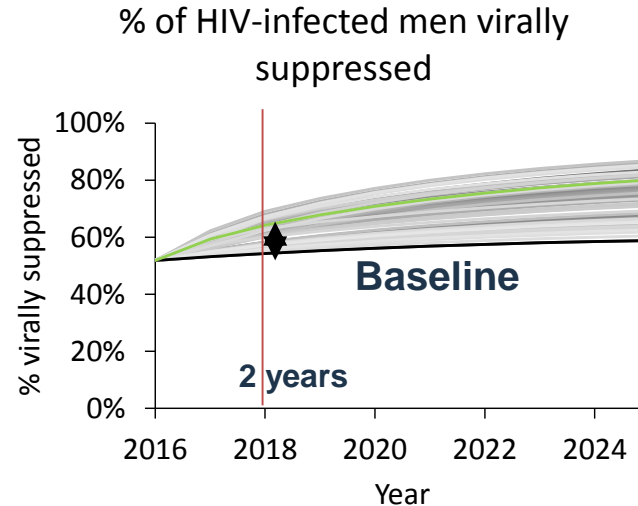
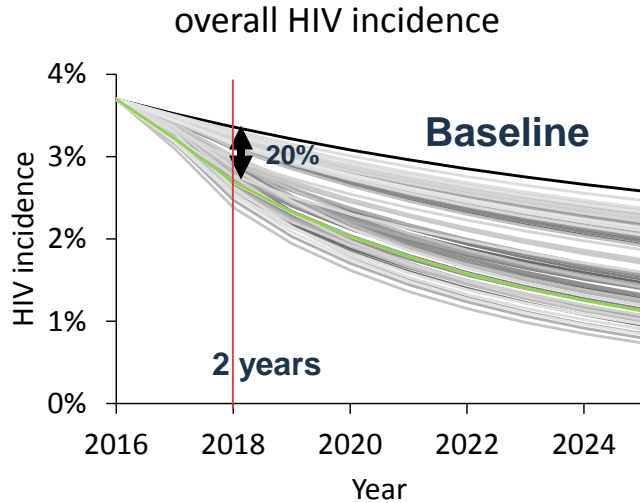
Differences explored in sensitivity analysis



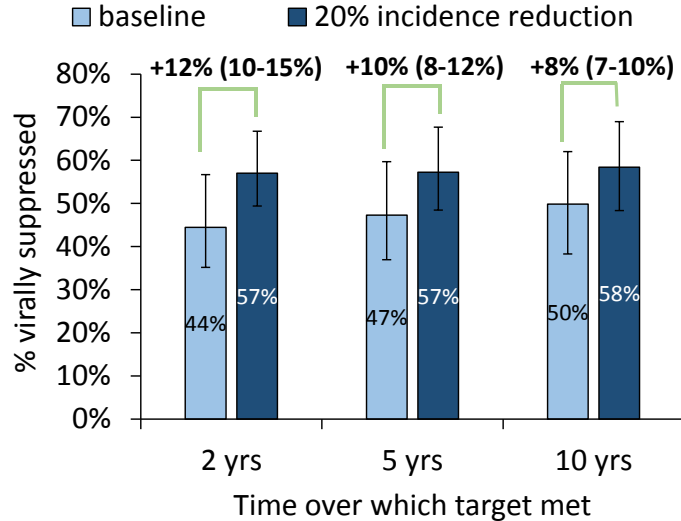
HIV prevalence by age and race



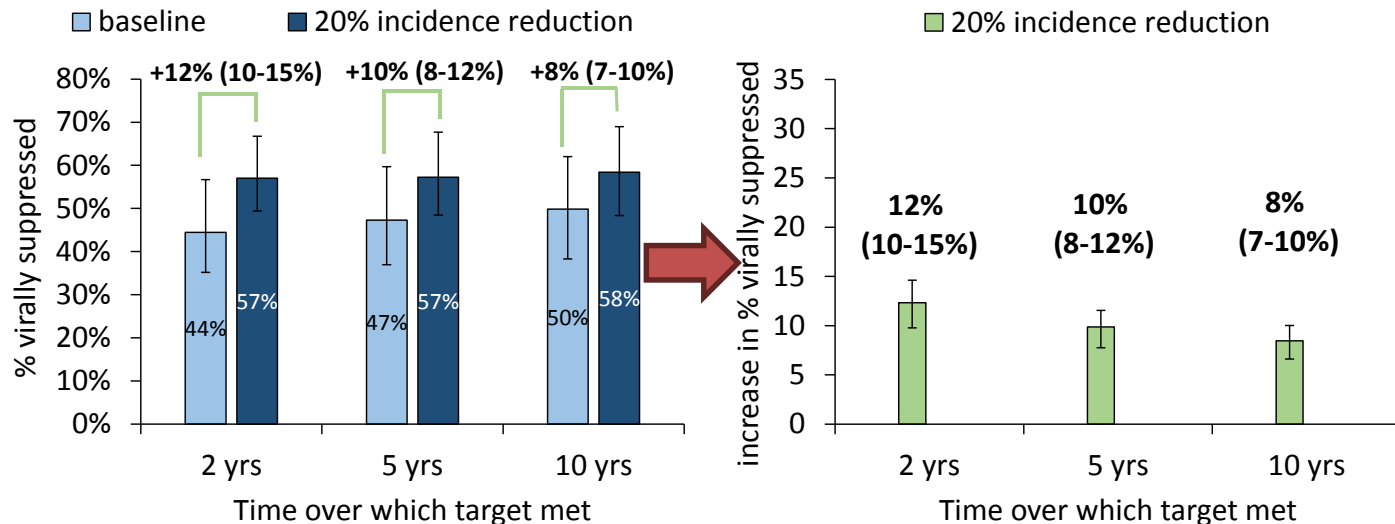




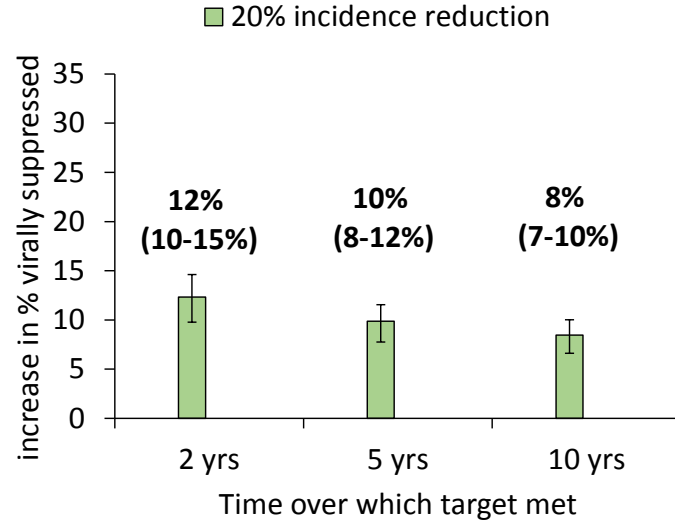
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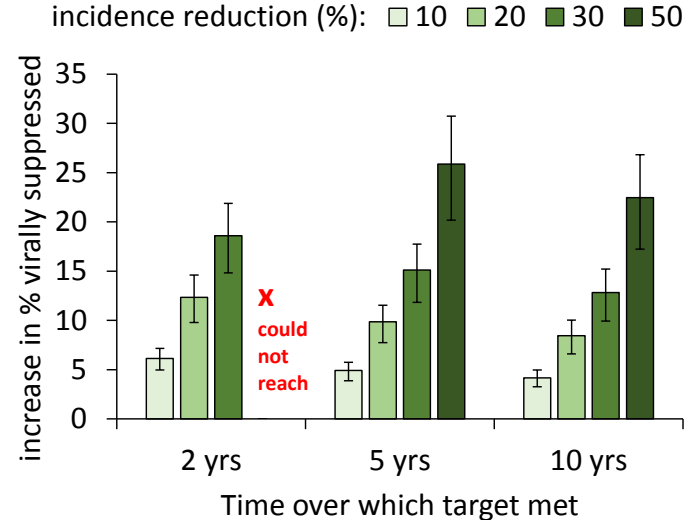


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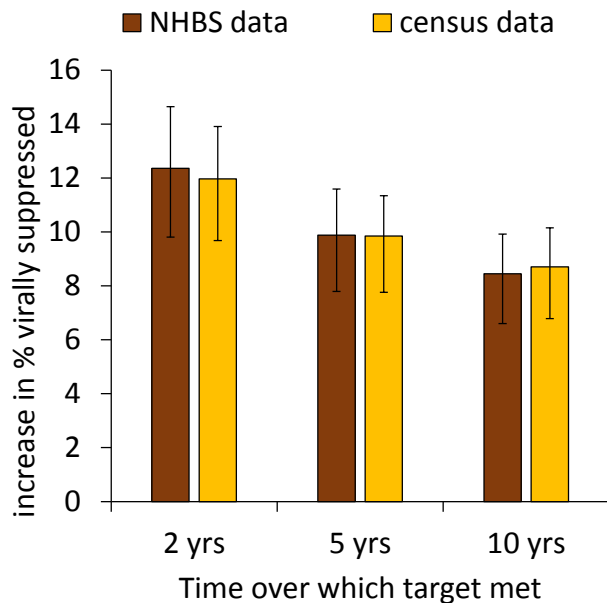


Target: reduce HIV incidence by 10, 20, 30, 50%

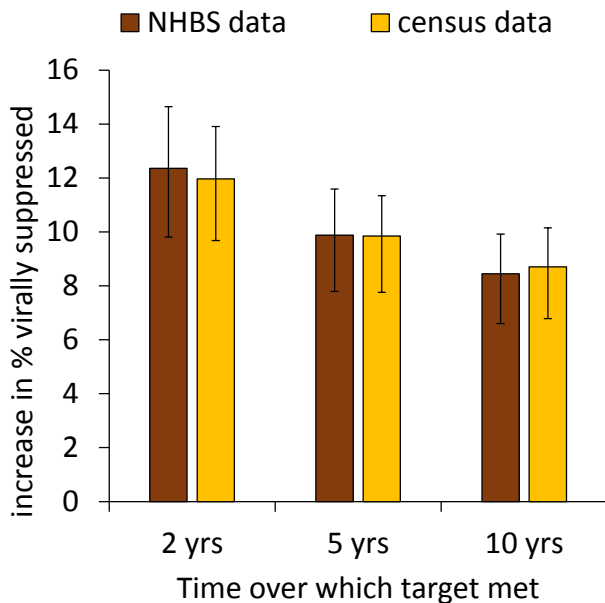
- To reduce HIV incidence by 50% after 5 years, need to:
 - Increase viral suppression by 26 percentage points
 - Achieve 73% virally suppressed after 5 years
- Not possible to reach 50% incidence reduction target after 2 years



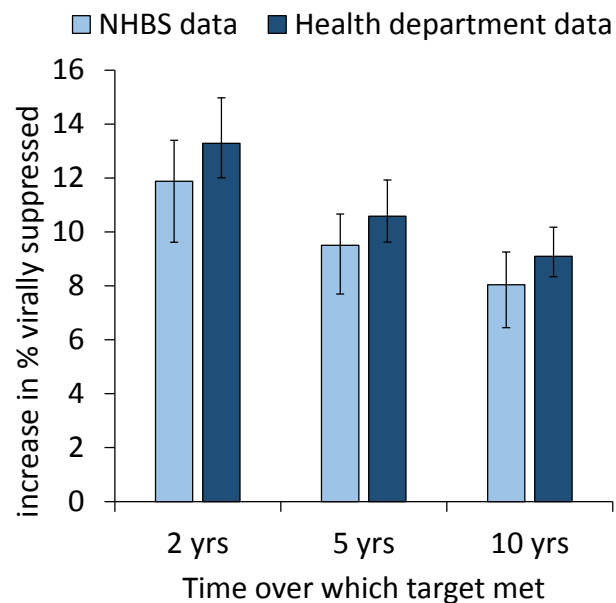
To reduce incidence 20% - by demography scenario



To reduce incidence 20% - by demography scenario



To reduce incidence 20% - by care cascade data source

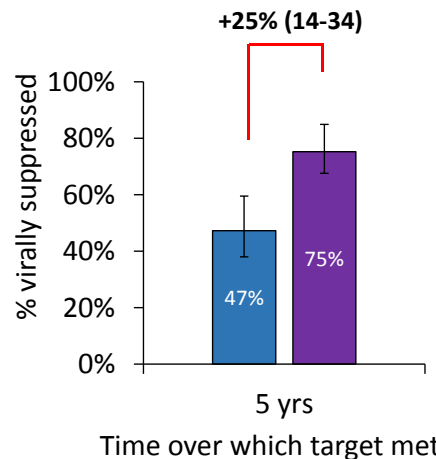


If targets all met in 2020:

- 90% diagnosed
- 90% of diagnosed retained in care
- 80% of diagnosed virally suppressed

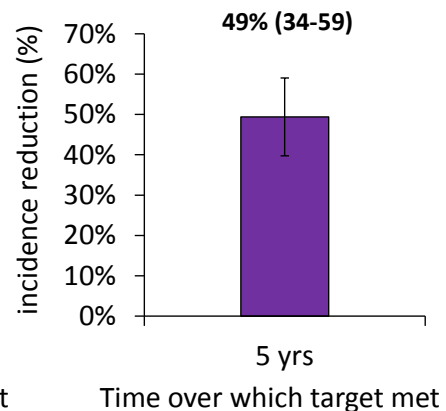
Increase in viral suppression

■ baseline ■ meeting NHAS targets



Incidence reduction

■ meeting NHAS targets



i.e. very similar effect to reaching 50% incidence reduction target after 5 years

- Large increases in viral suppression are needed to achieve moderate reductions in HIV incidence among Baltimore MSM, especially short-term
- Achieving NHAS targets on diagnosis, retention in care and viral suppression by 2020 is projected to reduce HIV incidence in 2020 by ~50%
- Results are robust to uncertainty in MSM demography but somewhat influenced by uncertainty in current levels of viral suppression
- In future modelling, the impact of increased PrEP coverage should also be considered

ACKNOWLEDGEMENTS

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NHBS data: Gabriela Paz-Bailey, Brooke Hoots, Danielle German, Colin Flynn

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