EXPANDING PREP ACCESS WITH CAB-LA IN SOUTH AFRICA MAY BE HIGHLY EFFECTIVE & EFFICIENT IF USED IN PERIODS OF SUBSTANTIAL RISK

RESULTS
• In baseline scenarios with no PrEP expansion, HIV prevalence was similar in all models (~17%), while HIV incidence and ART use varied (Figure 2), and median PrEP coverage remained <2%.
• Achieving 5% PrEP coverage with CAB-LA by 2027 may avert 46% (Synthesis), 35% (EMOD-HIV), and 12% (Thembisa) of new infections over 20 years (Figure 3).
• Increasing coverage to 20% may increase the impact by 12 percentage points (pp) (Synthesis), 18pp (EMOD-HIV), and 23pp (Thembisa).
• 5% coverage with oral TDF/FTC would be expected to reduce impact by 16pp (Synthesis), 21pp (EMOD-HIV), and 3pp (Thembisa) compared to 5% CAB-LA coverage.
• 5% CAB-LA coverage was projected to be highly efficient in two models with 14 (Synthesis) and 13 (EMOD-HIV) additional person-years (PYs) on CAB-LA needed to prevent one infection, compared to 119 PYs (Thembisa, Figure 4).

EXPANDING PREP USE WITH CAB-LA TO PREVENT ONE INFECTION OVER 20 YEARS WITH PRÉP EXPANSION WITH EITHER CAB-LA OR TDF/FTC

CONCLUSIONS
• Offering CAB-LA in South Africa could impact the HIV epidemic substantially if it results in higher PrEP coverage and is adequately targeted to people at high risk of acquiring HIV.
• Expanding PrEP could be highly efficient if predominately used during periods of substantial risk.

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