How best can Latin America prepare to engage in new HPTN studies? What are the gaps?

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In 2016, 1.8 million people living with HIV.
97,000 new infections per year.
New HIV infections in Latin America

UNAIDS Estimates 2017
HIV epidemic in Latin America

Treatment cascade in key populations

1. MSM and TGW in Peru

   - HIV infected: 100%
   - Diagnosed with HIV: 24.0%
   - Retained in care: 15.6%
   - On anti-retroviral therapy: 18.6%
   - Achieved virologic control*: 12.0%

2. MSM in Brazil

   - Diagnosed: 131
   - Linked to care: 95 (72.5%)
   - Retained in care: 90 (88.7%)
   - On cART: 80 (81.1%)
   - Virologically suppressed: 50 (38.5%)

3. MSM and TGW in Argentina

   - Total: 859
   - Retained: 563 (81.5%)
   - On ART: 450 (55.5%)
   - Virologically suppressed: 270

4. TGW in Brazil

   - HIV positive
   - Ever tested for HIV
   - Ever diagnosed with HIV
   - Linked to care
   - Currently on ART
   - Undetectable viral load

References:
Prevention for key populations

Identify key populations
Reach key populations
Test key populations
Offer prevention strategies
Retention in service
Adherence support

Modified from LINKAGES Program and McNairy & El-Sadr, 2014
Recruitment strategies

• Opportunity to meet people “where they are at” including via social and sexual networking apps
• Apps (Grindr, Hornet, others) and other social media use - what data can best guide us
• But…not as straightforward and easy as it looks
• What about the to the most vulnerable hardest to reach among hard-to-reach populations?
• Ist it useful for TGW?
HIV testing in key populations

- Low uptake of HIV testing
  - Never tested for HIV:
    - 20% of Peruvian MSM
    - 29% of Brazilian TGW
    - Repeated testing: only 39% in Peruvian MSM and TGW
  - Late diagnosis continues to be an issue in the region
  - Unknown HIV status
  - Stigma and descrimination
  - High acceptability of self-testing among MSM and TGW in Peru, Argentina and Brazil.
  - Can peer delivered self testing play a role in recruiting high risk individuals to PrEP studies?
HIV testing in key populations

Best place for testing

- At home: 47.4%
- Health care provider
- Pharmacy
- Community center
- Other

Best way to obtain self-test

- Internet (home delivery): 41.3%
- Internet (pick somewhere)
- Pick up at a pharmacy
- Pick up at a health care provider
- Pick up at NGO
- Other

Torres et al. JMIR Public Health Surveill 2018;4(1):e11
HIV risk perception in key populations

• Low self-perceived risk for HIV as a barrier to HIV testing. (Lee et al, 2015)

• Similarly, low rate of self-perception of high HIV risk was observed among Peruvian MSM that attended STI clinics.

• Peruvian MSM: 23.0% considered themselves at high HIV risk. (Vargas et al, 2018)

• An online questionnaire evaluated Brazilian MSM that used social apps to sexual encounters. Although most of the MSM of the study scored as high HIV risk in the *The HIV Incidence Risk for MSM Scale*, only 21.4% had high HIV risk perception. (Torres et al, 2018)
Assisting with accurate HIV risk assessment

- Interactive, online HIV risk assessment tool for MSM using data from several large cohorts of MSM.
- Calculates HIV personalized risk score (scale 1-20, with positive frame).
- Piloted in 240 MSM in SF, NY, Lima, Rio de Janeiro
- Found to be easy to use and desirable, esp. young MSM
- Included to be validated for LA 083 sites
PrEP awareness and willingness in key populations

- Brazilian MSM
- Brazilian TGW
- Argentinian TGW

PrEP awareness and willingness during short periods or vacations

HIV prevention among young men

HIV detection rate among young men

PrEP engagement by visit among young men aged 18-24 years, PrEP Brasil Project

Source: Brazil, 2016.
PrEP challenges in transgender women

- Medical and research mistrust emerged as key, multidimensional and interrelated barriers to PrEP acceptability including:
  - Mistrust of health care systems and providers
  - Wariness of research focused on TGW
  - Suspicions of PrEP efficacy and
  - Fear of potential adverse effects.

- Disillusionment with:
  - Experimental trial designs (blinded allocation to placebo versus study drug)
  - Perceived drug effects (questions of Truvada efficacy), and
  - Study staff (mistrust of reported results, lack of information on side effects or potential interactions with hormone therapy)
HIV prevention among transgender women

PrEP eligibility among transgender women in the Transcender Study in Rio de Janeiro, Brazil

PrEP eligibility

66.8%

Yes Yes No

PrEP engagement by visit among transgender women, PrEP Brasil Project


TransPrEP: Social Network-Based PrEP Adherence for Transgender Women in Peru
Cuidar de si é um ato de amor.

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**TECNOLOGIAS DISPONÍVEIS E EM DESENVOLVIMENTO**

Preservativo feminino

Preservativo masculino

Baixas taxas de uso consistente e dificuldade de negociação

- Drug combinations
- Drug/device combinations
- Injetáveis ART, mAbs, HC
- Electrospun Nanofibers/Films

*The future of MPTs...protection from HIV, other STDs, +/- pregnancy*
PrEP preferences in LA

- Long acting-extended release technology is changing rapidly, with new approaches likely to be available for clinical testing soon:
  - Implants, transdermal microneedle patches, long-acting oral formulations

- Long-acting injectable PrEP as the preferable option. (Meyers et al, 2014; Parsons et al, 2016)


- Scarce Latin-american published data.

- Benefit from the large studies to better understand preferences

Preferences on route of PrEP administration among transgender women in Transcender study, Rio de Janeiro, Brazil

Source: Jalil et al, 2018, data not published.
Gaps and Opportunities

- How to reach the unreachable and most vulnerable to make study results valuable for the region?
- Formative research (including modalities of PrEP and social media)
- Adolescents (in adult clinical trials or adolescent-specific trials?)
- LA Transgender women deserve dedicated PreP studies
- Alcohol and stimulants use in the HPTN research agenda for LA
- Can we take advantage of the opportunity to also evaluate strategies for STI prevention in the region?
OBRIGADA!