Access to HIV Testing and PrEP: Challenges and Opportunities in the U.S.

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1. How are we doing in the US with access to HIV testing and PrEP – overall and in terms of equity? And how can we do better?

2. Although testing and PrEP are widely available, we’re not always getting these services to the people who need them most. We need to aim towards equity, and lower barriers (transportation, stigma, cost).

3. Research has identified new avenues, including mHealth tools, to lower barriers to testing and PrEP; the next challenge is building public health capacity to scale them.
HIV Testing (All adults, at least once in lifetime)

Source: BRFSS 2020, AIDSVu.org
HIV Testing Among Gay and Bisexual Men Without HIV

CDC recommends that sexually active gay and bisexual men get tested for HIV at least once a year. HIV testing is the pathway to engaging in HIV prevention and treatment services.

76% of gay and bisexual men without HIV were tested for HIV in the past 12 months*

* Having had an HIV test during the 12 months before the interview.

What’s working and not yet at scale?

- **M-Cubed**: Mobile app associated with doubling of HIV testing for MSM

- **TRUST**: Brief, peer-based behavioral intervention associated with doubling of HIVST at 3-month followup

- **eSTAMP**: Distribution of 4 HIV ST kits every 3 months associated with 3X rate of HIV testing in a year, no difference in linkage to care compared to SOC

Source: CDC PRS Compendium Project, Searched 06/02/2023, Keywords HIV testing, Good or Best evidence
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PrEP Use Among MSM and Relative Lifetime Risk of HIV Infection, by Race, 2021

Percent of Eligible MSM Using PrEP, By Race, NHBS, 2021

Race/Ethnicity

- AI/AN
- Asian
- Black
- Hispanic
- White

Data sources: CDC 2021 NHBS report; Smith et al Annals of Epi 2017
PrEP to Need Ratio: Number of PrEP Users Number of HIV infections

Equal PnRs between subgroups describe *Equitable* PrEP use
Why does this happen?

Atlanta – Risk of new HIV diagnosis by ZIP Code, Atlanta, 2016-2020

• Structural racism
• Stigma
• Lack of access
  (physical, financial)
Why does this happen?

- Structural racism
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PrEP Willingness:
- Higher PrEP density in neighborhood
- Shorter driving distance
What’s working and not yet at scale?

• **M-Cubed**: Mobile app associated with doubling of PrEP starts in MSM

• **PrEPMate**: SMS adherence support

• **PrEParé-to-Start**: Brief Motivational Interviewing at STI testing
• Impactful interventions
• World-class medical personnel and facilities
• Important investments in prevention
• Bringing HIV self testing through research to program

• Insufficient levels of uptake
• Failure to achieve equity
• Needs to address underlying social and structural determinants of health
• Need to develop platforms for distribution of tech interventions
Big Ideas

• Support HIV test kit distribution program to maximize utilization among people in the US
• Set PrEP priorities according to equity metrics, including programmatic incentives and primary monitoring outcomes
• Develop a common public health platform for efficacious mHealth interventions
• Continue to advocate for increasing health coverage – by any and all means
• Fully integrate and scale home-based options for home-based HIV and STI testing, PrEP, and viral load monitoring