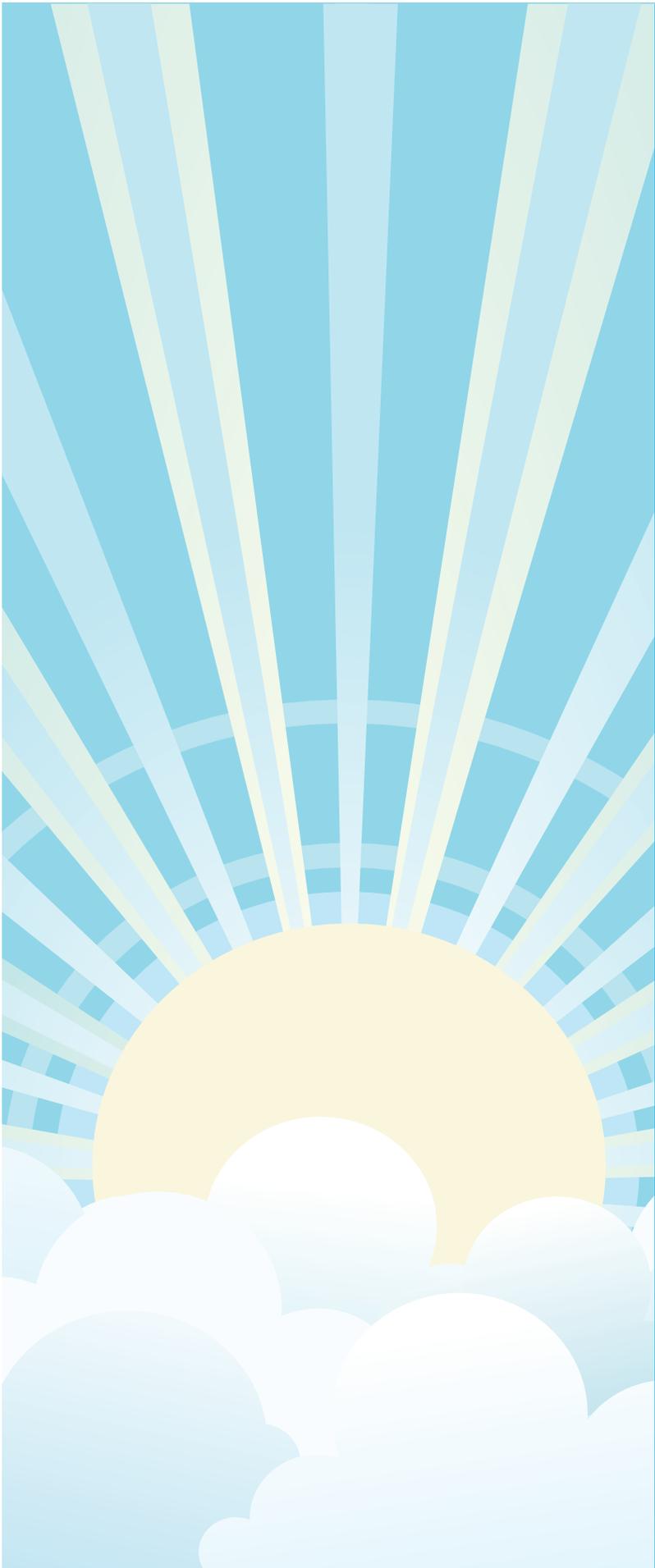




PrEPare
for Life

MANUAL AND IMPLEMENTATION GUIDE



An illustration on the left side of the page shows a bright yellow sun partially obscured by white, stylized clouds. Numerous rays of light in shades of blue and yellow emanate from behind the sun, extending upwards and outwards across the top half of the image.

**“ DAILY ORAL PREP HAS BEEN
SHOWN TO BE SAFE AND
EFFECTIVE IN REDUCING THE
RISK OF SEXUAL HIV ACQUISITION
IN ADULTS; THEREFORE,
PREP IS RECOMMENDED AS
ONE PREVENTION OPTION FOR
SEXUALLY-ACTIVE ADULT MSM
AT SUBSTANTIAL RISK OF HIV
ACQUISITION.”**

PrEP FOR THE PREVENTION OF HIV INFECTION IN THE U.S.
2014: A CLINICAL PRACTICE GUIDELINE

TABLE OF CONTENTS

PrEPare for Life Manual and Implementation Guide

1. HIV PREVENTION TODAY	6
SECTION 1 HANDOUT: TOOLBOX SCENARIOS	8
2. THE FUTURE OF HIV PREVENTION IS NOW	9
SECTION 2 HANDOUT: TRUE/FALSE EXERCISES	11
3. PrEP AND COMMUNITY ENGAGEMENT	12
4. THE FACE OF HIV: BLACK AND LATINO GAY MEN	14
SECTION 4 HANDOUT: SOCIAL DETERMINANTS OF HEALTH	17
5. ACCESS TO PrEP AND LINKAGE TO CARE	18
SECTION 5 HANDOUT: CASE STUDIES ON ACCESS	21
6. PrEP AND STIGMA	22
SECTION 6 HANDOUT: STIGMA SCENARIOS	24
7. MESSAGING TO YOUNG GAY MEN ABOUT PrEP	25
8. CONCLUSION	26
PRE-TRAINING SURVEY	27
POST-TRAINING SURVEY	29
GLOSSARY OF KEY TERMS	31
ABBREVIATIONS AND ANACRONYMS	34
REFERENCES	35
ARTICLES ON PrEP	37
RESOURCES ON PrEP	39
NOTES	40

DESCRIPTION OF THE PREPARE FOR LIFE TRAINING

The PrEPare for Life training will provide information about HIV pre-exposure prophylaxis (PrEP) and how it can be of benefit to young gay men, in particular, young Black and Latino gay men as part of comprehensive HIV prevention. Participants will be provided with current information about the most efficient way to navigate the health care system when accessing PrEP. PrEPare for Life will also allow constituents to engage with the educational videos and cultivate their skills to better implement and/or replicate the educational videos for their particular community.

GOALS AND OBJECTIVES

The goal of this PrEPare for Life training is to train AIDS services providers, case managers, and peer educators on evidence-based information about Pre- Exposure Prophylaxis or PrEP as part of comprehensive HIV prevention, in order to support their efforts to educate young men that have sex with men (MSM), in particular, young Black and Latino MSM on the new prevention strategy. Once participants complete the PrEPare for Life training they will be encouraged to develop educational programs for their particular populations.

Participants will gain knowledge on:

- PrEP facts and guidelines
- The most efficient way to navigate the health care system when accessing PrEP
- Skills building around the creation or implementation of outreach or educational efforts, such as peer based videos.

Once the PrEPare for Life training is completed, participants will be able to:

- Understand comprehensive HIV prevention and the role of PrEP in that context.
- Understand how PrEP works and what it means for young gay men of color.
- Integrate PrEP into prevention education and services
- Understand the challenges faced when accessing PrEP
- Understand how to create messages on PrEP to engage their local communities.

NOTES FOR THE TRAINER

HOW TO USE THIS MANUAL: This manual is designed to enhance the role of community based organizations as they engage with their community around PrEP as part of comprehensive HIV prevention. The trainer shall decide how best to adapt the materials to best fit the needs of the particular community or audience, but is important that PrEPare training be done in the context of a larger comprehensive HIV prevention. The curriculum is designed to build upon one's existing knowledge and experiences. It's important that the trainer reviews the glossary before conducting the training to assure familiarity with relevant terms.

MANUAL DESIGN: The manual's format consists of eight sections covering key topics designed to give trainees a comprehensive view of the latest in Pre-Exposure Prophylaxis and how it can be used as part of a comprehensive HIV prevention strategy to positively impact the health and well-being of constituents. Each section is allotted a suggested duration, and in addition to didactic materials in the form of a work book, interactive exercises are included with full instructions for the trainer to use in planning and conducting a training program. The manual will allow participants to capture their thoughts and record their responses and observations within the workbook.

PRE AND POST TEST: For evaluation purposes it is recommended that the trainer offer a pre and post-test to the participants. Examples are provided in the materials.

DURATION: Each section includes the amount of time it should take to cover the information.

LEARNING OBJECTIVES: The learning objectives are listed in each section to help the trainer better understand what skills and knowledge should be gained after each section.

MATERIALS NEEDED: In addition to this manual, trainers will need flip charts, markers, notepad and educational resources to facilitate the didactic and interactive aspects of the training.

HOW TO PREPARE FOR THE TRAINING: Trainers should review each section and adapt the materials as needed for their audience.

STEP-BY-STEP INSTRUCTIONS: This training should be as participatory as possible and participants should be encouraged to draw on their past skills and knowledge during the training. An interactive learning environment should be created and the exchange of skills and ideas should be encouraged.

1. HIV PREVENTION TODAY

COMPREHENSIVE HIV PREVENTION

Trainer Instructions: This section focuses on the basics of HIV prevention. It sets out a list of the best options to prevent HIV and shows how they all work together to reduce the potential for HIV infections, especially for gay men of color. Please present the information in this section that is most relevant to your audience, and avoid reading word for word.

Duration: 45 minutes

Learning Objectives:

- Understand what HIV prevention is and what makes certain prevention programs better than others.
- Discuss the different types of HIV prevention
- Identify what types of HIV prevention work best in different situations, individuals and communities.

In order to make an impact on the continuing HIV epidemic it is critical that we focus on the communities that are most severely impacted while helping HIV-negative individuals to know their status and stay HIV negative and helping HIV-positive individuals to achieve viral suppression and stay healthy.

HIV PREVENTION TOOL BOX

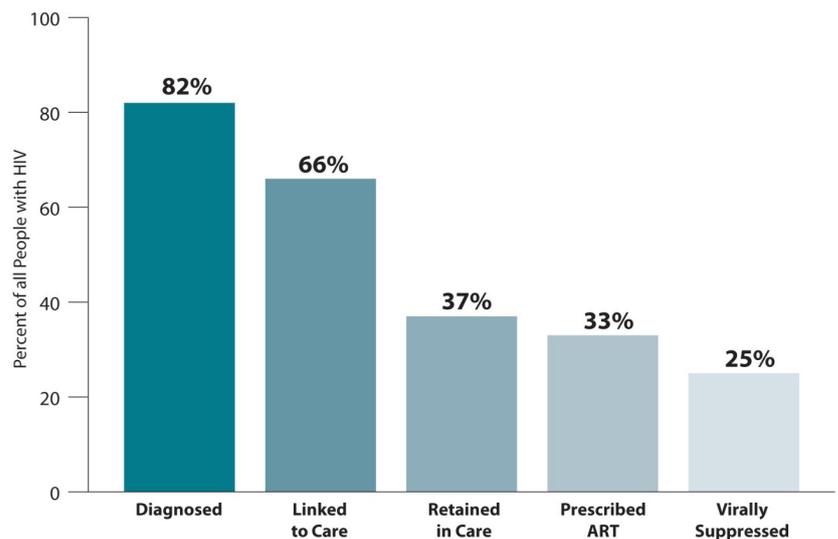
To get more people engaged in and retained in care there is a great deal of science and research that has shown that certain categories of programs work best together. These categories include: behavioral interventions; HIV testing; and linkage to treatment and care.

All the types of programs that are included in the categories are all considered High Impact Prevention (HIP). This means that they are using combinations of scientifically proven, cost-effective, and scalable (i.e. easy to start in your community) interventions that are targeted to the right community in the right geographic area. (1)

TESTING AS PREVENTION

The number of people who know their HIV status in the U.S. is about 80% of those actually infected. This means that there are a number of people out there who don't know their status and may be unknowingly transmitting HIV to other people. If more people were tested and knew their status then more people could protect themselves and others. Also, if someone knows their status they can then get engaged in care and through the use of ART be virally suppressed.

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.



HARM REDUCTION BEHAVIORS

Harm reduction is a way of dealing with behavior that damages the health of the person involved and of their community. It tries to improve individual and community health through the following: teaching about the risks of certain behaviors (e.g. sex without condoms, drugs and drug use, etc.); information on how to reduce risks; education and referral to services; and connecting people with outreach services in their community. Services that are non-judgmental and aim to improve health are more effective than those that only aim to eliminate harmful behavior.

TREATMENT AS PREVENTION

Also known as the prevention benefits of treatment, Treatment as Prevention (TasP) is an HIV prevention strategy that works to shift people along the continuum of care. It aims to move people from being prescribed ART to being virally suppressed. This is because PLWH with suppressed or undetectable viral loads are 96% less likely to transmit HIV to others.(20) In the recent PARTNER study, a study looking at the risk of HIV transmission when someone is taking effective HIV treatment, no one with undetectable viral load transmitted HIV. (2). The added benefits to this strategy are that PLWH are engaged in care and as healthy individuals have great opportunity to be active participants in their community.

PRE-EXPOSURE PROPHYLAXIS (PREP)

PrEP is a new HIV prevention strategy in which people who do not have HIV take a daily pill as prescribed by a provider to reduce their risk of becoming infected. It is a much-needed additional prevention method and is to be used in combination with other methods to reduce the risk of acquiring HIV. Despite all of our investment, there has not been a reduction in HIV infections for more than a decade. In fact, among gay men, infections are increasing. In this context, any new prevention strategy is a welcome development.

POST-EXPOSURE PROPHYLAXIS (PEP)

PEP is the use of ART medications after possible exposure to the virus to prevent HIV from taking hold in the body. To be effective, PEP must begin within 72 hours of exposure to HIV (e.g. a condom broke, accidental needle stick injury, etc.), before the virus has time to rapidly replicate in the body. PEP consists of 2-3 antiretroviral medications taken for 28 days.

The integration of PrEP into comprehensive prevention programming by CBOs is now seen as an opportunity for stronger and more appropriate support to young MSM of color. Ensuring that your constituents understand all the ways in which they can take care of their health and well-being is a major step in enhancing their health literacy, engaging positively in their community, and reducing the rate of HIV. PrEP, along with other evidence based biomedical interventions, will enhance the agency of young gay men of color as they take care of their health, and the health of their communities.

TRAINERS INSTRUCTIONS

Interactive Exercise 2: Tool Box exercise

DURATION: 20 minutes

Step 1: Break out into 5 groups of 10

Step 2: With provided scenarios discuss which prevention strategy or strategies would be chosen by the individual

Step 3: Bring back to larger group and discuss their scenario

SECTION 1 HANDOUT: TOOL BOX SCENARIOS

TOOL BOX SCENARIOS

For each scenario discuss which prevention strategy or strategies might be chosen by the individual

Xavier has been sexually active for the past 2 years. He has been using condoms most of the time. He has met someone special and wants to get serious.

Jorge is an HIV positive 23 year old man who lives in an urban neighborhood. He was diagnosed with HIV 4 years ago and decided to delay initiating treatment. Jorge has not been to see his provider for about 6 months.

Jessie hooked up with Adam through a dating app on his smart phone. Adam told Jessie that he is HIV positive before they started having sex. During sex the condom Adam was wearing broke.

Brett has been seeing Sam for the last 6 months. Both Brett and Sam inject crystal meth now and then when they go out to parties. In the last couple of weeks during their party weekends they've included other guys in their sex.

Dwayne is an 18 year old living in a pretty busy part of the city. He has been out on the scene for the last 2 years and really enjoys hooking up with guys. He is sometimes a sex worker and seems to get paid more if he doesn't use a condom.

2. THE FUTURE OF HIV PREVENTION IS NOW

PRE-EXPOSURE PROPHYLAXIS

TRAINER INSTRUCTIONS: This section focuses on basic PrEP facts. Avoid reading word for word and guide participants so they fully understand the basic principles of PrEP.

DURATION: 45 mins

LEARNING OBJECTIVES:

- To review PrEP's efficacy, adherence, risk & benefits

We now understand how PrEP is an effective part of comprehensive HIV prevention. The challenge before us is to educate our communities on this relatively new prevention option. The overall prevention landscape has not changed much in thirty years and change can often be met with resistance, confusion, and misunderstandings. PrEP education is meant to equip providers with accurate information about this prevention option so that community members can be well informed when making decisions about their own health.

PrEP DEFINITION

PrEP is Pre-Exposure Prophylaxis and involves taking an antiretroviral medication daily as prescribed by the health provider to prevent the acquisition of HIV. Currently, Truvada is the only medication approved by the FDA for PrEP. Truvada is the brand name of a combination pill that contains two different medications: Tenofovir/emtricitabine (3)

HOW PrEP WORKS

When PrEP is taken daily as prescribed by the health provider, the presence of the drug in the body helps to prevent HIV infection if an individual is exposed to the virus.

PrEP'S APPROVED USE

PrEP can work for sexually active adults who are at risk for HIV infection and those that inject drugs. – Sexually active gay and bisexual men, heterosexually active women and men, and either men or women who inject drugs. (4)

PrEP EFFECTIVENESS

PrEP works when taken regularly. The iPrEx study, which was an international study that sought to show that antiretrovirals could reduce HIV infections in HIV-negative people, showed that daily PrEP use provided 96-99% protection when used as part of combination prevention

PrEP SAFETY

PrEP was approved for use by the Food and Drug Administration (FDA) after years of extensive clinical research. Like with other medications, some people may experience side effects. Only 10% of individuals in the iPrEx study experienced side effects and most were mild, such as nausea, weight loss, or headache. For most, the side effects abated within a few months (5). Regular monitoring by a physician is critical to watch for other rare but serious side effects, such as a decrease in kidney function or bone mineral density. (6)

PrEP DOSAGE

PrEP should be taken every day to achieve the best protection from HIV. Past studies have demonstrated that poor adherence significantly reduced the level of protection. (7)

TRAINERS INSTRUCTIONS

Interactive Exercise 3: PrEP Facts | True or False

DURATION: 20 minutes

Step 1: Distribute True/False quizzes

Step 2: Ask individuals for answers

Step 3: Discuss as a group

TRUE/FALSE EXERCISE ANSWERS

PrEP TRUE/FALSE ANSWERS

1. PrEP stands for Prevention for Every Person.
False. PrEP stands for Pre-Exposure Prophylaxis.
2. PrEP means taking a pill every time you have sex to prevent HIV
False. PrEP is to be taken daily
3. PrEP causes no side-effects.
False. PrEP has been shown to cause mild side-effects in about 10% of users.
4. In order to be most effective, PrEP must be taken every day.
True
5. PrEP is only for “promiscuous” people and sex workers.
False. PrEP has been approved for sexually active adults and IDUs at risk of HIV infection.
6. PrEP’s approval did not require years of clinical research.
False. The FDA approved PrEP after years of clinical research-iPrex
7. There is no evidence to demonstrate the PrEP leads to an increase in risky behavior
True (8)
8. PrEP is the only tool in the prevention toolbox.
False. There are many options in the prevention toolbox.
9. Testing is not considered part of prevention
False. Testing is one of the tools in the prevention tool box.
10. The number of people living with HIV in the US who know their HIV status is 100%
False. Only about 80% of those living with HIV are aware of their status

SECTION 2 HANDOUT: TRUE/FALSE EXERCISE

PrEP TRUE/FALSE QUESTIONS

1. PrEP stands for Prevention for Every Person.
2. PrEP means taking a pill every time you have sex to prevent HIV
3. PrEP causes no side-effects.
4. In order to be most effective, PrEP must be taken every day.
5. PrEP is only for “promiscuous” people and sex workers.
6. PrEP’s approval did not require years of clinical research.
7. There is no evidence to demonstrate the PrEP leads to an increase in risky behavior
8. PrEP is the only tool in the prevention toolbox.
9. Testing is not considered part of prevention
10. The number of people living with HIV in the US who know their HIV status is 100%

3. PrEP AND COMMUNITY ENGAGEMENT

TRAINER INSTRUCTIONS: This section focuses on how to engage one's community around PrEP. The trainer will facilitate discussion on the use of PrEP in the local community and discussions on ways to initiate dialogue around PrEP as a means of educating the community. This is an opportunity to highlight and demonstrate how local individuals and organizations are already organizing within their community.

DURATION: 45 mins

LEARNING OBJECTIVES:

- Explore PrEP in the local community.
- Discuss ways to engage the community around PrEP education

PrEP USE IN THE LOCAL COMMUNITY

Young gay men of color are the most severely impacted populations in regards to HIV. Different communities respond in different ways to new advancements in prevention. This provides an opportunity for a brief discussion on how the local community has been impacted by HIV and what are the ways they have responded to the advent of PrEP.

PrEP AND SOCIAL JUSTICE

For many people, PrEP is still a relatively new prevention strategy. The communities that are most severely impacted by HIV also tend to be disenfranchised in regards to access and education, among other issues. This makes PrEP a social justice issue that requires effective community engagement.

As we learned in earlier sections, PrEP is more than just taking a pill. It requires an individual to follow health provider's instructions, daily adherence to their medication and regular engagement with the health care system. It may also mean that an individual might experience and confront stigma from other individuals With negative attitudes toward PrEP and PrEP users. A fully educated and supportive community can help make PrEP, as part of comprehensive HIV prevention, more successful, especially in light of the aforementioned challenges.

A recent survey of gay men in New York City found 58% thought PrEP should be encouraged and 79% believed that most or all of their friends would use it if it became available. PrEP appears to be a prevention option that community members believe could be useful but it will require strong community engagement and support to assure people are educated about it. (9)

PrEP COMMUNITY EDUCATION AND/OR AWARENESS

PrEP, as part of a larger comprehensive HIV prevention strategy, provides a great opportunity for community engagement and mobilization. It can help get people talking about HIV and sexual health, it can be a vehicle to get young gay men more engaged in their health care, and it can be an issue which can spark advocacy.

Creating a community around PrEP and gay men's sexual health could serve to strengthen young gay men and bolster the support for their health and prevention choices. Community dialogues, discussions, and blogs and online forums can be an effective way of engaging the community on the topic as well as stimulating community activity around young gay men's sexual health and quality of life.

Social media can be a useful tool when engaging your local community. People have created PrEP related Facebook groups and pages, others have hosted Twitter town halls on PrEP, and social media has already proven effective when trying to advocate to policy makers.

PrEP gets people talking and it's an excellent opportunity to explore what local messages on PrEP could look like. PrEP messaging can be broad or targeted and it can come in various forms. Each community will decide which messages work best for them and what they should create for themselves.

TRAINERS INSTRUCTIONS

Community Conversations I

Moderate a brief discussion about HIV in the local community and the various ways community members have responded to the advent of PrEP.

DURATION: 20 minutes

Step 1: Ask participants to engage in discussion on HIV and PrEP in the local community.

Step 2: Pose some questions to the participants to stimulate discussion:

- What's your sense of the community's knowledge of PrEP?
- What sorts of local messages have you seen about PrEP?
- What might be some challenges in talking about PrEP?
- What are some successes when talking about PrEP with community members?

4. THE FACE OF HIV: BLACK AND LATINO GAY MEN

HIV INFECTION & SOCIAL DETERMINANTS OF HEALTH

TRAINER INSTRUCTIONS: This section focuses on how HIV impacts Black and Latino gay men. It sets the context and shows that a greater burden of HIV is connected to social and structural barriers to health.

Please present the information in this section that is most relevant to your audience, and avoid reading word for word.

DURATION: 45 mins

LEARNING OBJECTIVES:

- Understand the impact of HIV on Black and Latino gay men.
- Discuss the HIV Care Continuum and the opportunities where specific services may work.
- Identify what social determinants of health are and potential ways to address them.

The severe impact HIV has had on the gay community and on minority populations in the U.S. has been overwhelming. Understanding HIV through the distribution, causes and clinical characteristics of the disease or its impact on a population allows us to understand where we can make a difference.

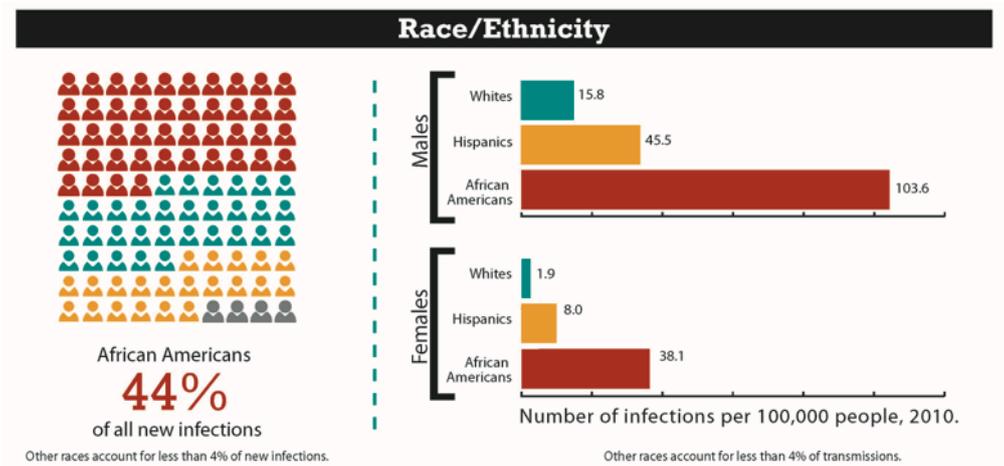
GAY MEN OF COLOR. BASIC STATISTICS

There are more than 1.1 million people living with HIV in the U.S. (10). It is important to know this so that we can understand how certain populations are disproportionately affected and impacted by HIV. What we also need to know is the number of new infections that occur during a given time (incidence). This is estimated at 50,000 per year (11).

African Americans represent about 12 - 14% of the U.S. population but account for 44% of new HIV infections (2010). This illustrates the heavy burden of the disease in the Black community (10) (11). Moreover, Black MSM represents 72% of new infections among Black males (11).

Young Black MSM are the most severely impacted population when it comes to HIV infection. They account for 45% of new infections among Black men and 55% of new infections among young gay men overall (11).

When we look at the Latino population in the U.S. we also understand that there is an unequal burden of HIV in the community. Latinos represent 16% of the population but account for 21% of new HIV infections in 2010 (10). The estimated rate of new HIV infection among Latinos in the U.S. in 2010 was more than 3 times as high as that of whites (11).



In 2010, Latino men accounted for 87% of all estimated new HIV infections among Latinos in the U.S. (11). Most (79%) of the estimated new HIV infections among Latino men were in the Latino MSM population (11).

Two out of every three Latino MSM newly infected with HIV are under the age of 35 (12).

MSM OF COLOR AND THE HIV CARE CONTINUUM

New science and discoveries have given us the opportunity

to see, for the first time, a pathway to ending the epidemic. With the advent of Treatment as Prevention (TasP) and Pre-Exposure Prophylaxis (PrEP) there is new pathway to diminish, if not end, the HIV epidemic. Challenges will still exist including translating these and other interventions into the real world environment. The social determinants of health section will address these challenges in more depth.

Achieving the goal of ending the HIV epidemic would mean everyone infected knowing their status, having uninterrupted access to care and treatment, and reaching undetectable levels of HIV. It would also require overcoming all the social and structural barriers that negatively impact treatment success.

A visual tool was created to help us understand the current state of engagement by People Living with HIV (PLWH) along a HIV continuum of care from HIV diagnosis through to HIV Treatment success (adherence) and viral suppression (undetectable levels of virus in the blood stream). The HIV continuum of care, shown in Figure A (based on the "Gardner Cascade" (13)), shows that along each step (diagnosis, linkage to care, retention in care, ART (Antiretroviral Therapy) initiation, ART adherence) there is a significant number of PLWH that "fall off", and only a small percentage achieve viral suppression.

In late 2011 the CDC conducted its own analysis and found that for every 100 PLWH in the United States:

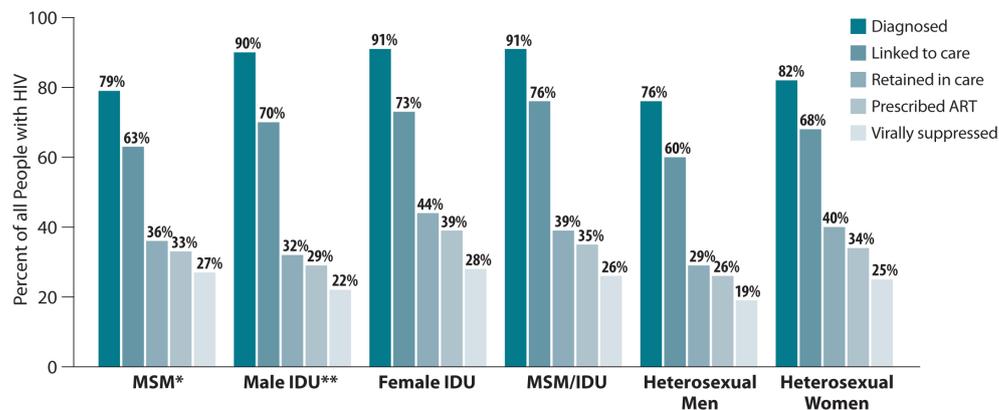
- 66 have been linked to HIV care
- 82 are aware of their HIV status
- 37 are retained in HIV care
- 33 receive ART
- 25 are able to adhere to their ART and achieve undetectable viral loads.

When we factor in how race/ethnicity affects stages of care it is revealed that Black PLWHA are least likely to be in ongoing care or to have their virus under control (Figure XX) (5).

MSM OF COLOR AND SOCIAL DETERMINANTS OF HEALTH

The health of individuals and population groups is significantly influenced by a complex, overlapping and inter-connected mixture of social structures and economic systems. This is referred to as social determinants of health. They include: biology and genetics (e.g., sex), individual behavior (e.g., alcohol or injection drug-use, unprotected sex, smoking), social environment (e.g., discrimination, income, education level, marital status), physical environment (e.g., place of residence, crowding conditions, built environment [i.e., buildings, spaces, transportation systems, and products that are created or modified by people]), and health services (e.g., access to and quality of care, insurance status). (6)

BY RISK GROUP: Across all risk groups, fewer than half are in ongoing care and roughly a quarter have their virus in check.



* The term men who have sex with men (MSM) is used in CDC surveillance systems because it indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality
 ** IDU = Injection drug user

A lot the work that is done in the field of social determinants of health focuses on how people experience their society, the physical environment they live in, and their relationship with health services.

These factors help shape a context of vulnerability that either contributes to increased individual risk of exposure to HIV and other STDs or compromises the ability to protect oneself from infection.

Some specific examples of social determinants of health:

- | | | | |
|---------------|------------------|-------------------|----------------|
| 1. Stigma | 4. Education | 7. Geography | 10. Drug Use |
| 2. Employment | 5. Poverty | 8. Transportation | 11. Racism |
| 3. Housing | 6. Incarceration | 9. Age | 12. Homophobia |

TRAINER INSTRUCTIONS

Interactive Exercise 1:

DURATION: 20 minutes

Step 1: Divide the audience in 4 groups. Instruct the groups to select a person to report back to the audience. Review the list of social determinants.

Step 2: Distribute copies of a list of 12 social determinants of health and assign 3 to each group.

Step 3: Each group has 10 minutes to discuss how their 3 structural barriers impact the health of young gay men.

Step 4: Each group will report back to the group at large and the larger group will discuss results related to social determinants and linking MSM of color into care.

SECTION 4 HANDOUT: SOCIAL DETERMINANTS OF HEALTH

SECTION 4 INTERACTIVE EXERCISE: SOCIAL DETERMINANTS



Stigma



Employment



Housing



Education



Poverty



Incarceration



Geography



Transportation



Age



Drug Use



Racism



Homophobia

5. ACCESS TO PrEP AND LINKAGE TO CARE

TRAINER INSTRUCTIONS: This section focuses on how to engage the healthcare system when accessing PrEP, how to pay for PrEP and options when one doesn't have or cannot afford insurance, as well as monitoring and adherence while on PrEP.

DURATION: 45 mins

LEARNING OBJECTIVES:

- Discuss PrEP access.
- Discuss paying for PrEP
- Discuss monitoring and adherence

When it comes to PrEP, there is more to it than just taking a pill. An important aspect involves a committed engagement with the healthcare system. This includes regular health provider visits and tests. It also means confronting some of the barriers to access which can be created by systems, including uninformed or biased providers. PrEP cannot be successful without informed and supportive providers and removal of financial barriers to healthcare.

PrEP AND SOCIAL JUSTICE

For many people, PrEP is still a relatively new prevention strategy. The communities that are most severely impacted by HIV also tend to be disenfranchised in regards to access and education, among other issues. This makes PrEP a social justice issue that requires effective community engagement.

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PrEP COMMUNITY EDUCATION AND/OR AWARENESS

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HOW TO ACCESS PrEP

- **PrEP and Health Provider**

A physician does not have to be an infection disease specialist. Any physician can write a prescription for PrEP. (17)

Physicians who do not specialize in HIV may need additional information, such as PrEP factsheets. http://www.cdc.gov/hiv/pdf/prevention_PrEP_factsheet.pdf that you can bring to your visit.

- **PrEP and Private Insurance**

If one has insurance coverage through their employer they can access PrEP just as they would any other prescription. It requires a consultation with a physician and regular monitoring,

- **PrEP and the Affordable Care Act (ACA). Medicaid Expansion**

Access to PrEP in a state or federal marketplace or Medicaid will work the same as accessing it through private insurance but co-pays may vary.

- **Clinical Trials**

Clinical trials can be a great no cost method for accessing PrEP but they do have restrictions. The trials are not in all urban or rural areas and can be restricted by gender, age, ethnicity, and/or risk behavior. (18)

PAYING FOR PrEP

- Patient Assistance Programs: The manufactures of Truvada offer a co-pay assistance program that pays up to \$200 of co-pays. <http://www.truvada.com/truvada-patient-assistance>
- If one does not have insurance coverage or needs financial assistance, the manufacturers of Truvada also offers the Advancing Access Program. The income cap for that program is \$57,450. <http://www.needymeds.org/papforms/gilpae0083.pdf>
- Partnership for Prescription Assistance is another program to help the uninsured access medications at low or no cost.
- Your local health department may also be able to direct you to other kinds of medication assistance programs.

CHALLENGES IN ACCESSING PrEP

Some people still do not have access to affordable health care or prescription coverage. This can create a substantial barrier to PrEP:

- Undocumented individuals
- Those living in a state that has not expanded Medicaid
- Those with high co-pays
- Provider bias or misinformation

Advocacy and community responses have proven successful in the past when trying to expand healthcare access. There are also anti-discrimination provisions in the ACA that are meant to prevent discrimination and promote easier access to preventive services.

PrEP MONITORING: MEDICAL VISITS

To assure the ongoing health of the individual on PrEP they should engage with their provider at least every 3 months for blood work, testing and counseling. When taking PrEP there are key guidelines that must be followed:

- An HIV negative test result must be confirmed before PrEP is prescribed
- Patients should be tested for Hepatitis B and offered vaccination if uninfected.
- An HIV test should be given at least once every 3 months.
- PrEP is to be used as part of a comprehensive HIV prevention strategy and counseling on harm reduction strategies will be provided
- Counseling on adherence will be provided because daily use of PrEP assures its effectiveness at preventing HIV
- One should not start PrEP if signs or symptoms of acute HIV infection are present.

PrEP AND THE IMPORTANCE OF ADHERENCE

Consistent use of PrEP is critical to achieve maximum protection against HIV infection. In studies in which participants did not regularly take PrEP their protection decreased significantly. Some of the factors that can impact adherence are lifestyle, mental health, substance abuse, and side effects. Individuals should talk to their provider if they are having trouble with adherence

There are some practical tools to help with adherence:

- Keeping track on a calendar
- Pill boxes
- Text reminders, apps, and alarms

TRAINER INSTRUCTIONS

Interactive Exercise 4: Case Studies on Access

DURATION: 20 minutes

Step 1: Break out into 5 groups.

Step 2: Hand out case studies.

Step 3: Discuss case studies within smaller groups.

Step 4: Come back together and discuss results as a larger group

Step 4: Discuss take home messages.

SECTION 5 HANDOUT: CASE STUDIES ON ACCESS

CASE STUDY

Lorenzo is 19 years old, attends college in an urban area and is a sexually active Latino gay male. He read about PrEP and thought it would be good to add to his HIV prevention options. He hasn't been consistently using condoms. He checked with his insurance and found out that PrEP is covered by his plan. He spoke to his college campus medical provider about starting PrEP and they didn't feel comfortable making a decision on this so they referred him to an Infectious Disease (ID) specialist. The ID Specialist denied him approval to access PrEP because he wasn't in a monogamous serodiscordant relationship.

Describe the top 3 options available to Lorenzo. (*What can he do now?*)

List the challenges or barriers affecting Lorenzo.

List the tools and resources that would benefit Lorenzo.

6. PrEP AND STIGMA

TRAINER INSTRUCTIONS: This section will focus on stigma as related to PrEP and HIV and how those experiences can impact the health and wellbeing of someone on PrEP. We want to explore how people respond to and overcome stigma through advocacy and resilience.

DURATION: 45 mins

LEARNING OBJECTIVES:

- Define stigma
- Discuss how stigma impacts one's medical experience and personal life
- Discuss effective ways to reduce stigma
- Discuss how to become your best advocate

HIV related stigma and discrimination refers to the prejudice, negative attitudes, abuse, and maltreatment of people living with or perceived to be HIV-positive. Stigma as it relates to PrEP stems from the negative attitudes towards someone's decision to choose PrEP and the judgments made about an individual's sexuality, sexual behavior, and capacity.

PrEP STIGMA AND HEALTH CARE PROVIDERS

Stigma is one of the social determinants of health discussed earlier and it can affect the health and mental health of young gay men and can determine whether they are able to receive quality health care services. 56% of lesbian, gay, and bisexual people and 70% of transgender individuals report serious discrimination in healthcare. There is a great deal of overlap with homophobia and PrEP related stigma. Bias against gay men or discomfort with gay sex can lead to negative attitudes toward gay men who choose PrEP.

It's very likely that men who are seeking PrEP may not consistently use condoms. Asking one's health provider about PrEP requires having frank discussions about gay sex and condom use. Bias toward gay sex or one's decision to not use condoms can create a strained and uncomfortable relationship. In order for health providers to provide the best care they must be culturally competent. If a health provider has negative attitudes to a gay man and/or his sexual choices or activities it can prevent that gay man from accessing PrEP, even if he meets all the criteria in the CDC's guidelines for accessing PrEP.

PrEP STIGMA AND GAY SEX

Talking about PrEP means talking about sex and talking about gay sex. Because the use of PrEP may involve the decision to not use condoms it can bring up many emotions. For nearly thirty years condoms have been the cornerstone of HIV prevention. While the advancements in biomedical HIV prevention can spark much debate in the community, PrEP is simply an addition to the available prevention options. Some people presume that PrEP is only for people who are in serodiscordant relationships, sex-workers, or are "promiscuous." Because of these assumptions we have witnessed many heated discussions and/or editorials about sex, shame, and PrEP among gay men. In fact, negative terms e.g., "Truvada Whore" have been regularly used in articles and online as a way of shaming gay men for choosing PrEP. (19)

The complete health of young gay men should take into consideration a fully realized and fulfilling sexuality. PrEP stigma can stifle conversations about pleasure, intimacy, and self determination. The majority of gay men report a lack of consistent condom use. (20) Gay men choose not to use condoms for very complex reasons. Stigmatizing those that have sex without condoms can shut down a conversation and may prevent gay men from pursuing PrEP even though they could benefit from it.

PERCEIVED HIV STIGMA

If someone is taking antiretroviral medications they may be perceived as HIV-positive. As a result, they could be subjected to the stigma and discrimination that people living with HIV experience. Stigma based on perceived status is just as destructive as actual status. Combatting stigma in all forms is good for the health of individual and the community.

OVERCOMING PrEP STIGMA

LGBT people or PLWH have a past experience and a history of dealing with stigma. Much like addressing sexual orientation and HIV status, combatting the stigma associated with PrEP means speaking openly and honestly about the various experiences with PrEP. Becoming an advocate for sex-positive attitudes and unrestricted access to all prevention options can be an effective way to overcome stigma.

When people can step forward and talk confidently and unashamedly about their PrEP use it can help inspire others to do the same and it also serves as a way to expand the visibility and representation of those who are choosing PrEP. Many years ago condoms were stigmatized as being for “promiscuous” people or promoting sex, but now condoms have become a routine part of prevention. Integrating PrEP into routine prevention strategies can help reduce the stigma associated with it.

TRAINER INSTRUCTIONS

Interactive Exercise 5: Identifying stigma, its causes, and how to respond.

DURATION: 20 minutes

- Step 1: Break out into 5 groups.
- Step 2: Identify stigma from scenarios provided
- Step 3: Discuss root causes of stigma
- Step 4: Discuss how to respond to stigma
- Step 5: Return to large group to discuss

SECTION 6 HANDOUT: STIGMA SCENARIOS

Stigma Scenarios: Identify stigma from scenarios provided. Discuss root causes of stigma. Discuss how to respond to stigma.

1. Eduardo is chatting with a guy on a hook-up app. Eduardo reveals that he is currently taking PrEP. The guy tells Eduardo that he doesn't want to hook up with him because taking PrEP must mean he sleeps around a lot.

2. Terry goes to his health provider seeking PrEP. Terry tells his health provider that he doesn't always use condoms. The health provider tells Terry she won't prescribe him PrEP as she fears it may contribute to his immoral lifestyle.

3. Juan Carlos and Edgar are having their second date at Edgar's house. While in Edgar's bathroom Juan Carlos sees a bottle of Truvada. This makes him think that Edgar must be HIV-positive. Juan Carlos decides the he no longer wants to pursue Edgar if he is HIV-positive.

4. Carl and Franco are in a serodiscordant relationship. Carl is undetectable and Franco is HIV-negative. They would like to have more intimate and pleasurable sex and have decided to have sex without a condom. They go to their health provider and explain the Franco would like to go on PrEP. The health provider tells them that condoms should be fine and he will not prescribe it.

5. David is currently taking PrEP. He doesn't want people to think less of him or make judgments, so goes to great efforts to hide being on PrEP. This is causing him mental distress.

7. MESSAGING TO YOUNG GAY MEN ABOUT PrEP

TRAINER INSTRUCTIONS: This section will focus on how to talk with young gay men about PrEP and how the PrEP video project can be a resource for education and stigma reduction.

DURATION: 60 mins

LEARNING OBJECTIVES:

- Discuss effective ways to talk about PrEP with young gay men
- Show and discuss the videos
- Explore how the videos can be used as an educational resource
- Discuss the creation of similar community endeavors

To help young gay men better understand the option of PrEP and what it could mean for helping them stay negative, it's imperative to find effective ways to communicate the issue. For this section we would like to explore how to craft messages on PrEP as part of larger comprehensive HIV prevention strategy for young gay men.

This discussion is also an opportunity to explore how innovative efforts can be created in various communities to assure the participation of young gay men as they speak about their health, sexuality, and choices. Providing young gay men the opportunity to talk honestly about their sexual health can be a means of empowering them.

The purpose of PrEPare for Life's peer based educational videos is to inform and educate individuals about young gay men's experiences around PrEP. The videos allow young gay men to explore, in their own words, how PrEP impacts their health and sexuality. It's an opportunity for them to share their lived experiences, stimulate discussion about PrEP, HIV prevention, and sexual health. The topics explored help get to the core of the issues experienced around PrEP and how it can help young gay men stay negative. These videos can serve as an example of engaging young gay men around PrEP and sexual health.

TRAINER INSTRUCTIONS

Interactive Exercise 7: Crafting messages on PrEP for young gay men:

- What PrEP messages will resonate with young gay men?
- How can we stimulate discussion on PrEP among young gay men?
- What community endeavors, such as the PrEPare videos, can be created to reach young gay men?
- How can the PrEP education videos be utilized to inform and raise awareness?

DURATION: 20 minutes

Step 1: Break into 5 groups

Step 2: Discuss effective ways to reach young gay men on the issue of PrEP

Step 3: Come back to larger group and discuss

8. CONCLUSION

TRAINER INSTRUCTIONS: This completes the community training. Please ask if there are any remaining questions. Thank the participants for their time and commitment. Encourage them to make use of the workbook and handouts

NEXT STEPS

Now that this community training has been completed participants have gained the most recent information about PrEP as part of a larger comprehensive HIV prevention strategy and how that information can be utilized by the local community. The educational videos, along with the workbook and handouts, will be available online. Remind participants of the website and to take any and all handouts with them.

MONITORING AND EVALUATION (M&E)

M&E is a great opportunity to find out if an HIV program or strategy is reaching the right people, making a positive impact, and worth the time and money. The monitoring of a program allows you to understand the background of the people engaged in the service. Understanding the demographics (age, gender, sexuality, geographic location, etc.) of those who experience the program or service will assist in finding out if the intended audience is participating. The evaluation of a program or service allows providers to gain insight into whether there is a positive impact that may be linked to its delivery. Evaluation also includes obtaining information from participants on whether they thought the actual program or service being delivered is helpful to them, changes their knowledge or skills (or whatever the indicators are that need to be measured), and proves an opportunity for suggested changes or amendments.

In this Manual there are examples of the three main forms of surveys that should be used:

1. Baseline Survey (to help understand the needs of a population group or gain insight into the direction of a program or service)
2. Pre-Test Survey (given before a program or service starts to gain data on the knowledge and skill level of participants)
3. Post-Test Survey (can be given immediately or days/weeks after the end of a program or service).

PRE-TRAINING SURVEY

PREPARE FOR LIFE COMMUNITY TRAINING

ABOUT YOU

1. Gender Identity: _____ 2. Race/Ethnicity: _____

ABOUT YOUR WORK/ORGANIZATION

3. What is the type of organization/entity you work for?

- a. Community Based Organization
- b. Service Provider
- c. Non-Government Organization
- d. Government Agency
- e. For-Profit Organization
- f. Pharmaceutical Company
- g. Other _____

4. What is your job title/position at the organization? _____

5. Which city and state is the organization you work for based?

- a. City: _____ b. State: _____

6. What is the geographic focus of your organization? (choose all that apply)

- a. Local
- b. Regional
- c. National
- d. International

7. What is the population focus of your organization? (list all that apply)

Please Include: Age, Gender, Race/Ethnicity, Sexual Identity, geographic focus, AND how many you serve.

PART 1: KNOWLEDGE

I WOULD SAY THAT I'M AT THIS LEVEL...	BEGINNER	INTERMEDIATE	ADVANCED
Impact of HIV on MSM of color	1	2	3
HIV Continuum of Care	1	2	3
Social determinants of health	1	2	3
The different HIV prevention interventions	1	2	3
What is Pre-Exposure Prophylaxis (PrEP)?	1	2	3
Who PrEP is for?	1	2	3
How is PrEP taken?	1	2	3
HIV related stigma	1	2	3
PrEP related stigma	1	2	3
Community engagement methods	1	2	3

PART 2: SKILLS

I WOULD SAY THAT I'M AT THIS LEVEL...	BEGINNER	INTERMEDIATE	ADVANCED
How to use the HIV Continuum of Care as part of your programming	1	2	3
Recommending different HIV prevention interventions for different situations	1	2	3
Talking about PrEP	1	2	3
Guiding your constituents on how to access PrEP	1	2	3
Guiding your constituents on ways to adhere to medication	1	2	3
How to overcome stigma	1	2	3
How to engage your community on PrEP education and awareness	1	2	3

PART 3: EXPECTATIONS FOR THIS TRAINING

I FEEL THAT...	DISAGREE	UNDECIDED	AGREE
The purpose of this training is very clear	1	2	3

My primary expectation(s) for this training is/are:

Thank You!

POST-TRAINING SURVEY

PREPARE FOR LIFE COMMUNITY TRAINING

ABOUT YOU

1. Gender Identity: _____ 2. Race/Ethnicity: _____

ABOUT YOUR WORK/ORGANIZATION

3. What is the type of organization/entity you work for?

- a. Community Based Organization
- b. Service provider
- c. Non-Government Organization
- d. Government Agency
- e. For-Profit Organization
- f. Pharmaceutical Company
- g. Other _____

4. What is your job title/position at the organization?

5. Which city and state is the organization you work for based?

- a. City: _____ b. State: _____

6. What is the geographic focus of your organization? (choose all that apply)

- a. Local
- b. Regional
- c. National
- d. International

7. What is the population focus of your organization? (list all that apply)

Please Include: Age, Gender, Race/Ethnicity, Sexual Identity, geographic focus, AND how many you serve.

PART 1: KNOWLEDGE

AS A RESULT OF THIS TRAINING, I WOULD SAY THAT I'M AT THIS LEVEL...	DISAGREE	UNDECIDED	AGREE
Impact of HIV on MSM of color	1	2	3
HIV Continuum of Care	1	2	3
Social determinants of health	1	2	3
The different HIV prevention interventions	1	2	3
What is Pre-Exposure Prophylaxis (PrEP)	1	2	3
Who PrEP is for	1	2	3
How is PrEP taken	1	2	3
HIV related stigma	1	2	3
PrEP related stigma	1	2	3
Community engagement methods	1	2	3

PART 2: SKILLS

AS A RESULT OF THIS TRAINING, I WOULD SAY THAT I'M AT THIS LEVEL...	BEGINNER	INTERMEDIATE	ADVANCED
How to use the HIV Continuum of Care as part of your programming	1	2	3
Recommending different HIV prevention interventions for different situations	1	2	3
Talking about PrEP	1	2	3
Guiding your constituents on how to access PrEP	1	2	3
Guiding your constituents on ways to adhere to medication	1	2	3
How to overcome stigma	1	2	3
How to engage your community on PrEP education and awareness	1	2	3

PART 3: SESSIONS/MATERIALS OF THE TRAINING

I FEEL THAT...	DISAGREE	UNDECIDED	AGREE
The length of each session was appropriate to cover the information	1	2	3
The session information was presented in a way that was useful	1	2	3
The presenter's presentation skills met my overall expectations	1	2	3
The materials were useful in helping understand each session they were related to	1	2	3

PART 4: EXPECTATIONS FOR THIS TRAINING

I FEEL THAT...	DISAGREE	UNDECIDED	AGREE
The purpose of this training was met	1	2	3
Overall, the training met my expectations	1	2	3
I have the expectations to implement PrEP education and awareness programming	1	2	3
I am satisfied with the overall training by NMAC	1	2	3

GLOSSARY OF KEY TERMS

The following are key terms as described and adapted from the 7th Edition of the AIDSinfo Glossary of HIV/AIDS-Related Terms and from the Centers for Disease Control and Prevention (CDC) website.

Acquired Immunodeficiency Syndrome (AIDS): A disease of the immune system due to infection with HIV. HIV destroys the CD4 T lymphocytes (CD4 cells) of the immune system, leaving the body vulnerable to life-threatening infections and cancers. Acquired immunodeficiency syndrome (AIDS) is the most advanced stage of HIV infection.

Adherence: Taking medications exactly as prescribed. Poor adherence to an HIV treatment regimen increases the risk for developing drug-resistant HIV and virologic failure.

Antiretroviral (ARV): A drug used to prevent a retrovirus, such as HIV, from replicating. The term primarily refers to antiretroviral (ARV) HIV drugs.

Antiretroviral Therapy (ART): The recommended treatment for HIV infection. Antiretroviral therapy (ART) involves using a combination of three or more antiretroviral (ARV) drugs from at least two different HIV drug classes to prevent HIV from replicating.

Approved Drug: A drug approved by the Food and Drug Administration (FDA) for sale in the United States. The extensive FDA drug approval process includes many steps, including laboratory and animal studies, clinical trials for safety and efficacy, filing of a New Drug Application by the drug manufacturer, FDA review of the application, and FDA approval or rejection of the application.

Comprehensive HIV prevention plan: A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process.

Counseling and Testing: A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.

Culturally competent: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Efficacy: Effectiveness of a drug or other medical intervention. Drugs are tested for efficacy to ensure they produce the desired effect on the disease or condition being treated.

Evidence-based: Behavioral, social, and structural interventions relevant to HIV risk reduction that has been tested using a methodologically rigorous design, and have been shown to be effective in a research setting. These evidence (or science-based interventions) have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Gardner Cascade: The first model of the care continuum as described by Dr. Edward Gardner who reviewed current HIV research and developed estimates of how many individuals with HIV in the U.S. are engaged in care from diagnosis to viral suppression.

Harm Reduction: A range of strategies designed to reduce the harmful consequences associated with various, sometimes illegal, human behavior.

High Impact Prevention (HIP): Using combinations of scientifically proven, cost-effective, and scalable interventions that are targeted to the right community in the right geographic area.

Human Immunodeficiency Virus (HIV): The virus that causes AIDS, which is the most advanced stage of HIV infection. HIV is a retrovirus that occurs as two types: HIV-1 and HIV-2. Both types are transmitted through direct contact with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-infected mother to her child during pregnancy, birth, or breastfeeding (through breast milk).

HIV care continuum: The HIV care continuum is a way to show, in visual form, the number of individuals who are actually receiving the full benefits of the medical care and treatment they need.

Incidence: The number of new cases of a disease in a specific area during a specific time period.

Intervention: A measure taken to prevent or treat disease or to improve health in other ways. Examples of interventions include preventive vaccines, drugs, and palliative care.

Linkage: Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include: assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

People Living with HIV/AIDS (PLWHA): Infants, children, adolescents, and adults infected with HIV/AIDS.

Post-Exposure Prophylaxis (PEP): Short-term treatment started as soon as possible after high-risk exposure to an infectious agent, such as HIV, hepatitis B virus (HBV), or hepatitis C virus (HCV). The purpose of post-exposure prophylaxis (PEP) is to reduce the risk of infection. An example of a high-risk exposure is exposure to an infectious agent as the result of unprotected sex.

Pre-Exposure Prophylaxis (PrEP): Administration of antiretroviral (ARV) drugs before potential HIV exposure in order to reduce the risk of HIV infection. Clinical trials have determined that PrEP is a safe and effective way to reduce HIV transmission in people at high risk for HIV infection.

Prevention program: An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

Self determination: The freedom of the individual to make his or her own choices

Serodiscordant Couple: Sexual partners in which only one partner is infected with a sexually transmitted infection, such as HIV, and the other partner is not infected.

Seropositioning: A person choosing a different sexual position or practice depending on their serostatus and the status of their sexual partner. It is based on evidence that there is a lower relative risk for HIV acquisition per-contact when HIV-negative men engage in insertive anal sex, compared to receptive anal sex, with an HIV-positive partner

Social determinants: Are the economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion.

Social justice: The promotion of a just society by challenging injustice and valuing diversity.

Treatment as Prevention (TasP): Also known as “prevention benefits of treatment”. The provision to and use of ART by PLWH to reduce morbidity and mortality as well as the risk of onward HIV transmission through durable viral suppression.

Undetectable Viral Load: When the amount of HIV in the blood is too low to be detected with a viral load (HIV RNA) test. Antiretroviral (ARV) drugs may reduce a person's viral load to an undetectable level; however, that does not mean the person is cured. Some HIV, in the form of latent HIV reservoirs, remain inside cells and in body tissues.

Unprotected sex: This term is no longer in use and is now replaced by “sex without a condom”.

Viral Load (VL): The amount of HIV in a sample of blood. Viral load (VL) is reported as the number of HIV RNA copies per milliliter of blood. An important goal of antiretroviral therapy (ART) is to suppress a person's VL to an undetectable level—a level too low for the virus to be detected by a VL test.

ABBREVIATIONS AND ANACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretroviral

HIP: High Impact Prevention

HIV: Human Immunodeficiency Virus

MSM: Men Who Have Sex With Men

PEP: Post-Exposure Prophylaxis

PLWH: People Living with HIV

PrEP: Pre-Exposure Prophylaxis

TasP: Treatment as Prevention

VL: Viral Load

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RESOURCES FOR PrEP

1. **CDC 2014 PrEP Guidelines:** www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf: Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guideline 
2. **AVAC | Global Advocacy for HIV Prevention:** www.avac.org/prep: Up-to-date information on PrEP research, demonstration projects and related issues. 
3. **My PrEP Experience:** www.myprepexperience.blogspot.com: Informational resources including real stories from people using PrEP as one way to protect themselves from HIV; you can also contribute your own story via audio, video or in writing. 
4. **PrEP Facts:** www.prepfacts.org: Consumer-friendly resource for gay and bisexual men and transwomen about PrEP from San Francisco AIDS Foundation and partners. 
5. **PrEP Watch:** www.prepwatch.org: Clearinghouse for information on PrEP research and access in the US and internationally. 
6. **Project Inform:** www.projectinform.org/orderprepbooklets: Project Inform Informational Booklets on PrEP. 
7. **Truvada as PrEP | Start Truvada:** start.truvada.com: From Gilead Sciences with information for healthcare providers and potential PrEP users. 
8. **Truvada as PrEP | Risk Evaluation Mitigation Strategy:** www.truvadapreprems.com: The Risk Evaluation and Mitigation Strategy (REMS) web site from Gilead Sciences as required by the US FDA. 
9. **CDC PrEP Factsheet:** www.cdc.gov/hiv/pdf/prevention_PrEP_factsheet.pdf 
10. **AVAC Case Study on PrEP:** www.avac.org/ht/a/GetDocumentAction/i/52420: Case Study: Getting Truvada as PrEP To Those Who Need and Desire it 

NOTES

A series of horizontal bars for taking notes. The first bar is teal, and the following 14 bars are light gray.

